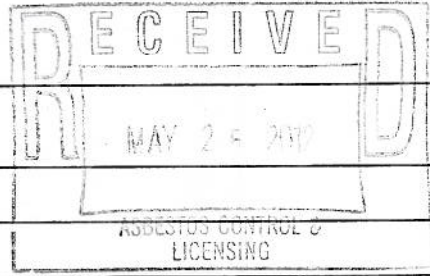


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-7 and 12:-120-7)



|  |  |   |  |
|--|--|---|--|
| Date of Notification (1)<br>05/22/12<br>Month/Day/Year |  | Name of Building Owner/Operator (2)<br>Princeton University |  |
| Agency Notified<br>EPA<br>DEP<br>DCA<br>DOH            | Type Notification<br><input checked="" type="checkbox"/> Initial               | Street Address<br>P.O. box 2158                             |  |
|  | <input type="checkbox"/> Notification  | City, State, Zip Code<br>Princeton NJ 08543                 |  |
|  | <input type="checkbox"/> Amended   | Name of Contact<br>Robert Otego                             |  |
|  | <input type="checkbox"/> Notification<br><input type="checkbox"/> Cancellation | Telephone Number  |  |

**FACILITY INFORMATION**

|  |   |                                     |   |  |                        |
|--|---|-------------------------------------|---|--|------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Nassau Hall - Basement   |   |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K12)<br><input type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.) |  |                        |
| Street Address<br>Nassau Street  |   |                                     | Square Feet    # of Floors    Bldg. Age<br>50000            5            200  |  |                        |
| City (5)<br>Princeton  | County (6)  | County Code (7)<br>(STATE USE ONLY) | Current Use (Prior if being demolished)<br>University   |  |                        |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Pennoni Associates Inc  |   | ASCM No.                            | Name of Abatement Contractor (9)<br>Associated Specialty Contracting  |  |                        |
| Street Address<br>515 Grove Street Suite 1B  |   |                                     | Street Address<br>98 LaCrue Avenue  |  |                        |
| City, State, Zip Code<br>Haddon Heights NJ   |   |                                     | City, State, Zip Code<br>Glen Mills, PA 19342   |  |                        |
| Project Manager of Monitoring Firm<br>Alan Lloyd   |   | Telephone Number<br>856-547-0505    | Telephone Number<br>610-364-9622  |  | Licence Number<br>1103 |
| Scheduled Start Date (10)<br>06/07/12<br>Month/Day/Year  | Sched. Completion Date (11)<br>06/23/12<br>Month/Day/Year |                                     | Name of OSHA Monitor<br>Criterion Labs  |  |                        |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility<br>Hours - Describe: 7:00 AM - 3:30 PM<br>Other - Describe: |   |                                     | Street Address<br>3370 Progressive Drive<br>City, State, Zip Code<br>Bensalem PA 19020  |  |                        |

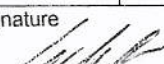
Scope of work (Check all that apply)

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

| Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff (12) |                                     |     | Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                            |                                      |   |
|--|--|-------------------------------------|-----|--|---------------------------|-------------------------------------|----------------------------|--------------------------------------|---|
|  | Yes  | No                                  | N/A |  |                           | R<br>E<br>M<br>O<br>V<br>A<br>L     | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Basement Outside mens-women's room   |  | <input checked="" type="checkbox"/> |     | floor tile   | 400                       | <input checked="" type="checkbox"/> |                            |                                      |   |
| Basement Outside mens-women's room   |  | <input checked="" type="checkbox"/> |     | mastic   | 400                       | <input checked="" type="checkbox"/> |                            |                                      |   |
| Basement mens-womens room  |  | <input checked="" type="checkbox"/> |     | pipe fittings  | 30 (ea.)                  | <input checked="" type="checkbox"/> |                            |                                      |   |

|   |                            |                                 |                                      |
|---|----------------------------|---------------------------------|--------------------------------------|
| Name of Registered Waste Hauler<br>Horizon Disposal | NJDEP Waste Hauler ID No.  | Cubic Yards of Waste<br>3       | Name of Registered Landfill<br>GROWS |
| City, State<br>Trenton NJ                           | Disposal Date<br>As needed | City, State<br>Morrisville PA   |                                      |
| Completed By (Print or Type)<br>Mark Goshow         | Title<br>Project Manager   | Signature<br><i>Mark Goshow</i> | Date<br>5-22-12                      |

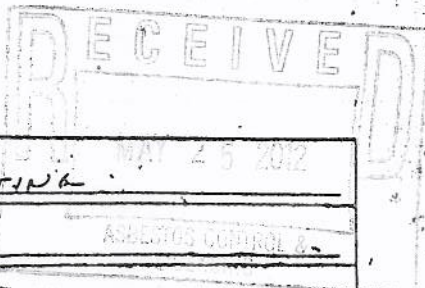
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

|  |   |  |   |  |                           |                 |        |             |           |
|--|---|--|---|--|---------------------------|-----------------|--------|-------------|-----------|
| Date of Notification (1)<br>May 17, 2012   |   | Name of Building Owner/Operator (2)<br>Richard and Arlene Eckhart  |   |  |                           |                 |        |             |           |
| Agencies Notified  | Type Notification   | Street Address<br>202 Kings Ave  |   |  |                           |                 |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Haddon Twp. New Jersey 08108  |   |  |                           |                 |        |             |           |
| <input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |   | Name of Contact<br>Richard Eckhart   | Telephone Number<br>_____   |  |                           |                 |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |   |  |                           |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Residence  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |   |  |                           |                 |        |             |           |
| Street Address<br>202 King Ave.  |   | Square Feet<br>3200sq  | # of Floors<br>3 Fl./   |  |                           |                 |        |             |           |
| City (5)<br>Haddon Twp.  |   | Bldg. Age<br>60yrs.  |   |  |                           |                 |        |             |           |
| County (6)<br>Camden   | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>Resident  |   |  |                           |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Environmental Management Internation  |   | ASCM No.<br>_____  | Name of Abatement Contractor (9)<br>Graham-Tech Environmental Services LLC                        |  |                           |                 |        |             |           |
| Street Address<br>204 E. Germantown Pike   |   | Street Address<br>14 Read Drive  |   |  |                           |                 |        |             |           |
| City, State, Zip Code<br>Norritown, P.A. 19401   |   | City, State, Zip Code<br>Sicklerville, N.J. 08081  |   |  |                           |                 |        |             |           |
| Project Manager for Monitoring Firm<br>Raymond J. Glordano   |   | Telephone No.<br>(856)229-5369   | Telephone No.<br>(856)318-1341  |  |                           |                 |        |             |           |
| License No.<br>01158   |   |  |   |  |                           |                 |        |             |           |
| Start Date (10)<br>May 26, 2012  | Scheduled Completion Date (11)<br>May 30, 2012  | Name of OSHA Monitor<br>Graham-Tech Environmental services LLC.  |   |  |                           |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Street Address<br>14 Read Drive  |   |  |                           |                 |        |             |           |
|  |   | City, State, Zip Code<br>Sicklerville, N.J. 08081  |   |  |                           |                 |        |             |           |
| Scope of Work (Check All That Apply)   |   |  |   |  |                           |                 |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf   |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   |  |                           |                 |        |             |           |
|  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |                           |                 |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type  |        |             |           |
|  | Yes   | No   | N/A   |  |                           | Removal         | Repair | Encapsulate | Enclosure |
| Basement   |   | x  |   | 50 LF of Duct Insulation   |                           | x               |        |             |           |
|  |   |  |   |  |                           |                 |        |             |           |
|  |   |  |   |  |                           |                 |        |             |           |
|  |   |  |   |  |                           |                 |        |             |           |
| Name of Registered Waste Hauler<br>American Disposal Systems   |   | NJDEP Waste Hauler ID No.<br>SW2069  | Cubic Yards of Waste<br>_____   | Name of Registered Landfill<br>JP Mascaro-Pioneer Crossing   |                           |                 |        |             |           |
| City, State<br>P.O. Box 348, Lumberton   |   | Disposal Date<br>_____   |   | City, State<br>727n Red Lane Rd. Birdsboro   |                           |                 |        |             |           |
| Completed by<br>Willis Graham  |   | Title<br>Owner   | Signature<br> |  |                           | Date<br>5/17/12 |        |             |           |



CHECK #  
2316

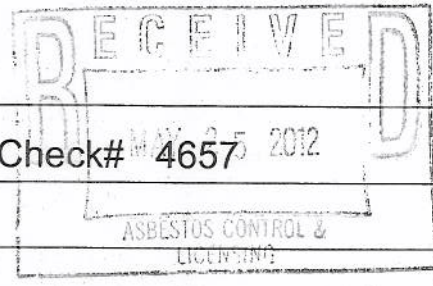
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



|  |  |  |   |  |                                     |         |  |  |
|--|--|--|---|--|-------------------------------------|---------|--|--|
| Date of Notification (1)<br><u>5/23/12</u>   |  | Name of Building Owner/Operator (2)<br><u>EARTHTECH CONTRACTING</u>  |   |  |                                     |         |  |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type of Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><u>155 R.T. 50</u>   |   |  |                                     |         |  |  |
|  |  | City, State, Zip Code<br><u>GREENFIELD, N.J.</u>   |   |  |                                     |         |  |  |
|  |  | Name of Contact<br><u>BRUCE BAEURIG</u>  | Telephone Number<br>_____   |  |                                     |         |  |  |
| FACILITY INFORMATION   |  |  |   |  |                                     |         |  |  |
| Name of Facility Where Abatement is Taking Place (3)<br><u>RESIDENCE</u>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)   |   |  |                                     |         |  |  |
| Street Address<br><u>3016 WINCHESTER AVE.</u>  |  | Square Feet<br>_____   | Bldg. Age<br>_____  |  |                                     |         |  |  |
| City (5)<br><u>LONGPORT</u>  |  | Current Use (Prior if being demolished)<br><u>VACANT</u>   |   |  |                                     |         |  |  |
| County (6)<br><u>ATLANTIC</u>  | County Code (7) (STATE USE ONLY)<br>_____  | Name of Abatement Contractor (9)<br><u>KLEMMCO INC.</u>  |   |  |                                     |         |  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>N/A</u>  |  | Street Address<br><u>369 S. SPRUCE AVE.</u>  |   |  |                                     |         |  |  |
| Street Address<br>_____  |  | City, State, Zip Code<br><u>MAPLE SHADE, N.J. 08052</u>  |   |  |                                     |         |  |  |
| City, State, Zip Code<br>_____   |  | Telephone No.<br><u>856-779-0472</u>   | License No.<br><u>00444</u>   |  |                                     |         |  |  |
| Project Manager for Monitoring Firm<br>_____   |  | Telephone No.<br>_____   |   |  |                                     |         |  |  |
| Start Date (10)<br><u>6/4/12</u>   | Scheduled Completion Date (11)<br><u>6/11/12</u>   | Name of OSHA Monitor<br><u>JOSEPH KLEMM</u>  |   |  |                                     |         |  |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address<br><u>369 S. SPRUCE AVE.</u>  |   |  |                                     |         |  |  |
|  |  | City, State, Zip Code<br><u>MAPLE SHADE, N.J. 08052</u>  |   |  |                                     |         |  |  |
| Scope of Work (Check all that apply)   |  |  |   |  |                                     |         |  |  |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |                                     |         |  |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)<br><u>SIDING</u>  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>  |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)<br><u>TRANSITE</u> | Amount (Specify SF or LF)<br><u>1800 SF</u>    | Abatement Type                      |         |  |  |
|  | Removal  | Repair   |   |  | Encapsulate                         | Enclose |  |  |
|  |  |  |   |  | <input checked="" type="checkbox"/> |         |  |  |
|  |  |  |   |  |                                     |         |  |  |
|  |  |  |   |  |                                     |         |  |  |
| Name of Registered Waste Hauler<br><u>KLEMMCO INC.</u>   |  | NJDEP Waste Hauler ID No.<br><u>17904</u>  | Cubic Yards of Waste<br>_____   | Name of Registered Landfill<br><u>A.C.U.A.</u> |                                     |         |  |  |
| City, State<br><u>MAPLE SHADE, N.J.</u>  |  | Disposal Date<br>_____   | City, State<br><u>PLEASANTVILLE, N.J.</u>   |  |                                     |         |  |  |
| Completed By<br><u>JOSEPH KLEMM</u>  | Title<br><u>V/P</u>  | Signature<br><u>Joseph Klemm</u>   | Date<br><u>5/23/12</u>  |  |                                     |         |  |  |



