

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

|   |  |   |   |  |  |   |  |                                     |                          |                          |                          |
|---|--|---|---|--|--|---|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>9 / 26 / 13</b>  |  | Name of Building Owner/Operator (2)<br><b>PSEG</b>  |   | <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED<br/> 3 NOV -1 PM 10:16<br/> ASBESTOS CONT<br/> &amp; LICENSING </div>   |  |   |  |                                     |                          |                          |                          |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)  |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>1-10/28/13</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br><b>80 Park Plaza</b><br>City, State, Zip Code<br><b>Newark, NJ 07102</b><br>Name of Contact<br><b>Kelly McKinney</b><br>Telephone Number<br><div style="border: 1px solid black; width: 100px; height: 1.2em; margin-top: 2px;"></div> |  |   |  |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |  |   |   |  |  |   |  |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PSEG Nuclear</b><br>Street Address<br><b>End of Alloway Creek Neck Rd.</b><br>City (5)<br><b>Hancocks Bridge</b><br>County (6)<br><b>Salem</b>   |  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)<br>Square Feet<br><div style="border: 1px solid black; width: 100px; height: 1.2em; margin-top: 2px;"></div> # of Floors<br><div style="border: 1px solid black; width: 100px; height: 1.2em; margin-top: 2px;"></div> Bldg. Age<br><div style="border: 1px solid black; width: 100px; height: 1.2em; margin-top: 2px;"></div> |  |  |   |  |                                     |                          |                          |                          |
| County Code (7) (STATE USE ONLY)<br><div style="border: 1px solid black; width: 100px; height: 1.2em; margin-top: 2px;"></div>  |  | Current Use (Prior if being demolished)<br><b>Exterior work on interior of cooling tower</b>  |   |  |  |   |  |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>NA</b><br>Street Address<br><div style="border: 1px solid black; width: 100px; height: 1.2em; margin-top: 2px;"></div> City, State, Zip Code<br><div style="border: 1px solid black; width: 100px; height: 1.2em; margin-top: 2px;"></div>  |  | ASCM No.<br><div style="border: 1px solid black; width: 100px; height: 1.2em; margin-top: 2px;"></div>  |   | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b><br>Street Address<br><b>1123 BEAVER STREET</b><br>City, State, Zip Code<br><b>BRISTOL, PA 19007</b>   |  |   |  |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><div style="border: 1px solid black; width: 100px; height: 1.2em; margin-top: 2px;"></div>   |  | Telephone No.<br><div style="border: 1px solid black; width: 100px; height: 1.2em; margin-top: 2px;"></div>   |   | Telephone No.<br><b>215-788-6040</b><br>License No.<br><b>00509</b>  |  |   |  |                                     |                          |                          |                          |
| Start Date (10)<br><b>10 / 14 / 13</b>  |  | Scheduled Completion Date (11)<br><b>11 / 11 / 13</b>   |   | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC.</b>   |  |   |  |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>7:00AM-3:30PM</b> / <div style="border: 1px solid black; width: 50px; height: 1.2em; margin-top: 2px;"></div> PM - <div style="border: 1px solid black; width: 50px; height: 1.2em; margin-top: 2px;"></div> AM   |  |   |   | Street Address<br><b>1123 BEAVER STREET</b><br>City, State, Zip Code<br><b>BRISTOL, PA 19007</b>   |  |   |  |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf<br/> <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf         </div> <div> <input checked="" type="checkbox"/> Renovation<br/> <input type="checkbox"/> Demolition         </div> <div> <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         </div> </div> |  |   |   |  |  |   |  |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13)   |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes    No    N/A   |   | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   |  | Amount (Specify SF or LF)<br><div style="border: 1px solid black; width: 100px; height: 1.2em; margin-top: 2px;"></div> |  | Abatement Type                      |                          |                          |                          |
|   |  |   |   |  |  |   |  | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Hope Creek Cooling tower  |  | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>   |   | Transite panels  |  | 400 SF  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Genreal Area beneath tower  |  | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>   |   | Transite debris clean up   |  | 200 SF  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |   |  |  |   |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |   |  |  |   |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>C&amp;H Disposal Service Inc.</b>   |  | NJDEP Waste Hauler ID No.<br><b>7903</b>  |   | Cubic Yards of Waste<br><b>15</b>  |  | Name of Registered Landfill<br><b>Salem Co Improve. Auth. Solid Waste Div</b>   |  |                                     |                          |                          |                          |
| City, State<br><b>Elmer, NJ</b>   |  |   |   | Disposal Date<br><b>10/28/13</b>   |  | City, State<br><b>Alloway, NJ</b>   |  |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Gino Pizzigoni</b>   |  | Title<br><b>Estimator</b>   |   | Signature<br><i>Gino Pizzigoni</i>   |  |   |  | Date<br><b>10/28/13</b>             |                          |                          |                          |