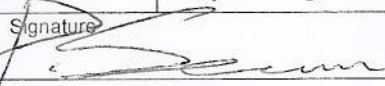
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)**



| Date of Notification (1)<br>May / 22 / 2012  |   | Name of Building Owner/Operator (2)<br><b>Borough of Sayreville Check# 46575 2012</b>  |   |  |                           |                                     |                          |                          |                          |
|--|---|--|---|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input type="checkbox"/> DCA (NJAC 5:16)<br><input checked="" type="checkbox"/> DHSS<br><input checked="" type="checkbox"/> DCA (NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>167 Main Street</b><br>City, State, Zip Code<br><b>Sayreville, NJ 08872</b><br>Name of Contact<br><b>Joe Estock</b><br>Telephone Number   |   |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |   |  |   |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Sayreville Senior Center</b>  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |   |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>423 Main Street</b>   |   | Square Feet<br><b>25,000</b>   | # of Floors<br><b>3</b>   |  |                           |                                     |                          |                          |                          |
| City (5)<br><b>Sayreville</b>  |   | Bldg. Age<br><b>75</b>   |   |  |                           |                                     |                          |                          |                          |
| County (6)<br><b>Middlesex</b>   | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>Senior Center</b>  |   |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Environmental Tactics, Inc.</b>  |   | ASCM No.   | Name of Abatement Contractor (9)<br><b>Shade Environmental, LLC</b> |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>64 Broad Street</b>   |   | Street Address<br><b>47 S. Lippincott Ave.</b>   |   |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Matawan, NJ 07747</b>  |   | City, State, Zip Code<br><b>Maple Shade, NJ 08052</b>  |   |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Thomas Geiger</b>  |   | Telephone No.<br><b>732-290-2217</b>   | Telephone No.<br><b>856-755-0099</b>                                |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br>June / 04 / 2012  |   | Scheduled Completion Date (11)<br>June / 30 / 2012   | License No.<br><b>00842</b>   |  |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: ____AM-____PM/____PM-____AM   |   | Name of OSHA Monitor<br><b>EMSL</b>  |   |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>107 Haddon Ave</b>  |   | City, State, Zip Code<br><b>Westmont, New Jersey 08108</b>   |   |  |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |   |  |   |  |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |   |  |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |   | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|  | Yes   | No   | N/A   |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Boiler Room  | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  | Pipe Insulation  | 150 LF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boiler Room  | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  | Boiler Insulation  | 200 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 type="checkbox"/>   | <input type="checkbox"/>  |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Freehold Cartage</b>   |   | NJDEP Waste Hauler ID No.<br><b>22253</b>  | Cubic Yards of Waste  | Name of Registered Landfill<br><b>Grows Landfill</b>   |                           |                                     |                          |                          |                          |
| City, State<br><b>Mount Holly, NJ 08060</b>  |   |  | Disposal Date   | City, State<br><b>Tullytown, PA</b>  |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>William Lynch</b>   |   | Title<br><b>Owner</b>  | Signature<br>   |  |                           | Date<br><b>May 22, 2012</b>         |                          |                          |                          |

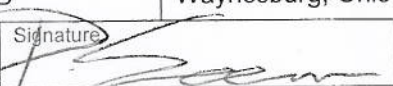


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

|   |  |  |  |   |                           |                |                    |             |           |
|---|--|--|--|---|---------------------------|----------------|--------------------|-------------|-----------|
| Date of Notification (1)<br>05/21/2012  |  | Name of Building Owner/Operator (2)<br>Diane Gandara   |  |   |                           |                |                    |             |           |
| Agencies Notified   | Type Notification  | Street Address<br>27 West First Street   |  |   |                           |                |                    |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Bayonne, New Jersey 07002   |  |   |                           |                |                    |             |           |
|   |  | Name of Contact<br>Diane Gandara   | Telephone Number<br>_____                                |   |                           |                |                    |             |           |
| <b>FACILITY INFORMATION</b>   |  |  |  |   |                           |                |                    |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |  |   |                           |                |                    |             |           |
| Street Address<br>27 West First Street  |  | Square Feet<br>8,000   | # of Floors<br>4   |   |                           |                |                    |             |           |
| City (5)<br>Bayonne   |  | Bldg. Age<br>80  |  |   |                           |                |                    |             |           |
| County (6)<br>Hudson  | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)<br>Residential   |  |   |                           |                |                    |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>TBD  |  | ASCM No. _____   | Name of Abatement Contractor (9)<br>Sky Contracting, LLC |   |                           |                |                    |             |           |
| Street Address  |  | Street Address<br>1385 Valley Road, Suite K  |  |   |                           |                |                    |             |           |
| City, State, Zip Code   |  | City, State, Zip Code<br>Wayne, New Jersey 07470   |  |   |                           |                |                    |             |           |
| Project Manager for Monitoring Firm   |  | Telephone No. _____  | Telephone No. (973) 928-5040                             |   |                           |                |                    |             |           |
|   |  | License No. 00874  |  |   |                           |                |                    |             |           |
| Start Date (10)<br>06/01/2012   | Scheduled Completion Date (11)<br>06/05/2012   | Name of OSHA Monitor<br>Sky Contracting, LLC   |  |   |                           |                |                    |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>entire floor vacant where cleanup is taking place</u> |  | Street Address<br>1385 Valley Road, Suite K  |  |   |                           |                |                    |             |           |
|   |  | City, State, Zip Code<br>Wayne, New Jersey 07470   |  |   |                           |                |                    |             |           |
| Scope of Work (Check All That Apply)  |  |  |  |   |                           |                |                    |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf   |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |   |                           |                |                    |             |           |
|   |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input 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 |
| Basement  | x  |  |  | Boiler Insulation debris (cleanup)  | 3 SF                      |                |                    |             |           |
|   |  |  |  |   |                           |                |                    |             |           |
|   |  |  |  |   |                           |                |                    |             |           |
|   |  |  |  |   |                           |                |                    |             |           |
| Name of Registered Waste Hauler<br>Service Transport Group, Inc.  |  | NJDEP Waste Hauler ID No.<br>20990   | Cubic Yards of Waste<br>1                                | Name of Registered Landfill<br>Minerva Enterprises, LLC   |                           |                |                    |             |           |
| City, State<br>New Castle, Delaware   |  | Disposal Date<br>TBD   |  | City, State<br>Waynesburg, Ohio   |                           |                |                    |             |           |
| Completed by<br>Predrag Sarcev  |  | Title<br>Vice President  |  | Signature<br>                           |                           |                | Date<br>05/21/2012 |             |           |



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

| Date of Notification (1)<br>05/21/2012  |  | Name of Building Owner/Operator (2)<br>Diane Gandara   |  |   |                           |                    |        |             |           |
|---|--|--|--|---|---------------------------|--------------------|--------|-------------|-----------|
| Agencies Notified   | Type Notification  | Street Address<br>27 West First Street   |  |   |                           |                    |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Bayonne, New Jersey 07002   |  |   |                           |                    |        |             |           |
|   |  | Name of Contact<br>Diane Gandara   | Telephone Number   |   |                           |                    |        |             |           |
| <b>FACILITY INFORMATION</b>   |  |  |  |   |                           |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |  |   |                           |                    |        |             |           |
| Street Address<br>27 West First Street  |  | Square Feet<br>8,000   | # of Floors<br>4   |   |                           |                    |        |             |           |
| City (5)<br>Bayonne   |  | Bldg. Age<br>80  |  |   |                           |                    |        |             |           |
| County (6)<br>Hudson  | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br>Residential   |  |   |                           |                    |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>TBD  |  | ASCM No.   | Name of Abatement Contractor (9)<br>Sky Contracting, LLC |   |                           |                    |        |             |           |
| Street Address  |  | Street Address<br>1385 Valley Road, Suite K  |  |   |                           |                    |        |             |           |
| City, State, Zip Code   |  | City, State, Zip Code<br>Wayne, New Jersey 07470   |  |   |                           |                    |        |             |           |
| Project Manager for Monitoring Firm   |  | Telephone No.<br>(973) 928-5040  | License No.<br>00874                                     |   |                           |                    |        |             |           |
| Start Date (10)<br>06/01/2012   | Scheduled Completion Date (11)<br>06/05/2012   | Name of OSHA Monitor<br>Sky Contracting, LLC   |  |   |                           |                    |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other – Describe: <u>entire floor vacant where cleanup is taking place</u> |  | Street Address<br>1385 Valley Road, Suite K  |  |   |                           |                    |        |             |           |
|   |  | City, State, Zip Code<br>Wayne, New Jersey 07470   |  |   |                           |                    |        |             |           |
| Scope of Work (Check All That Apply)  |  |  |  |   |                           |                    |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf   |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |   |                           |                    |        |             |           |
|   |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input 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 |
| Basement  | x  |  |  | Boiler Insulation debris (cleanup)  | 3 SF                      |                    |        |             |           |
|   |  |  |  |   |                           |                    |        |             |           |
|   |  |  |  |   |                           |                    |        |             |           |
|   |  |  |  |   |                           |                    |        |             |           |
| Name of Registered Waste Hauler<br>Service Transport Group, Inc.  |  | NJDEP Waste Hauler ID No.<br>20990   | Cubic Yards of Waste<br>1                                | Name of Registered Landfill<br>Minerva Enterprises, LLC   |                           |                    |        |             |           |
| City, State<br>New Castle, Delaware   |  | Disposal Date<br>TBD   |  | City, State<br>Waynesburg, Ohio   |                           |                    |        |             |           |
| Completed by<br>Predrag Sarcev  |  | Title<br>Vice President  |  | Signature<br>                           |                           | Date<br>05/21/2012 |        |             |           |



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

Check # 6753

|  |  |  |  |
|--|--|--|--|
| Date of Notification (1)<br><b>5/23/12</b>   |  | Name of Building Owner/Operator (2)<br><b>Mr. Santangelo</b> |  |
| Agencies Notified  | Type of Notification   | Street Address   | <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b><br/> MAY 24 2012<br/> ASBESTOS CONTROL &amp; LICENSING </div> |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial Notification<br><br><input type="checkbox"/> Amended Notification<br><br><input type="checkbox"/> Cancellation | <b>2 Mary Ave.</b>   |  |
|  |  | City, State, Zip Code<br><b>Pine Brook, NJ 07058</b>         |  |
|  |  | Name of Contact<br><b>GC: Brian Starkey</b>                  | Telephone Number   |

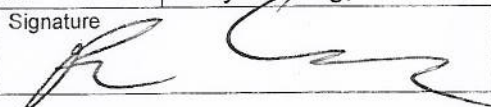
## FACILITY INFORMATION

|  |   |                                     |   |                         |                                |
|--|---|-------------------------------------|---|-------------------------|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>   |   |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.) |                         |                                |
| Street Address<br><b>2 Mary Ave.</b>   |   |                                     | Square Feet<br><b>2000</b>  | # of Floors<br><b>2</b> | Bldg. Age<br><b>50</b>         |
| City (5)<br><b>Pine Brook</b>  | County (6)<br><b>Morris</b>                   | County Code (7)<br>(STATE USE ONLY) | Current Use (Prior if being demolished) residence   |                         |                                |
| Name of Monitoring Firm Hired by Building Owner<br><b>N/A</b>  |   | ASCM No.                            | Name of Abatement Contractor (9)<br><b>Jupiter Environmental Services, Inc.</b>   |                         |                                |
| Street Address   |   |                                     | Street Address<br><b>3 Lynn Court</b>   |                         |                                |
| City, State, Zip Code  |   |                                     | City, State, Zip Code<br><b>Lincoln Park, NJ 07035</b>  |                         |                                |
| Project Manager for Monitoring Firm  |   | Telephone Number                    | Telephone Number<br><b>973-709-0200</b>   |                         | License Number<br><b>00852</b> |
| Scheduled Start Date (10)<br><b>6/2/12</b>   | Sched. Completion Date (11)<br><b>6/11/12</b> |                                     | Name of OSHA Monitor<br><b>J &amp; S Environmental Laboratories, LLC</b>  |                         |                                |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe:<br><input checked="" type="checkbox"/> Other – Describe: Partially vacated |   |                                     | Street Address<br><b>2333 Route 22 West</b>   |                         |                                |
|  |   |                                     | City, State, Zip Code<br><b>Union, NJ 07083</b>   |                         |                                |

## Scope of Work (Check all that apply)

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

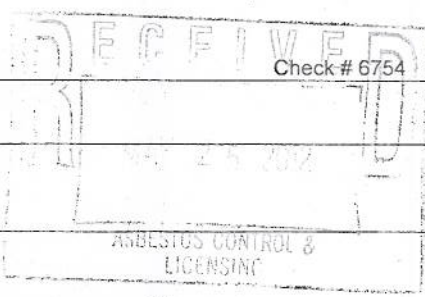
| Location of Asbestos – Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff (12) |    |     | Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |   |   |   |   |  |  |  |
|---|--|----|-----|--|---------------------------|----------------|---|---|---|---|--|--|--|
|   | Yes  | No | N/A |  |                           | R              | R | E | E | N |  |  |  |
| Basement  |  |    | X   | VAT  | 550 SF                    | X              |   |   |   |   |  |  |  |

|   |   |   |  |
|---|---|---|--|
| Name of Registered Waste Hauler<br><b>Jupiter Env. Svc.</b> | NJDEP Waste Hauler ID No.<br><b>04783</b> | Cubic Yards Of Waste<br><b>1</b>  | Name of Registered Landfill<br><b>Minerva Landfill</b> |
| City, State<br><b>Lincoln Park, NJ</b>                      | Disposal Date<br><b>6/15/12</b>           | City, State<br><b>Waynesburg, OH</b>  |  |
| Completed By (Print or Type)<br><b>Pane Repic</b>           | Title<br><b>General Manager</b>           | Signature<br> | Date<br><b>5/23/12</b>                                 |



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

Check # 6754

|  |  |   |   |
|--|--|---|---|
| Date of Notification (1)<br><b>5/23/12</b>   |  | Name of Building Owner/Operator (2)<br><b>UMDNJ</b>                             |   |
| Agencies Notified  | Type of Notification   | Street Address  |  |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial Notification<br><input type="checkbox"/> Emergency<br><input type="checkbox"/> Amended Notification<br><input type="checkbox"/> Cancellation | <b>30 Bergen Street</b><br><br>City, State, Zip Code<br><b>Newark, NJ 07101</b> |   |
|  |  | Name of Contact<br><b>Ron Fereno</b>  |   |
|  |  | Telephone Number  |   |

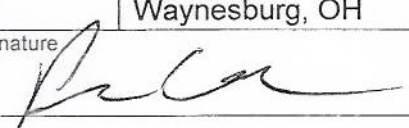
## FACILITY INFORMATION

|   |  |   |  |                         |                                |
|---|--|---|--|-------------------------|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>UMDNJ – Medical Science Bldg.</b>  |  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.) |                         |                                |
| Street Address<br><b>Bergen St/ South Orange Ave.</b>   |  |   | Square Feet<br><b>20000</b>  | # of Floors<br><b>1</b> | Bldg. Age<br><b>~ 70</b>       |
| City (5)<br><b>Newark</b>   | County (6)<br><b>Essex</b>                   | County Code (7)<br>(STATE USE ONLY)     | Current Use (Prior if being demolished)<br>Power plant   |                         |                                |
| Name of Monitoring Firm Hired by Building Owner<br><b>Whitman Companies</b>   |  | ASCM No.<br><b>00110</b>                | Name of Abatement Contractor (9)<br><b>Jupiter Environmental Services, Inc.</b>  |                         |                                |
| Street Address<br><b>116 Tices Lane</b>   |  |   | Street Address<br><b>3 Lynn Court</b>  |                         |                                |
| City, State, Zip Code<br><b>East Brunswick, NJ 08816</b>  |  |   | City, State, Zip Code<br><b>Lincoln Park, NJ 07035</b>   |                         |                                |
| Project Manager for Monitoring Firm<br><b>Kevin Lovely</b>  |  | Telephone Number<br><b>732-390-5858</b> | Telephone Number<br><b>973-709-0200</b>  |                         | License Number<br><b>00852</b> |
| Scheduled Start Date (10)<br><b>6/1/12</b>  | Sched. Completion Date (11)<br><b>6/9/12</b> |   | Name of OSHA Monitor<br><b>J &amp; S Environmental Laboratories, LLC</b>   |                         |                                |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe:<br><input checked="" type="checkbox"/> Other – Describe: <u>partially vacated</u> |  |   | Street Address<br><b>2333 Route 22 West</b>  |                         |                                |
|   |  |   | City, State, Zip Code<br><b>Union, NJ 07083</b>  |                         |                                |

## Scope of Work (Check all that apply)

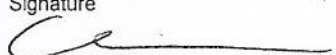
- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> Demolition                | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥3 sf or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

| Location of Asbestos – Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff (12) |    |     | Description of Asbestos – Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |   |   |   |
|---|--|----|-----|---|---------------------------|----------------|---|---|---|
|   | Yes  | No | N/A |   |                           | R              | R | E | E |
| First floor corridor  |  | x  |     | VAT   | 140 SF                    | X              |   |   |   |
|   |  |    |     |   |                           |                |   |   |   |
|   |  |    |     |   |                           |                |   |   |   |

|  |   |   |  |
|--|---|---|--|
| Name of Registered Waste Hauler<br><b>Jupiter Environmental Services</b> | NJDEP Waste Hauler ID No.<br><b>04782</b> | Cubic Yards Of Waste<br><b>10</b>   | Name of Registered Landfill<br><b>Minerva Landfill</b> |
| City, State<br><b>Lincoln Park, NJ</b>                                   | Disposal Date<br><b>6/15/12</b>           | City, State<br><b>Waynesburg, OH</b>  |  |
| Completed By (Print or Type)<br><b>Pane Repic</b>                        | Title<br><b>General Manager</b>           | Signature<br> | Date<br><b>5/23/12</b>                                 |

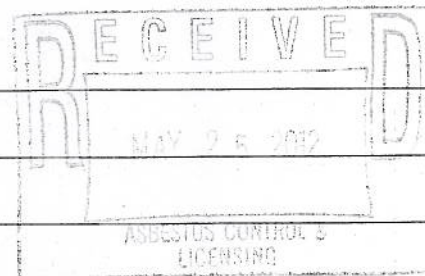


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

| Date of Notification (1)<br>5/23/12  |  | Name of Building Owner/Operator (2)<br>Mark Ligikis   |   |   |                           |                 |        |             |           |
|--|--|---|---|---|---------------------------|-----------------|--------|-------------|-----------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>507 Drexel Ave  |   |   |                           |                 |        |             |           |
|  |  | City, State, Zip Code<br>Ship Bottom NJ 08008   |   |   |                           |                 |        |             |           |
|  |  | Name of Contact<br>Mark   | Telephone Number<br>_____                       |   |                           |                 |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |   |   |                           |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Mark Ligikis   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |   |                           |                 |        |             |           |
| Street Address<br>2801 Long Beach Blvd   |  | Square Feet<br>1000+  | # of Floors<br>1                                |   |                           |                 |        |             |           |
| City (5)<br>Spray Beach NJ 08008   |  | Bldg. Age<br>35+  |   |   |                           |                 |        |             |           |
| County (6)<br>Ocean  | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)<br>Store  |   |   |                           |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | ASCM No. _____  | Name of Abatement Contractor (9)<br>Pernaco Inc |   |                           |                 |        |             |           |
| Street Address   |  | Street Address<br>PO Box 329  |   |   |                           |                 |        |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>West Berlin NJ 08091   |   |   |                           |                 |        |             |           |
| Project Manager for Monitoring Firm  |  | Telephone No. _____   | Telephone No. 856-753-9800                      |   |                           |                 |        |             |           |
|  |  |   | License No. 00727                               |   |                           |                 |        |             |           |
| Start Date (10)<br>6/5/12  | Scheduled Completion Date (11)<br>6/11/12  | Name of OSHA Monitor<br>Pernaco Inc   |   |   |                           |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____   |  | Street Address<br>PO Box 329  |   |   |                           |                 |        |             |           |
|  |  | City, State, Zip Code<br>West Berlin NJ 08091   |   |   |                           |                 |        |             |           |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> 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 |
| roof   |  |   | x   | Flat roof   | 1200 SF                   | x               |        |             |           |
|  |  |   |   |   |                           |                 |        |             |           |
|  |  |   |   |   |                           |                 |        |             |           |
|  |  |   |   |   |                           |                 |        |             |           |
| Name of Registered Waste Hauler<br>Potts Excavating  |  | NJDEP Waste Hauler ID No.<br>03744  | Cubic Yards of Waste<br>20                      | Name of Registered Landfill<br>Tunnel Hill Landfill   |                           |                 |        |             |           |
| City, State<br>Westcreek NJ  |  | Disposal Date<br>6/11/12  |   | City, State<br>New Lexington OH 43764   |                           |                 |        |             |           |
| Completed by<br>Anthony T Perna  |  | Title<br>President  |   | Signature<br>                           |                           | Date<br>5/23/12 |        |             |           |



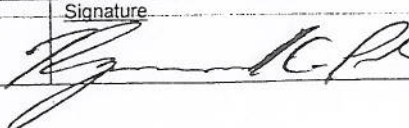
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



|  |  |   |   |   |                           |                |                 |             |           |
|--|--|---|---|---|---------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1)<br>5/23/12  |  | Name of Building Owner/Operator (2)<br>Rick Giberson  |   |   |                           |                |                 |             |           |
| Agencies Notified  | Type Notification  | Street Address<br>12 Creek Rd   |   |   |                           |                |                 |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Delran NJ 08075  |   |   |                           |                |                 |             |           |
|  |  | Name of Contact<br>Rick   | Telephone Number<br>_____                       |   |                           |                |                 |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |   |   |                           |                |                 |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Rick Giberson  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)   |   |   |                           |                |                 |             |           |
| Street Address<br>12 Creek Rd  |  | Square Feet<br>1000+  | # of Floors<br>2                                |   |                           |                |                 |             |           |
| City (5)<br>Delran NJ 08075  |  | Bldg. Age<br>35+  |   |   |                           |                |                 |             |           |
| County (6)<br>Burlington   | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)<br>Residence  |   |   |                           |                |                 |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | ASCM No.<br>_____   | Name of Abatement Contractor (9)<br>Pernaco Inc |   |                           |                |                 |             |           |
| Street Address<br>_____  |  | Street Address<br>PO Box 329  |   |   |                           |                |                 |             |           |
| City, State, Zip Code<br>_____   |  | City, State, Zip Code<br>West Berlin NJ 08091   |   |   |                           |                |                 |             |           |
| Project Manager for Monitoring Firm<br>_____   |  | Telephone No.<br>_____  | License No.<br>00727                            |   |                           |                |                 |             |           |
| Start Date (10)<br>6/5/12  | Scheduled Completion Date (11)<br>6/11/12  | Name of OSHA Monitor<br>Pernaco Inc   |   |   |                           |                |                 |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address<br>PO Box 329  |   |   |                           |                |                 |             |           |
|  |  | City, State, Zip Code<br>West Berlin NJ 08091   |   |   |                           |                |                 |             |           |
| Scope of Work (Check All That Apply)   |  |   |   |   |                           |                |                 |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |                           |                |                 |             |           |
| Location of Asbestos-Containing Material (ACM) <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 Siding  |  |   | x   | Exterior Siding   | 2000 SF                   | x              |                 |             |           |
|  |  |   |   |   |                           |                |                 |             |           |
|  |  |   |   |   |                           |                |                 |             |           |
|  |  |   |   |   |                           |                |                 |             |           |
| Name of Registered Waste Hauler<br>Unided Containers   |  | NJDEP Waste Hauler ID No.<br>22459  | Cubic Yards of Waste<br>20                      | Name of Registered Landfill<br>G.R.O.W.S.   |                           |                |                 |             |           |
| City, State<br>Elm NJ  |  | Disposal Date<br>6/11/12  |   | City, State<br>Morrisville PA 19067   |                           |                |                 |             |           |
| Completed by<br>Anthony T Perna  |  | Title<br>President  |   | Signature<br>   |                           |                | Date<br>5/23/12 |             |           |