11-4-13

Check # 8757

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

RECEIVED

|   |   |   |  |
|---|---|---|--|
| Date of Notification (1)<br>11-4-13   |   | Name of Building Owner/Operator (2)<br>Peter Smith  |  |
| 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"/> Amended<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>409 Old Corlies Ave   |  |
|   |   | City, State, Zip Code<br>Neptune NJ 07753   |  |
|   |   | Name of Contact<br>Peter Smith  | Telephone<br>  |
| <b>FACILITY INFORMATION</b>   |   |   |  |
| Name of Facility Where Abatement is Taking Place (3)<br>Single Family Dwelling  |   | 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>409 Old Corlies Ave   |   | Square Feet   | # of Floors<br>2   |
| City (5)<br>Neptune NJ 07753  |   | Bldg. Age<br>60+  |  |
| County (6)<br>Monmouth  | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)   |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>EPC Technologies   |   | ASCM No.<br>N/A   | Name of Abatement Contractor (9)<br>EPC Technologies Inc   |
| Street Address<br>P.O. Box 337  |   | Street Address<br>P.O. Box 337  |  |
| City, State, Zip Code<br>New Egypt, NJ 08533  |   | City, State, Zip Code<br>New Egypt NJ 08533   |  |
| Project Manager for Monitoring Firm<br>Steve Schenker   |   | Telephone No.<br>609 758-3365   | License No.<br>00394   |
| Start Date (10)<br>11-4-13  | Scheduled Completion Date (11)<br>11-4-13   | Name of OSHA Monitor<br>EPC Technologies 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>P.O. Box 337  |  |
|   |   | City, State, Zip Code<br>New Egypt NJ 08533   |  |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input 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) TO BE ABATED In Facility (13)<br>Basement  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A<br>X  |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)<br>Pipe Insulation |
|   |   |   |  |
|   |   |   | Amount (Specify SF or LF)<br>130 LF  |
|   |   |   | Abatement Type<br>Removal Repair Encapsulate Enclosure<br>X  |
| Name of Registered Waste Hauler<br>EPC Technologies   |   | NJDEP Waste Hauler ID No.<br>17000  | Cubic Yards of Waste<br>2  |
| City, State<br>New Egypt NJ   |   | Name of Registered Landfill<br>Waste Management of PA   |  |
| Disposal Date<br>Nov 5, 2013  |   | City, State<br>Morningsville PA   |  |
| Completed by<br>Steve Schenker  | Title<br>President  | Signature<br>Steve Schenker   | Date<br>10/25/13   |