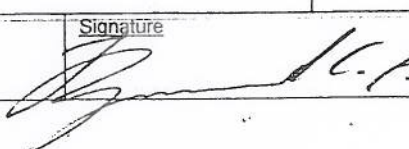
GAC Project # D60-12  
Client Project #

|   |  |  |  |
|---|--|--|--|
| Date of Notification (1)<br><b>May 3, 2012</b>  |  | Name of Building Owner/Operator (2)<br><b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>  |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DCA<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DEP- No Longer REQUIRED<br><input checked="" type="checkbox"/> DOH  |  | Notification Type<br><input checked="" type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancelled |  |
| Street Address<br><b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT.<br/>27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>  |  | City, State, Zip Code<br><b>PISCATAWAY, NJ 08854</b>   |  |
| Name of Contact<br><b>MICHAEL SMITH, ENV.<br/>HEALTH &amp; SAFETY</b>   |  | Telephone Number   |  |
| FACILITY INFORMATION  |  |  |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>NICHOLAS HALL, BLDG# 8330</b>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)            |  |
| Street Address<br><b>DOUGLASS CAMPUS</b>  |  | Sq. Feet: <b>N/A</b> # of Floors: <b>3</b> Bldg. Age: <b>60+ years</b>   |  |
| City (5)<br><b>NEW BRUNSWICK</b>  | County (6)<br><b>MIDDLESEX</b>   | County Code (7)<br>(State Use Only)  |  |
| Current Use (prior if being demolished): <b>ACADEMIC</b>  |  |  |  |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br><b>ATC ASSOCIATES</b>   |  | ASCM No.<br><b>0098</b>  |  |
| Street Address<br><b>3 TERRI LANE</b>   |  | Name of Contractor (9)<br><b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>   |  |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>  |  | Street Address<br><b>268 MAIN STREET</b>   |  |
| Project Manager for Monitoring Firm<br><b>BRIAN KEARNY</b>  |  | Telephone Number<br><b>609-386-8800</b>  | License Number<br><b>00840</b>   |
| Scheduled Start Date (10)<br><b>05/17/12</b>  |  | Scheduled Completion Date (11)<br><b>06/21/12</b>  |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br><input checked="" type="checkbox"/> Other - Describe: <b>3PM - 5AM</b>  |  | Name of OSHA Monitor<br><b>1<br/>ENVIROVISION, INC.</b>  |  |
| Street Address<br><b>20-21 WARGARAW ROAD</b>  |  | City, State, Zip Code<br><b>FAIRLAWN, NJ</b>   |  |
| Scope of Work (Check all that apply)<br><br><input type="checkbox"/> > 3 sf or ≥ 3 lf<br><input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure / Wrap & Cut<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |  |
| Location of Asbestos-Containing Material (ACM) in Facility (13)<br><b>RESTROOMS</b>   | Is Location Normally Used Solely by Maint./Custodial Staff? (12)<br>YES NO NA<br><input checked="" type="checkbox"/> YES | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)<br><b>TSI - PIPE INSULATION</b>   | Amount (Specify SF or LF)<br><b>200 LF</b>   |
| Abatement Type<br>Remove Repair Encap Enclose<br><input checked="" type="checkbox"/> Remove   |  |  |  |
| Name of Reg. Waste Hauler<br><b>See Hauler Below #1 &amp; 2</b>   |  | NJDEP Waste Hauler ID #<br><b>See Below</b>  | Cubic Yards of Waste: <b>25 CY</b>   |
| Name of Registered Landfill<br><b>G.R.O.W.S. North Landfill</b>   |  |  |  |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405<br>NJDEP # 12561<br>Hauler #2) Newark Carting, Inc., Newark, NJ 04509<br>NJ DEP # 4509  |  | Disposal Date<br><b>06/21/2012</b>   | City, State<br><b>100 New Ford Mill Rd. Morrisville, Pa 19067<br/>215-736-1700</b> |
| Completed by (Print or Type)<br><b>RAYMOND C. PEDALINO</b>  | Title<br><b>SENIOR PROJECT MANAGER</b>   | Signature<br>  | Date<br><b>May 3, 2012</b>   |



**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 #

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <u>Date of Notification (1)</u><br><b>May 10, 2012</b>   |  |   | <u>Name of Building Owner/Operator (2)</u><br><b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>   |  |  |
| <u>Agencies Notified</u><br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DCA<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DEP- No Longer REQUIRED<br><input checked="" type="checkbox"/> DOH  |  | <u>Notification Type</u><br><input type="checkbox"/> Initial Notification<br><input checked="" type="checkbox"/> Amended Notification - #1 - new start & completion dates<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancelled |  | <u>Street Address</u><br><b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT.<br/>27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>  |  |
|  |  |   |  | <u>City, State, Zip Code</u><br><b>PISCATAWAY, NJ 08854</b>  |  |
|  |  |   |  | <u>Name of Contact</u><br><b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>   |  |
|  |  |   |  | <u>Telephone Number</u>  |  |
| <b>FACILITY INFORMATION</b>  |  |   |  |  |  |
| <u>Name of Facility Where Abatement is Taking Place (3)</u><br><b>NICHOLAS HALL, BLDG# 8330</b>  |  |   | <u>Type of Facility (4)</u><br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)<br><u>Sq. Feet:</u> N/A <u># of Floors:</u> 3 <u>Bldg. Age:</u> 60+ years |  |  |
| <u>Street Address</u><br><b>DOUGLASS CAMPUS</b>  |  |   |  |  |  |
| <u>City (5)</u><br><b>NEW BRUNSWICK</b>  | <u>County (6)</u><br><b>MIDDLESEX</b>  | <u>County Code (7)</u><br>(State Use Only)  | <u>Current Use (prior if being demolished):</u> <b>ACADEMIC</b>  |  |  |
| <u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u><br><b>ATC ASSOCIATES</b>   |  | <u>ASCM No.</u><br><b>0098</b>  | <u>Name of Contractor (9)</u><br><b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>  |  |  |
| <u>Street Address</u><br><b>3 TERRI LANE</b>   |  | <u>Street Address</u><br><b>268 MAIN STREET</b>   |  |  |  |
| <u>City, State, Zip Code</u><br><b>BURLINGTON, NJ 08016</b>  |  | <u>City, State, Zip Code</u><br><b>BUTLER, NJ 07405</b>   |  |  |  |
| <u>Project Manager for Monitoring Firm</u><br><b>BRIAN KEARNY</b>  | <u>Telephone Number</u><br><b>609-386-8800</b>                                       | <u>Telephone Number</u><br><b>973-492-0477</b>  | <u>License Number</u><br><b>00840</b>  |  |  |
| <u>Scheduled Start Date (10)</u><br><b>05/21/12</b>  | <u>Scheduled Completion Date (11)</u><br><b>05/29/12</b>                             | <u>Name of OSHA Monitor</u><br><b>1 ENVIROVISION, INC.</b>  |  |  |  |
| <u>Occupancy Status During Abatement (Check only one)</u><br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br><input checked="" type="checkbox"/> Other - Describe: <b>3PM (Mon 5/21) - 5AM (Tues 5/29) - 24 Hrs. As Necessary</b> |  |   | <u>Street Address</u><br><b>20-21 WARGARAW ROAD</b>  |  |  |
|  |  |   | <u>City, State, Zip Code</u><br><b>FAIRLAWN, NJ</b>  |  |  |
| <u>Scope of Work (Check all that apply)</u>  |  |   |  |  |  |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$   |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure / Wrap & Cut<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |
| <u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>   | <u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u><br>YES NO NA | <u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>   | <u>Amount (Specify SF or LF)</u>   | <u>Abatement Type</u><br>Remove Repair Encap Enclose   |  |
| RESTROOMS  | <input checked="" type="checkbox"/>  | TSI - PIPE INSULATION   | 200 LF   | <input checked="" type="checkbox"/>  |  |
|  |  |   |  |  |  |
| <u>Name of Reg. Waste Hauler</u><br><b>See Hauler Below #1 &amp; 2</b>   | <u>NJDEP Waste Hauler ID #</u><br><b>See Below</b>                                   | <u>Cubic Yards of Waste:</u> <b>25 CY</b>   | <u>Name of Registered Landfill</u><br><b>G.R.O.W.S. North Landfill</b>   |  |  |
| <u>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</u><br>NJDEP # 12561  |  |   | <u>Disposal Date</u><br><b>05/29/2012</b>  | <u>City, State</u><br><b>100 New Ford Mill Rd. Morrisville, Pa 19067</b><br>215-736-1700   |  |
| <u>Hauler #2) Newark Carting, Inc., Newark, NJ 04509</u><br>NJ DEP # 4509  |  |   |  |  |  |
| <u>Completed by (Print or Type)</u><br><b>RAYMOND C. PEDALINO</b>  | <u>Title</u><br><b>SENIOR PROJECT MANAGER</b>  | <u>Signature</u><br>  | <u>Date</u><br><b>May 10, 2012</b>   |  |  |




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

*Check # 9633*

GAC Project # 060-12

Client Project #

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| Date of Notification (1)<br><b>May 22, 2012</b>  |   |  | Name of Building Owner/Operator (2)<br><b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>   |   |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DCA<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DEP- No Longer REQUIRED<br><input checked="" type="checkbox"/> DOH   |   | Notification Type<br><input type="checkbox"/> Initial Notification<br><input checked="" type="checkbox"/> Amended Notification #2 additional material, change of procedure & new completion date<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancelled |   | Street Address<br><b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT.<br/>27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>  |  |
|  |   |  |   | City, State, Zip Code<br><b>PISCATAWAY, NJ 08854</b>  |  |
|  |   |  |   | Name of Contact<br><b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>   |  |
| <b>FACILITY INFORMATION</b>  |   |  |   |   |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>NICHOLAS HALL, BLDG# 8330</b>   |   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |  |
| Street Address<br><b>DOUGLASS CAMPUS</b>   |   |  | Sq. Feet: <b>N/A</b> # of Floors: <b>3</b> Bldg. Age: <b>60+ years</b>  |   |  |
| City (5)<br><b>NEW BRUNSWICK</b>   | County (6)<br><b>MIDDLESEX</b>  | County Code (7)<br>(State Use Only)  | Current Use (prior if being demolished): <b>ACADEMIC</b>  |   |  |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br><b>ATC ASSOCIATES</b>  |   | ASCM No.<br><b>0098</b>  | Name of Contractor (9)<br><b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>  |   |  |
| Street Address<br><b>3 TERRI LANE</b>  |   |  | Street Address<br><b>268 MAIN STREET</b>  |   |  |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>   |   |  | City, State, Zip Code<br><b>BUTLER, NJ 07405</b>  |   |  |
| Project Manager for Monitoring Firm<br><b>BRIAN KEARNY</b>   |   | Telephone Number<br><b>609-386-8800</b>  | Telephone Number<br><b>973-492-0477</b>   |   | License Number<br><b>00840</b>   |
| Scheduled Start Date (10)<br><b>05/21/12</b>   |   | Scheduled Completion Date (11)<br><b>06/04/12</b>  |   | Name of OSHA Monitor<br><b>1</b><br><b>ENVIROVISION, INC.</b>   |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br><input type="checkbox"/> Other - Describe:<br><b>Schedule: 3PM - 5AM (24 HOURS AS NEEDED)</b> |   |  | Street Address<br><b>20-21 WARGARAW ROAD</b>  |   |  |
|  |   |  | City, State, Zip Code<br><b>FAIRLAWN, NJ</b>  |   |  |
| Scope of Work (Check all that apply)   |   |  |   |   |  |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$   |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure / Wrap & Cut<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |
| Location of Asbestos-Containing Material (ACM) in Facility (13)  | Is Location Normally Used Solely by Maint./Custodial Staff? (12)<br>YES NO NA | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)   |   | Amount (Specify SF or LF)   | Abatement Type<br>Remove Repair Encap Enclose                                      |
| RESTROOMS  | <input checked="" type="checkbox"/>   | TSI - PIPE INSULATION  |   | 200 LF  | <input checked="" type="checkbox"/>  |
| RESTROOMS  | <input checked="" type="checkbox"/>   | FLOORING/VAPOR BARRIER   |   | 4200 SF   | <input checked="" type="checkbox"/>  |
| Name of Reg. Waste Hauler<br><b>See Hauler Below #1 &amp; 2</b>  |   | NJDEP Waste Hauler ID #<br><b>See Below</b>  |   | Cubic Yards of Waste: <b>25 CY</b>  | Name of Registered Landfill<br><b>G.R.O.W.S. North Landfill</b>                    |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405<br>NJDEP # 12561<br>Hauler #2) Newark Carting, Inc., Newark, NJ 04509<br>NJ DEP # 4509   |   |  |   | Disposal Date<br><b>06/04/2012</b>  | City, State<br><b>100 New Ford Mill Rd. Morrisville, Pa 19067<br/>215-736-1700</b> |
| Completed by (Print or Type)<br><b>RAYMOND C. PEDALINO</b>   |   | Title<br><b>SENIOR PROJECT MANAGER</b>   |   | Signature<br>   | Date<br><b>May 22, 2012</b>  |

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

Name of Building Owner/Operator (2)

Luzvimino Puazo

|  |   |   |
|--|---|---|
| Agency Notified  | Type Notification   | Street Address  |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | 42 Princeton Street<br>City, State, Zip Code<br>Maplewood, NJ 07040<br>Name of Contact<br>Luzvimino Puazo |
|  |   | Telephone Number  |

**FACILITY INFORMATION**

|  |   |
|--|---|
| Name of Facility Where Abatement is Taking Place (3) | Type of Facility (4)  |
| Private home   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |
| Street Address                                       | Square Feet    # of Floors    Bldg. Age   |
| 42 Princeton Street                                  |   |
| City (5)   |   |
| Maplewood, NJ 07040                                  |   |
| County (6)   |   |

|                                  |   |
|----------------------------------|---|
| County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) |
| Essex                            |   |

|  |                                |                                  |
|--|--------------------------------|----------------------------------|
| 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.                    |
|  |                                | 973-638-1777                     |
|  |                                | License No.                      |
|  |                                | 01127                            |
| Start Date (10)  | Scheduled Completion Date (11) | Name of OSHA Monitor             |
| 06/02/2012   | 06/03/2012                     | Envirovision Consultants, Inc    |
| Occupancy Status During Abatement (Check only one)   |                                | Street Address                   |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |                                | 20-21 Wagaraw Road, Bldg # 34A   |
|  |                                | City, State, Zip Code            |
|  |                                | Fair Lawn, NJ 07410              |

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

| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED<br>IN Facility<br>(13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount<br>(Specify SF or LF) | Abatement Type |        |           |
|---|---|----|-----|---|------------------------------|----------------|--------|-----------|
|   | Yes   | No | N/A |   |                              | Removal        | Repair | Enclosure |
| Basement  |   |    | X   | Pipe insulation   | 75 LF                        | X              |        |           |
|   |   |    |     |   |                              |                |        |           |
|   |   |    |     |   |                              |                |        |           |

|                                 |  |                      |                             |
|---------------------------------|--|----------------------|-----------------------------|
| Name of Registered Waste Hauler | NJDEP Waste Hauler ID No.  | Cubic Yards of Waste | Name of Registered Landfill |
| Gr Tech LLC                     | 0033785  |                      | T.R.R.F. Inc                |
| City, State                     |  | Disposal Date        | City, State                 |
| Wayne, NJ 07470                 |  |                      | Tullytown, PA               |
| Completed by                    | Title  | Signature            | Date                        |
| N.Jevtic                        | Owner  | <i>N.Jevtic</i>      | 05/23/2012                  |
| 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 12:120)**



0420

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| Date of Notification (1)<br><b>5/23/12</b>  |  | Name of Building Owner/Operator (2)<br><b>Exelis Inc.</b>  |  | ASBESTOS CONTROL & LICENSING             |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br><b>77 River Road</b>   |  |
|   |  | City, State, Zip Code<br><b>Clifton, New Jersey 07014</b>  |  | Name of Contact<br><b>Angelo Ridente</b> |  |
|   |  |  |  | Telephone Number                         |  |

**FACILITY INFORMATION**

|  |  |                                     |   |                         |                         |
|--|--|-------------------------------------|---|-------------------------|-------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Exelis Inc.</b> |  |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                         |                         |
| Street Address<br><b>77 River Road</b>                                     |  |                                     |   |                         |                         |
| City (5)<br><b>Clifton, New Jersey 07014</b>                               |  |                                     | Square Feet<br><b>5000</b>  | # of Floors<br><b>2</b> | Bldg. Age<br><b>30+</b> |
| County (6)<br><b>Passaic</b>   |  | County Code (7)<br>(STATE USE ONLY) | Current Use (Prior if being demolished)<br><b>K+D</b>   |                         |                         |

|  |  |  |  |                             |
|--|--|--|--|-----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Bureau Veritas</b> |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>Affiliated Environmental Serv NJ Inc.</b> |                             |
| Street Address<br><b>10 Fieldcrest 4th Fl. Paritan Plaza I</b>               |  | Street Address<br><b>450 South River Street</b>              |  |                             |
| City, State, Zip Code<br><b>Edison, NJ 08837</b>                             |  | City, State, Zip Code<br><b>Hackensack, New Jersey 07601</b> |  |                             |
| Project Manager for Monitoring Firm<br><b>Doreen Garity</b>                  |  | Telephone No.<br><b>732-225-6040</b>                         | Telephone No.<br><b>201-931-0313</b>   | License No.<br><b>00500</b> |

|  |  |  |  |
|--|--|--|--|
| Start Date (10)<br><b>6/4/12</b>   | Scheduled Completion Date (11)<br><b>6/10/12</b> | Name of OSHA Monitor<br><b>Ortega Environmental Inc.</b>   |  |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |  | Street Address<br><b>280 Huyler Street</b>                 |  |
|  |  | City, State, Zip Code<br><b>South Hackensack, NJ 07601</b> |  |

Scope of Work (Check All That Apply)

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure               |
| <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf        | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure  |
|  |  | <input type="checkbox"/> Glovebag Procedure                                    |
|  |  | <input 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 |
| 1st Fl. Aisle 6+C  |   |    | ✓   | Vat   | 16 Sq                     | ✓              |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |


|   |                                      |   |                        |   |  |
|---|--------------------------------------|---|------------------------|---|--|
| Name of Registered Waste Hauler<br><b>Global Waste Industries</b> |                                      | NJDEP Waste Hauler ID No.<br><b>22171</b> | Cubic Yards of Waste   | Name of Registered Landfill<br><b>Onnerva Enterprises</b> |  |
| City, State<br><b>Hackettstown, NJ 07840</b>                      |                                      | Disposal Date                             |                        | City, State<br><b>Lebanon, NJ 07036</b>                   |  |
| Completed by<br><b>Monique Salazar</b>                            | Title<br><b>Office Administrator</b> | Signature<br><i>[Signature]</i>           | Date<br><b>5/23/12</b> |   |  |



**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)<br><b>May 10, 2012</b>   |  | Name of Building Owner/Operator (2)<br><b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>   |  |
| Agencies Notified<br><br><input type="checkbox"/> EPA<br><input type="checkbox"/> DCA<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DEP- No Longer REQUIRED<br><input checked="" type="checkbox"/> DOH  | Notification Type<br><input checked="" type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancelled |   | Street Address<br><b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT.<br/>27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b> |
|   |  |   | City, State, Zip Code<br><b>PISCATAWAY, NJ 08854</b>   |
|   |  | Name of Contact<br><b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>   | Telephone Number   |
| <b>FACILITY INFORMATION</b>   |  |   |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>OLSON HALL, BLDG# 7229</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)<br>Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>60+ years</b> |  |
| Street Address<br><b>NEWARK CAMPUS</b>  |  | Current Use (prior if being demolished): <b>ACADEMIC</b>  |  |
| City (5)<br><b>NEWARK</b>   | County (6)<br><b>ESSEX</b>   | County Code (7)<br>(State Use Only)   |  |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br><b>ATC ASSOCIATES</b>   |  | ASCM No.<br><b>0098</b>   |  |
| Street Address<br><b>3 TERRI LANE</b>   |  | Name of Contractor (9)<br><b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>  |  |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>  |  | Street Address<br><b>268 MAIN STREET</b>  |  |
| Project Manager for Monitoring Firm<br><b>BRIAN KEARNY</b>  | Telephone Number<br><b>609-386-8800</b>  | Telephone Number<br><b>973-492-0477</b>   | License Number<br><b>00840</b>   |
| Scheduled Start Date (10)<br><b>05/23/12</b>  | Scheduled Completion Date (11)<br><b>05/24/12</b>  | Name of OSHA Monitor<br><b>1 ENVIROVISION, INC.</b>   |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br><input checked="" type="checkbox"/> Other - Describe: <b>5PM - 5AM</b>  |  | Street Address<br><b>20-21 WARGARAW ROAD</b>  |  |
|   |  | City, State, Zip Code<br><b>FAIRLAWN, NJ</b>  |  |
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf<br><input type="checkbox"/> ≥ 160 sf or ≥ 260<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |  |
| Location of Asbestos-Containing Material (ACM) in Facility (13)<br><b>Room 101</b>  | Is Location Normally Used Solely by Maint./Custodial Staff? (12)<br>YES NO NA<br><input checked="" type="checkbox"/>   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)<br><b>TSI - Pipe Insulation</b>  | Amount (Specify SF or LF)<br><b>&lt;9 LF</b>   |
|   |  |   | Abatement Type<br>Remove Repair Encap Enclose<br><input checked="" type="checkbox"/>                         |
| Name of Reg. Waste Hauler<br><b>See Hauler Below #1 &amp; 2</b>   |  | NJDEP Waste Hauler ID #<br><b>See Below</b>   | Cubic Yards of Waste: <b>5 CY</b>  |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405<br>NJDEP # 12561  |  | Disposal Date<br><b>05/24/2012</b>  |  |
| Hauler #2) Newark Carting, Inc., Newark, NJ 04509<br>NJ DEP # 4509  |  | City, State<br><b>100 New Ford Mill Rd. Morrisville, Pa 19067<br/>215-736-1700</b>  |  |
| Completed by (Print or Type)<br><b>RAYMOND C. PEDALINO</b>  | Title<br><b>SENIOR PROJECT MANAGER</b>   | Signature<br>   | Date<br><b>May 10, 2012</b>  |

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




Check # 9634

**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)<br><b>May 23, 2012</b>   |   | Name of Building Owner/Operator (2)<br><b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>   |  |
| Agencies Notified<br><br><input type="checkbox"/> EPA<br><input type="checkbox"/> DCA<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DEP- No Longer REQUIRED<br><input checked="" type="checkbox"/> DOH  | Notification Type<br><input type="checkbox"/> Initial Notification<br><input checked="" type="checkbox"/> Amended Notification #1<br>new start & completion dates<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancelled |   | Street Address<br><b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT.</b><br><b>27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b><br>City, State, Zip Code<br><b>PISCATAWAY, NJ 08854</b> |
|   |   |   | Name of Contact<br><b>MICHAEL SMITH, ENV.</b><br><b>HEALTH &amp; SAFETY</b><br>Telephone Number  |
| <b>FACILITY INFORMATION</b>   |   |   |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>OLSON HALL, BLDG# 7229</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)<br>Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>60+ years</b> |  |
| Street Address<br><b>NEWARK CAMPUS</b>  |   |   |  |
| City (5)<br><b>NEWARK</b>   | County (6)<br><b>ESSEX</b>  | County Code (7)<br>(State Use Only)   | Current Use (prior if being demolished): <b>ACADEMIC</b>   |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br><b>ATC ASSOCIATES</b>   |   | ASCM No.<br><b>0098</b>   | Name of Contractor (9)<br><b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>   |
| Street Address<br><b>3 TERRI LANE</b>   |   | Street Address<br><b>268 MAIN STREET</b>  |  |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>  |   | City, State, Zip Code<br><b>BUTLER, NJ 07405</b>  |  |
| Project Manager for Monitoring Firm<br><b>BRIAN KEARNY</b>  | Telephone Number<br><b>609-386-8800</b>   | Telephone Number<br><b>973-492-0477</b>   | License Number<br><b>00840</b>   |
| Scheduled Start Date (10)<br><b>06/04/12</b>  | Scheduled Completion Date (11)<br><b>06/05/12</b>   | Name of OSHA Monitor<br><b>1</b><br><b>ENVIROVISION, INC.</b>   |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br><input checked="" type="checkbox"/> Other - Describe: <b>5PM - 5AM</b>                        |   | Street Address<br><b>20-21 WARGARAW ROAD</b><br>City, State, Zip Code<br><b>FAIRLAWN, NJ</b>  |  |
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$  |   |   |  |
| <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |  |
| Location of Asbestos-Containing Material (ACM) in Facility (13)<br><b>Room 101</b>  | Is Location Normally Used Solely by Maint./Custodial Staff? (12)<br>YES NO NA<br><input checked="" type="checkbox"/> YES  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)<br><b>TSI - Pipe Insulation</b>  | Amount (Specify SF or LF)<br><b>&lt;9 LF</b>   |
| Abatement Type<br>Remove Repair Encap. Enclose<br><input checked="" type="checkbox"/> Remove  |   |   |  |
| Name of Reg. Waste Hauler<br><b>See Hauler Below #1 &amp; 2</b>   | NJDEP Waste Hauler ID #<br><b>See Below</b>   | Cubic Yards of Waste: <b>5 CY</b>   | Name of Registered Landfill<br><b>G.R.O.W.S. North Landfill</b>  |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405<br>NJDEP # 12561<br>Hauler #2) Newark Carting, Inc., Newark, NJ 04509<br>NJ DEP # 4509  |   | Disposal Date<br><b>06/05/2012</b>  | City, State<br><b>100 New Ford Mill Rd. Morrisville, Pa 19067</b><br><b>215-736-1700</b>   |
| Completed by (Print or Type)<br><b>RAYMOND C. PEDALINO</b>  | Title<br><b>SENIOR PROJECT MANAGER</b>  | Signature<br>   | Date<br><b>May 23, 2012</b>  |

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



DOL  
Hand Copy

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

UJA U.S. 07/01  
CH# 1010

|   |   |  |  |  |                        |         |        |
|---|---|--|--|--|------------------------|---------|--------|
| Date of Notification (1)<br><u>5/23/12</u>  |   | Name of Building Owner/Operator (2)<br><u>MR CARLOS ALEX JESUS</u>   |  |  |                        |         |        |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><u>142 Ridge RD</u><br>City, State, Zip Code<br><u>NORTH ARLINGTON, N.J. 07031</u><br>Name of Contact<br><u>MR JESUS</u><br>Telephone Number   |  |  |                        |         |        |
| FACILITY INFORMATION  |   |  |  |  |                        |         |        |
| Name of Facility Where Abatement is Taking Place (3)<br><u>89-91 CANTERBURY</u>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |  |  |                        |         |        |
| Street Address<br><u>89-91 CANTERBURY</u>   |   | Square Feet<br><u>2,000</u>  | # of Floors<br><u>1</u>  |  |                        |         |        |
| City (5)<br><u>North Arlington</u>  |   | Bldg. Age<br><u>60</u>   |  |  |                        |         |        |
| County (6)<br><u>North Arlington</u>  |   | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)<br><u>RESIDENT</u>   |  |                        |         |        |
| Name of Monitoring Firm Hired by Building Owner (8)   |   | ASCM No.   | Name of Abatement Contractor (9)<br><u>NOVATECH INC</u>  |  |                        |         |        |
| Street Address  |   | Street Address<br><u>P.O. Box 814</u>  | City, State, Zip Code<br><u>OLD BRIDGE NJ 08857</u>  |  |                        |         |        |
| City, State, Zip Code   |   | Telephone No.<br><u>(732) 238-7500</u>   | License No.<br><u>00806</u>  |  |                        |         |        |
| Project Manager for Monitoring Firm   |   | Telephone No.  | Name of OSHA Monitor<br><u>NOVATECH INC</u>  |  |                        |         |        |
| Start Date (10)<br><u>06/01/12</u>  |   | Scheduled Completion Date (11)<br><u>06/30/12</u>  | Street Address<br><u>P.O. Box 814</u>  |  |                        |         |        |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe:  |   | City, State, Zip Code<br><u>OLD BRIDGE NJ 08857</u>  |  |  |                        |         |        |
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |  |  |                        |         |        |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED IN FACILITY</u><br>(13)   | Is Location Normally Used Safely by Maintenance/Custodial Staff? (12)   |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)<br><u>4150 LF</u>      | Abatement Type         |         |        |
|   | Yes   | No   |  |  | N/A                    | Removal | Repair |
| <u>BASEMENT</u>   |   | <u>X</u>   | <u>PIPE INSULATION</u>   | <u>4150 LF</u>                                   | <u>X</u>               |         |        |
| Name of Registered Waste Hauler<br><u>NOVATECH INC</u>  |   | NIDEP Waste Hauler ID No.<br><u>12501</u>  | Cubic Yards of Waste<br><u>5</u>   | Name of Registered Landfill<br><u>G.R.O.W.S.</u> |                        |         |        |
| City, State<br><u>OLD BRIDGE NJ 08857</u>   |   | Disposal Date  |  | City, State<br><u>HARRISBURG PA</u>              |                        |         |        |
| Completed By<br><u>CARLOS ALEX JESUS</u>  |   | Title<br><u>PRESIDENT</u>  | Signature<br><u>CARLOS ALEX JESUS</u>  |  | Date<br><u>5/23/12</u> |         |        |

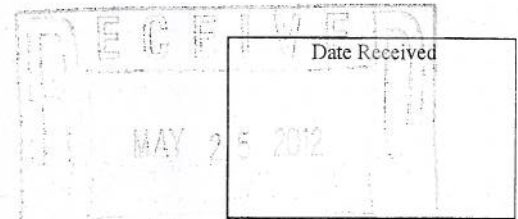


## NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

|        |  |  |                        |
|--------|--|--|------------------------|
| 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:<br><br>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. 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: Bordertown 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 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 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<br>(Printed Name/Title)   | <i>Nicholas Fernicola</i><br>(Signature of Owner/Operator) | May 22, 2012<br>(Date) |
| xviii. | I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.   |  |                        |
|        | Nicholas Fernicola / Project Manager<br>(Printed Name/Title)   | <i>Nicholas Fernicola</i><br>(Signature of Owner/Operator) | May 22, 2012<br>(Date) |



GUARDIAN CONTRACTING, INC.  
1889 ROUTE 9  
SUITE 61  
TOMS RIVER, NEW JERSEY 08755



## DEMOLITION / RENOVATION NOTIFICATION

|   |  |                          |                      |  |  |
|---|--|--------------------------|----------------------|--|--|
| Operator Project #:   |  | Postmark:                |                      | Notification:                                  |  |
| I. TYPE OF NOTIFICATION (O- Original R- Revised C- Cancelled): O  |  |                          |                      | II. IS ASBESTOS PRESENT? (Yes/No): Y           |  |
| III. FACILITY INFORMATION (identify owner, removal contractor and other operator)                             |  |                          |                      |  |  |
| OWNER NAME: John Thompson   |  |                          |                      |  |  |
| Address: 9 Old Farm Road  |  |                          |                      |  |  |
| City: Cedar Knolls  |  | State: New Jersey        |                      | Zip: 07927                                     |  |
| Contact: John Thompson  |  |                          |                      | Tel:   |  |
| REMOVAL CONTRACTOR: Guardian Contracting, Inc.  |  |                          |                      | NJ License: 00624                              |  |
| Address: 1889 Route 9, Unit 61  |  |                          |                      |  |  |
| City: Toms River  |  | State: New Jersey        |                      | Zip: 08755                                     |  |
| Contact: Nicholas Fernicola   |  |                          |                      | Tel: 732-349-9932                              |  |
| OTHER OPERATOR (if different)   |  |                          |                      | NJ License:                                    |  |
| Address:  |  |                          |                      |  |  |
| City:   |  | State:                   |                      | Zip:   |  |
| Contact:  |  |                          |                      | Tel:   |  |
| IV. TYPE OF OPERATION (D- Demo O- Ordered Demo R- Renovation E- Emergency Renovation): D                      |  |                          |                      |  |  |
| V. FACILITY DESCRIPTION(Including building name, number and floor or room number)                             |  |                          |                      |  |  |
| Building Name: Residence  |  |                          |                      |  |  |
| Address: 21 Orchard Place   |  |                          |                      |  |  |
| City: Cedar Knolls  |  | State: New Jersey        |                      | County: Morris                                 |  |
| Site Location: Exterior & basement  |  |                          |                      |  |  |
| Building Size: 2000 sf  |  | # of Floors: 2           |                      | Age in Years: 60                               |  |
| Present Use: Residence  |  |                          | Prior Use: Residence |  |  |
| VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: |  |                          |                      |  |  |
| IS MATERIAL ASSUMED TO BE ASBESTOS?   |  |                          |                      |  |  |
| VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:  |  | RACM To Be Removed       |                      | LOCATION                                       |  |
| 1. Regulated ACM to be removed  |  |                          |                      | Nonfriable Asbestos Material Not To Be Removed |  |
| 2. Category I ACM not removed   |  |                          |                      | Cat I Cat II                                   |  |
| 3. Category II ACM not removed  |  |                          |                      |  |  |
| Pipes (Linear feet): 20 lf  |  | Asbestos pipe insulation |                      | Basement                                       |  |
| Surface Area (Square feet): 1400 sf   |  | Asbestos siding          |                      | Exterior                                       |  |
| RACM Off Facility Component (Cubic feet):   |  |                          |                      |  |  |
| VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)  |  |                          |                      |  |  |
| Start: 6/11/12  |  | Complete: 6/13/12        |                      |  |  |



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

|  |  |   |  |
|--|--|---|--|
| Date of Notification (1)<br><div style="text-align: center;">5/22/2012</div>   |  | Name of Building Owner/Operator (2)<br><div style="text-align: center;">John Thompson</div>   |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type of Notification<br><input checked="" type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br>Amendment # _____<br><input type="checkbox"/> Emergency (including<br>justification)<br><input type="checkbox"/> Cancellation | Street Address<br><div style="text-align: center;">9 Old Farm Road</div><br>City, State, Zip Code<br><div style="text-align: center;">Cedar Knolls, NJ 07927</div><br><div style="display: flex; justify-content: space-between;"> <div>Name of Contact<br/><div style="text-align: center;">John Thompson</div></div> <div>Telephone Number<br/>_____</div> </div> |  |

**FACILITY INFORMATION**

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| Name of Facility Where Abatement is Taking Place (3)<br><div style="text-align: center;">Residence</div>  |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (other than K12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |  |  |
| Street Address<br><div style="text-align: center;">21 Orchard Place</div>   |  |  |   |  |  |
| City<br><div style="text-align: center;">Cedar Knolls</div>   | County (6)<br><div style="text-align: center;">Morris</div>                      | County Code (7)<br>(STATE USE ONLY)            | Square feet<br><div style="text-align: center;">2000 sf</div>   | # of Floors<br><div style="text-align: center;">2</div>                        | Bldg. Age<br><div style="text-align: center;">60</div> |
|   |  |  | Current Use (Prior if being demolished)<br><div style="text-align: center;">Residence</div>   |  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><div style="text-align: center;">N/A</div>   |  | ASCM No.                                       | Name of Abatement Contractor (9)<br><div style="text-align: center;">Guardian Contracting, Inc.</div>   |  |  |
| Street Address  |  |  | Street Address<br><div style="text-align: center;">1889 Route 9, Unit 61</div>  |  |  |
| City, State, Zip Code   |  |  | City, State, Zip Code<br><div style="text-align: center;">Toms River, New Jersey 08755-1271</div>   |  |  |
| Project Manager for Monitoring Firm   | Telephone Number   |  | Telephone Number<br><div style="text-align: center;">732-349-9932</div>   | License Number<br><div style="text-align: center;">00624</div>                 |  |
| Scheduled Start Date (10)<br><div style="text-align: center;">6/11/12</div>   | Scheduled Completion Date (11)<br><div style="text-align: center;">6/13/12</div> |  | Name of OSHA Monitor<br><div style="text-align: center;">E.M.S.L. Analytical</div>  |  |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____ |  |  | Street Address<br><div style="text-align: center;">1056 Stelton Road</div>  |  |  |
|   |  |  | City, State, Zip Code<br><div style="text-align: center;">Piscataway, New Jersey 08854</div>  |  |  |
| 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 checked="" type="checkbox"/> Glovebag Procedure                         |  |
|   |  |  |   | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |

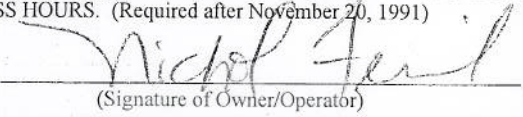
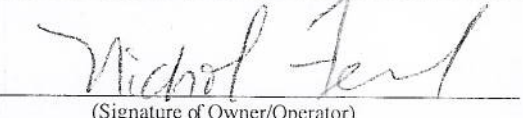
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>in facility<br>(13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12) |    |     | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                  |                            |   |   |
|--|--|----|-----|--|---------------------------|---------------------------------|----------------------------|---|---|
|  | YES  | NO | N/A |  |                           | R<br>E<br>M<br>O<br>V<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Exterior   |  | X  |     | Asbestos siding  | 1400 sf                   | X                               |                            |   |   |
| Basement   |  | X  |     | Asbestos pipe insulation   | 20 lf                     |                                 |                            |   |   |
|  |  |    |     |  |                           |                                 |                            |   |   |
|  |  |    |     |  |                           |                                 |                            |   |   |

|  |   |   |  |
|--|---|---|--|
| Name of Registered Waste Hauler<br><div style="text-align: center;">Guardian Contracting, Inc.</div> | NJDEP Waste Hauler ID No.<br><div style="text-align: center;">20223</div> | Cubic Yards of Waste<br><div style="text-align: center;">3</div>              | Name of Registered Landfill<br><div style="text-align: center;">T.R.R.F.</div> |
| City, State<br><div style="text-align: center;">Toms River, New Jersey</div>                         | Disposal Date<br><div style="text-align: center;">6/14/12</div>           | City, State<br><div style="text-align: center;">Tullytown, Pennsylvania</div> |  |
| Completed by (Print or Type)<br><div style="text-align: center;">Nicholas Fernicola</div>            | Title<br><div style="text-align: center;">Project Manager</div>           | Signature<br>   | 5/22/12  |

\*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:<br><br>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 a locked container for disposal.  |  |  |
| xii.   | WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.<br>Address: 1889 Route 9, Unit 61<br>City: Toms River State: New Jersey Zip: 08755<br>Contact Person: Nicholas Fernicola<br>WASTE TRANSPORTER #2 Name:<br>Address:<br>City: State: Zip:<br>Contact Person:   |  |  |
| xiii.  | WASTE DISPOSAL SITE Name: T.R.R.F.<br>Location: Bordentown Road<br>City: Tullytown State: Pennsylvania Zip: 19007<br>Telephone: 215-943-9732 Permit #: 101494  |  |  |
| xiv.   | IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER<br>Name: Title:<br>Authority:<br>Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):   |  |  |
| xv.    | FOR EMERGENCY RENOVATIONS<br>Date and Hour of Emergency (MM/DD/YY):<br>Description of the Sudden, Unexpected Event:<br><br>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 CRUMBLLED, 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)<br><br>Nicholas Fernicola / Project Manager (Printed Name/Title)  (Signature of Owner/Operator) May 22, 2012 (Date) |  |  |
| xviii. | I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.<br><br>Nicholas Fernicola / Project Manager (Printed Name/Title)  (Signature of Owner/Operator) May 22, 2012 (Date)   |  |  |



GUARDIAN CONTRACTING, INC.  
1889 ROUTE 9  
SUITE 61  
TOMS RIVER, NEW JERSEY 08755

Date Received

## DEMOLITION / RENOVATION NOTIFICATION

|   |  |                    |                                      |                   |  |
|---|--|--------------------|--------------------------------------|-------------------|--|
| Operator Project #:   |  | Postmark:          |                                      | Notification:     |  |
| I. TYPE OF NOTIFICATION (O- Original R- Revised C- Cancelled): O  |  |                    | II. IS ASBESTOS PRESENT? (Yes/No): Y |                   |  |
| III. FACILITY INFORMATION (identify owner, removal contractor and other operator)                             |  |                    |                                      |                   |  |
| OWNER NAME: Garden State Modular Homes, LLC   |  |                    |                                      |                   |  |
| Address: P O Box 96   |  |                    |                                      |                   |  |
| City: Lavallette  |  | State: New Jersey  |                                      | Zip: 08735        |  |
| Contact:  |  |                    |                                      | Tel:              |  |
| REMOVAL CONTRACTOR: Guardian Contracting, Inc.  |  |                    |                                      | NJ License: 00624 |  |
| Address: 1889 Route 9, Unit 61  |  |                    |                                      |                   |  |
| City: Toms River  |  | State: New Jersey  |                                      | Zip: 08755        |  |
| Contact: Nicholas Fernicola   |  |                    |                                      | Tel: 732-349-9932 |  |
| OTHER OPERATOR (if different)   |  |                    |                                      | NJ License:       |  |
| Address:  |  |                    |                                      |                   |  |
| City:   |  | State:             |                                      | Zip:              |  |
| Contact:  |  |                    |                                      | Tel:              |  |
| IV. TYPE OF OPERATION (D- Demo O- Ordered Demo R- Renovation E- Emergency Renovation): D                      |  |                    |                                      |                   |  |
| V. FACILITY DESCRIPTION (Including building name, number and floor or room number)                            |  |                    |                                      |                   |  |
| Building Name: Residence  |  |                    |                                      |                   |  |
| Address: 210 12 <sup>th</sup> Avenue  |  |                    |                                      |                   |  |
| City: Seaside Park  |  | State: New Jersey  |                                      | County: Ocean     |  |
| Site Location: exterior   |  |                    |                                      |                   |  |
| Building Size: 1200 sf  |  | # of Floors: 1     |                                      | Age in Years: 60  |  |
| Present Use: Residence  |  |                    | Prior Use: Residence                 |                   |  |
| VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: |  |                    |                                      |                   |  |
| IS MATERIAL ASSUMED TO BE ASBESTOS?   |  |                    |                                      |                   |  |
| VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:  |  | RACM To Be Removed |                                      | LOCATION          |  |
| 1. Regulated ACM to be removed<br>2. Category I ACM not removed<br>3. Category II ACM not removed             |  |                    |                                      |                   |  |
| Pipes (Linear feet):  |  |                    |                                      |                   |  |
| Surface Area (Square feet): 1000 sf   |  | Asbestos siding    |                                      | Exterior          |  |
| RACM Off Facility Component (Cubic feet):   |  |                    |                                      |                   |  |
| VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6/04/12 Complete: 6/05/12                             |  |                    |                                      |                   |  |



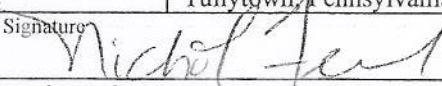
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

|   |  |  |                  |
|---|--|--|------------------|
| Date of Notification (1)<br><div style="text-align: center;">May 22, 2012</div> |  | Name of Building Owner/Operator (2)<br>Garden State Modular Homes, LLC <span style="float: right;">CH 20247</span> |                  |
| Agencies Notified   | Type of Notification   | Street Address   |                  |
| <input checked="" type="checkbox"/> EPA   | <input checked="" type="checkbox"/> Initial Notification     | P O Box 96   |                  |
| <input type="checkbox"/> DEP  | <input type="checkbox"/> Amended Notification                | City, State, Zip Code  |                  |
| <input checked="" type="checkbox"/> DOL   | Amendment # _____  | Lavallette, NJ 08735   |                  |
| <input checked="" type="checkbox"/> DOH   | <input type="checkbox"/> Emergency (including justification) | Name of Contact  | Telephone Number |
| <input type="checkbox"/> DCA  | <input type="checkbox"/> Cancellation                        |  |                  |

**FACILITY INFORMATION**

|   |   |  |  |  |                 |
|---|---|--|--|--|-----------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Residence   |   |  | Type of Facility (4)   |  |                 |
| Street Address<br>210 12 <sup>th</sup> Avenue   |   |  | <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.)   |   |  |  |  |                 |
| City<br>Seaside Park  | County (6)<br>Ocean                       | County Code (7)<br>(STATE USE ONLY)            | Square feet<br>1200 sf   | # of Floors<br>1   | Bldg. Age<br>60 |
|   |   |  | Current Use (Prior if being demolished)<br>Residence           |  |                 |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |   | ASCM No.                                       | Name of Abatement Contractor (9)<br>Guardian Contracting, Inc. |  |                 |
| Street Address  |   |  | Street Address<br>1889 Route 9, Unit 61                        |  |                 |
| City, State, Zip Code   |   |  | City, State, Zip Code<br>Toms River, New Jersey 08755-1271     |  |                 |
| Project Manager for Monitoring Firm   | Telephone Number                          |  | Telephone Number<br>732-349-9932                               | License Number<br>00624  |                 |
| Scheduled Start Date (10)<br>6/04/12  | Scheduled Completion Date (11)<br>6/05/12 |  | Name of OSHA Monitor<br>E.M.S.L. Analytical                    |  |                 |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____ |   |  | Street Address<br>1056 Stelton Road                            |  |                 |
|   |   |  | City, State, Zip Code<br>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 |                 |

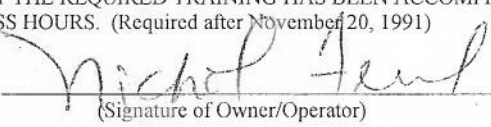
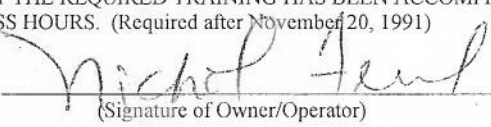
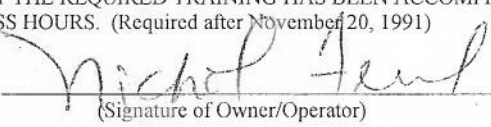
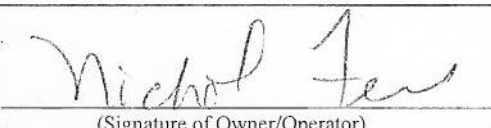
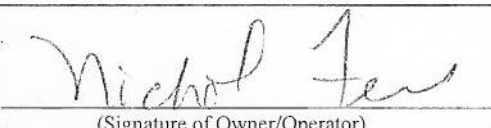
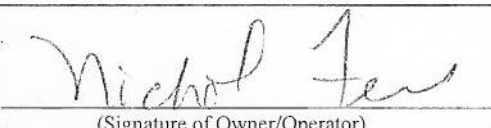
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>in facility<br>(13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12)<br><br>YES NO N/A |   |  | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                  |                            |   |   |
|--|--|---|--|---|---------------------------|---------------------------------|----------------------------|---|---|
|  |  |   |  |   |                           | R<br>E<br>M<br>O<br>V<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Exterior   |  | X |  | Asbestos siding   | 1000 sf                   | X                               |                            |   |   |
|  |  |   |  |   |                           |                                 |                            |   |   |
|  |  |   |  |   |                           |                                 |                            |   |   |
|  |  |   |  |   |                           |                                 |                            |   |   |

|   |                                    |   |   |
|---|------------------------------------|---|---|
| Name of Registered Waste Hauler<br>Guardian Contracting, Inc. | NJDEP Waste Hauler ID No.<br>20223 | Cubic Yards of Waste<br>3   | Name of Registered Landfill<br>T.R.R.F. |
| City, State<br>Toms River, New Jersey                         | Disposal Date<br>6/06/12           | City, State<br>Tullytown, Pennsylvania  |   |
| Completed by (Print or Type)<br>Nicholas Fernicola            | Title<br>Project Manager           | Signature<br> | Date<br>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:<br><br>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 a locked container for disposal.   |                               |  |   |   |                               |
| xii.  | WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.<br>Address: 1889 Route 9, Unit 61<br>City: Toms River State: New Jersey Zip: 08755<br>Contact Person: Nicholas Fernicola<br>WASTE TRANSPORTER #2 Name:<br>Address:<br>City: State: Zip:<br>Contact Person:  |                               |  |   |   |                               |
| xiii.   | WASTE DISPOSAL SITE Name: T.R.R.F.<br>Location: Bordentown Road<br>City: Tullytown State: Pennsylvania Zip: 19007<br>Telephone: 215-943-9732 Permit #: 101494   |                               |  |   |   |                               |
| xiv.  | IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER<br>Name: Title:<br>Authority:<br>Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):  |                               |  |   |   |                               |
| xv.   | FOR EMERGENCY RENOVATIONS<br>Date and Hour of Emergency (MM/DD/YY):<br>Description of the Sudden, Unexpected Event:<br><br>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 IN 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 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)<br><table border="0" style="width: 100%;"> <tr> <td style="width: 40%; text-align: center;"> <u>Nicholas Fernicola / Project Manager</u><br/>           (Printed Name/Title)         </td> <td style="width: 40%; text-align: center;"> <br/>           (Signature of Owner/Operator)         </td> <td style="width: 20%; text-align: center;"> <u>May 22, 2012</u><br/>           (Date)         </td> </tr> </table> |                               |  | <u>Nicholas Fernicola / Project Manager</u><br>(Printed Name/Title) | <br>(Signature of Owner/Operator) | <u>May 22, 2012</u><br>(Date) |
| <u>Nicholas Fernicola / Project Manager</u><br>(Printed Name/Title) | <br>(Signature of Owner/Operator)   | <u>May 22, 2012</u><br>(Date) |  |   |   |                               |
| xviii.  | I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.<br><table border="0" style="width: 100%;"> <tr> <td style="width: 40%; text-align: center;"> <u>Nicholas Fernicola / Project Manager</u><br/>           (Printed Name/Title)         </td> <td style="width: 40%; text-align: center;"> <br/>           (Signature of Owner/Operator)         </td> <td style="width: 20%; text-align: center;"> <u>May 22, 2012</u><br/>           (Date)         </td> </tr> </table>  |                               |  | <u>Nicholas Fernicola / Project Manager</u><br>(Printed Name/Title) | <br>(Signature of Owner/Operator) | <u>May 22, 2012</u><br>(Date) |
| <u>Nicholas Fernicola / Project Manager</u><br>(Printed Name/Title) | <br>(Signature of Owner/Operator)   | <u>May 22, 2012</u><br>(Date) |  |   |   |                               |



GUARDIAN CONTRACTING, INC.  
1889 ROUTE 9  
SUITE 61  
TOMS RIVER, NEW JERSEY 08755

Date Received

## DEMOLITION / RENOVATION NOTIFICATION

|   |  |                                      |                      |  |  |
|---|--|--------------------------------------|----------------------|--|--|
| Operator Project #:   |  | Postmark:                            |                      | Notification:                                  |  |
| I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled): R   |  | II. IS ASBESTOS PRESENT? (Yes/No): Y |                      |  |  |
| III. FACILITY INFORMATION (identify owner, removal contractor and other operator)                             |  |                                      |                      |  |  |
| OWNER NAME: Tumble Partnership  |  |                                      |                      |  |  |
| Address: 11 Taylor Road   |  |                                      |                      |  |  |
| City: Edison  |  | State: New Jersey                    |                      | Zip: 08817                                     |  |
| Contact: Armando Amorim   |  |                                      |                      | Tel:   |  |
| REMOVAL CONTRACTOR: Guardian Contracting, Inc.  |  |                                      |                      | NJ License: 00624                              |  |
| Address: 1889 Route 9, Unit 61  |  |                                      |                      |  |  |
| City: Toms River  |  | State: New Jersey                    |                      | Zip: 08755                                     |  |
| Contact: Nicholas Fernicola   |  |                                      |                      | Tel: 732-349-9932                              |  |
| OTHER OPERATOR (if different)   |  |                                      |                      | NJ License:                                    |  |
| Address:  |  |                                      |                      |  |  |
| City:   |  | State:                               |                      | Zip:   |  |
| Contact:  |  |                                      |                      | Tel:   |  |
| IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): D                  |  |                                      |                      |  |  |
| V. FACILITY DESCRIPTION (Including building name, number and floor or room number)                            |  |                                      |                      |  |  |
| Building Name: Residence  |  |                                      |                      |  |  |
| Address: 82 Jackson Street  |  |                                      |                      |  |  |
| City: Newark  |  | State: New Jersey                    |                      | County: Essex                                  |  |
| Site Location: Exterior   |  |                                      |                      |  |  |
| Building Size: 3000 sf  |  | # of Floors: 2                       |                      | Age in Years: 70                               |  |
| Present Use: Residence  |  |                                      | Prior Use: Residence |  |  |
| VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: |  |                                      |                      |  |  |
| IS MATERIAL ASSUMED TO BE ASBESTOS?   |  |                                      |                      |  |  |
| VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:  |  | RACM To Be Removed                   |                      | LOCATION                                       |  |
| 1. Regulated ACM to be removed<br>2. Category I ACM not removed<br>3. Category II ACM not removed             |  |                                      |                      | Nonfriable Asbestos Material Not To Be Removed |  |
|   |  |                                      |                      | Cat I Cat II                                   |  |
| Pipes (Linear feet):  |  |                                      |                      |  |  |
| Surface Area (Square feet): 550 sf  |  | Asbestos siding                      |                      | Exterior                                       |  |
| RACM Off Facility Component (Cubic feet):   |  |                                      |                      |  |  |
| VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/22/12 Complete: 5/23/12                             |  |                                      |                      |  |  |



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

|  |  |  |  |
|--|--|--|--|
| Date of Notification (1)<br><div style="text-align: center;">5/22/12</div> |  | Name of Building Owner/Operator (2)<br><div style="text-align: center;">Tumble Partnership</div> |  |
| Agencies Notified  | Type of Notification   | Street Address   |  |
| <input checked="" type="checkbox"/> EPA                                    | <input type="checkbox"/> Initial Notification                | 11 Taylor Road   |  |
| <input type="checkbox"/> DEP   | <input checked="" type="checkbox"/> Amended Notification     |  |  |
| <input checked="" type="checkbox"/> DOL                                    | Amendment # _____  | City, State, Zip Code<br><div style="text-align: center;">Edison, NJ 08817</div>                 |  |
| <input checked="" type="checkbox"/> DOH                                    | <input type="checkbox"/> Emergency (including justification) |  |  |
| <input type="checkbox"/> DCA   | <input type="checkbox"/> Cancellation                        | Name of Contact<br><div style="text-align: center;">Armando Amorim</div>                         |  |
|  |  | Telephone Number   |  |

**FACILITY INFORMATION**

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| Name of Facility Where Abatement is Taking Place (3)<br><div style="text-align: center;">Residence</div>  |  |  | Type of Facility (4)  |  |  |
| Street Address<br><div style="text-align: center;">82 Jackson Street</div>  |  |  | <input type="checkbox"/> School (K-12)  |  |  |
|   |  |  | <input type="checkbox"/> Subchapter 8 (other than K12)  |  |  |
| City<br><div style="text-align: center;">Newark</div>   |  |  | Square feet<br><div style="text-align: center;">3000 sf</div>   |  |  |
|   |  |  | # of Floors<br><div style="text-align: center;">2</div>   |  |  |
| County (6)<br><div style="text-align: center;">Essex</div>  |  |  | Bldg. Age<br><div style="text-align: center;">70</div>  |  |  |
| County Code (7)<br>(STATE USE ONLY)   |  |  | Current Use (Prior if being demolished)<br><div style="text-align: center;">Residence</div>           |  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><div style="text-align: center;">N/A</div>   |  |  | Name of Abatement Contractor (9)<br><div style="text-align: center;">Guardian Contracting, Inc.</div> |  |  |
| Street Address  |  |  | Street Address<br><div style="text-align: center;">1889 Route 9, Unit 61</div>                        |  |  |
| City, State, Zip Code   |  |  | City, State, Zip Code<br><div style="text-align: center;">Toms River, New Jersey 08755-1271</div>     |  |  |
| Project Manager for Monitoring Firm   |  | Telephone Number   | Telephone Number<br><div style="text-align: center;">732-349-9932</div>                               |  | License Number<br><div style="text-align: center;">00624</div> |
| Scheduled Start Date (10)<br><div style="text-align: center;">5/22/12</div>   |  | Scheduled Completion Date (11)<br><div style="text-align: center;">5/23/12</div> |   | Name of OSHA Monitor<br><div style="text-align: center;">E.M.S.L. Analytical</div> |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____ |  |  | Street Address<br><div style="text-align: center;">1056 Stelton Road</div>                            |  |  |
|   |  |  | City, State, Zip Code<br><div style="text-align: center;">Piscataway, New Jersey 08854</div>          |  |  |
|   |  |  |   |  |  |
| 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)<br><u>TO BE ABATED</u><br>in facility<br>(13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12)<br><br>YES NO N/A |   |  | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                       |                            |   |   |
|--|--|---|--|---|---------------------------|--------------------------------------|----------------------------|---|---|
|  |  |   |  |   |                           | R<br>E<br>M<br>O<br>V<br>E<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Exterior   |  | X |  | Asbestos siding   | 550sf                     | X                                    |                            |   |   |
|  |  |   |  |   |                           |                                      |                            |   |   |
|  |  |   |  |   |                           |                                      |                            |   |   |
|  |  |   |  |   |                           |                                      |                            |   |   |

|  |   |   |  |
|--|---|---|--|
| Name of Registered Waste Hauler<br><div style="text-align: center;">Guardian Contracting, Inc.</div> | NJDEP Waste Hauler ID No.<br><div style="text-align: center;">20223</div> | Cubic Yards of Waste<br><div style="text-align: center;">3</div>              | Name of Registered Landfill<br><div style="text-align: center;">T.R.R.F.</div> |
| City, State<br><div style="text-align: center;">Toms River, New Jersey</div>                         | Disposal Date<br><div style="text-align: center;">5/24/12</div>           | City, State<br><div style="text-align: center;">Tullytown, Pennsylvania</div> |  |
| Completed by (Print or Type)<br><div style="text-align: center;">Nicholas Fernicola</div>            | Title<br><div style="text-align: center;">Project Manager</div>           | Signature<br>   | 5/22/12  |

\*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)

2543

|  |  |   |  |  |  |   |  |
|--|--|---|--|--|--|---|--|
| Date of Notification (1)<br>5/23/12  |  | Name of Building Owner/Operator (2)<br>Tom J Keller /Residence  |  | <div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED<br/> MAY 25 2012<br/> ASBESTOS CONTROL </div> |  |   |  |
| Agencies Notified  |  | Type Notification   |  |  |  | Street Address<br>26 South 1st Street       |  |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |  |  | City, State, Zip Code<br>Surf City NJ 08008 |  |
|  |  |   |  |  |  | Name of Contact<br>Tom                      |  |
|  |  |   |  | Telephone Number   |  |   |  |

| FACILITY INFORMATION   |  |   |   |  |                      |
|--|--|---|---|--|----------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Tom J Keller   |  |   | Type of Facility (4)  |  |                      |
| Street Address<br>26 South 1st Street  |  |   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |                      |
| City (5)<br>Surf City NJ 08008   |  |   | Square Feet<br>1000+  | # of Floors<br>2   | Bldg. Age<br>35+     |
| County (6)<br>Ocean  |  | County Code (7)<br>(STATE USE ONLY) _____   |   | Current Use (Prior if being demolished)<br>Residence   |                      |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | ASC No. _____   |   | Name of Abatement Contractor (9)<br>Pernaco Inc  |                      |
| Street Address   |  |   | Street Address<br>PO Box 329  |  |                      |
| City, State, Zip Code  |  |   | City, State, Zip Code<br>West Berlin NJ 08091   |  |                      |
| Project Manager for Monitoring Firm  |  | Telephone No.   |   | Telephone No.<br>856-753-9800  | License No.<br>00727 |
| Start Date (10)<br>6/5/12  |  | Scheduled Completion Date (11)<br>6/11/12   |   | Name of OSHA Monitor<br>Pernaco Inc  |                      |
| Occupancy Status During Abatement (Check Only One)   |  |   |   | Street Address<br>PO Box 329   |                      |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  |   |   | City, State, Zip Code<br>West Berlin NJ 08091  |                      |
| Scope of Work (Check All That Apply)   |  |   |   |  |                      |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                      |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|--|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
|  | Yes   | No | N/A |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| Exterior Siding  |   |    | x   | Exterior Siding   | 2000 SF                   | x              |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |

|  |  |                                    |                            |   |                 |
|--|--|------------------------------------|----------------------------|---|-----------------|
| Name of Registered Waste Hauler<br>Unided Containers |  | NJDEP Waste Hauler ID No.<br>22459 | Cubic Yards of Waste<br>20 | Name of Registered Landfill<br>G.R.O.W.S. |                 |
| City, State<br>Elm NJ                                |  | Disposal Date<br>6/11/12           |                            | City, State<br>Morrisville PA 19067       |                 |
| Completed by<br>Anthony T Perna                      |  | Title<br>President                 | Signature<br>              |   | Date<br>5/23/12 |