*No charge*

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

| Date of Notification (1)<br><b>October 15, 2013</b>  |   | Name of Building Owner / Operator (2)<br><b>VERIZON COMMUNICATIONS</b>  |   |   |                           |                                     |                          |                          |                          |
|--|---|---|---|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended R#1-10/28/13<br><input type="checkbox"/> Emergency<br><input type="checkbox"/> Cancellation |   | Street Address<br><b>707 Sicklerville Road</b><br>City, State & Zip Code<br><b>WILLIAMSTOWN NJ</b><br>Name of Contact<br><b>Alex Baylor</b> |   |                           |                                     |                          |                          |                          |
|  |   |   | Telephone Number  |   |                           |                                     |                          |                          |                          |
|  | RECEIVED<br>2013 NOV -1 PM 10:40<br>ASBESTOS CONTROL & LICENSING  |   |   |   |                           |                                     |                          |                          |                          |
|  |   |   |   |   |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |   |   |   |   |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>WILLIAMSTOWN CENTRAL OFFICE</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |   |                           |                                     |                          |                          |                          |
| Street Address<br><b>707 SICKLERVILLE ROAD</b>   |   | Square Feet<br><b>20000</b>   | # of Floors<br><b>2</b>   |   |                           |                                     |                          |                          |                          |
| City (5)<br><b>WILLIAMSTOWN</b>  | County (6)<br><b>Gloucester</b>   | Bldg. Age   |   |   |                           |                                     |                          |                          |                          |
|  |   | Current Use (Prior if being demolished)<br><b>Verizon communication center</b>  |   |   |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>USA Environmental</b>  |   | ASCM No.  |   |   |                           |                                     |                          |                          |                          |
| Street Address<br><b>8436 ENTERPRISE AVE</b>   |   | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL INC</b>  |   |   |                           |                                     |                          |                          |                          |
| City, State & Zip Code<br><b>PHILADELPHIA PA 19153</b>   |   | Street Address<br><b>1123 BEAVER STREET</b>   |   |   |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>MARK JENKINS</b>   |   | Telephone Number<br><b>215-365-5810</b>   | License Number<br><b>00509</b>  |   |                           |                                     |                          |                          |                          |
| Scheduled Start Date (10)<br><b>ON HOLD</b>  |   | Scheduled Completion Date (11)  |   |   |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm<br>Describe: <b>5:00 PM – 1:00 AM</b><br><input checked="" type="checkbox"/> Facility Occupied During Abatement  |   | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL INC</b>  |   |   |                           |                                     |                          |                          |                          |
| Street Address<br><b>1123 BEAVER STREET</b>  |   | City, State & Zip Code<br><b>BRISTOL, PA 19007</b>  |   |   |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf<br/> <input checked="" type="checkbox"/> ≥160 sf ≥260 lf         </div> <div> <input checked="" type="checkbox"/> Renovation<br/> <input type="checkbox"/> Demolition         </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br/> <input type="checkbox"/> Mini-Enclosure<br/> <input type="checkbox"/> Glove Bag Procedures<br/> <input type="checkbox"/> Non-Exempted and Non-Friable Procedure         </div> </div> |   |   |   |   |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)   | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)  |   |   | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|  | Yes   | No  | N/A   |   |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>Basement- Emergency Power Room</b>  | <input checked="" type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <b>VAT/MASTIC</b>   | <b>680 SF</b>             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>SERVICE TRANSPORT GROUP, INC.</b>  |   | NJDEP Waste Hauler ID No.<br><b>20990</b>   | Cubic Yards of Waste<br><b>6</b>  | Name of Registered Landfill<br><b>MINERVA LANDFILL</b>  |                           |                                     |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE 19720</b>   |   | Disposal Date<br><b>TBD</b>   |   | City, State<br><b>WAYNESBURG, OH 44688</b>  |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>PATRICK T. DeCARO</b>   |   | Title<br><b>Estimator</b>   | Signature<br><i>Patrick T. DeCaro</i>   |   |                           | Date<br><b>10/15/13</b>             |                          |                          |                          |

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT

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

|   |  |  |  |
|---|--|--|--|
| Date of Notification (1)<br>1 / 0 / 1 / 6 / 1 / 3   |  | Name of Building Owner/Operator (2)<br>Chatham United Methodist Church   |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA |  | Type of Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including<br>Justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>460 Main Street   |  | City, State, Zip Code<br>Chatham NJ 07924  |  |
| Name of Contact<br>Gerald Elgentowics   |  | Telephone Number   |  |

RECEIVED  
2013 NOV - 1 PM 10:11  
ASBESTOS CONTROL  
& LICENSING

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| Name of Facility Where Abatement is Taking Place (3)<br>Chatham United Methodist Church   |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than<br><input type="checkbox"/> Other (i.e., private & commercial<br>buildings, homes, etc.)  |  |  |
| Street Address<br>460 Main Street   |  |  | Square Feet  |  |  |
| City (5)<br>Jersey City   |  |  | # of Floors  |  |  |
| County (6)<br>Hudson  |  |  | Bldg. Age  |  |  |
| County Code (7)<br>(STATE USE ONLY)   |  |  | Current Use (Prior if being demolished)  |  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>USA Environmental<br>Street Address<br>344 West State Street<br>Trenton NJ 08618<br>Project Manager for Monitoring Firm<br>Telephone Number  |  |  | Name of Abatement Contractor (9)<br>J.R. Contracting & Environmental Consulting, Inc.<br>Street Address<br>1141 Route 23<br>City, State, Zip Code<br>Wayne NJ 07470<br>Telephone Number<br>973 628-9500<br>License No.<br>00408<br>Name of OSHA Monitor<br>Enviro Vision Consultants, Inc.<br>Street Address<br>20-21 Wagaraw Road, Bldg. #34A<br>City, State, Zip Code<br>Fairlawn NJ 07410 |  |  |
| Scheduled State Date (10)<br>1 / 1 / 1 / 1 / 1 / 3<br>Month / Day / Year  |  |  | Scheduled Completion Date (11)<br>1 / 1 / 2 / 6 / 1 / 3<br>Month / Day / Year  |  |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period<br>of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  |  |  |  |  |

Scope of Work (Check all that apply)

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

| Location of Asbestos - Containing Material (ACM)<br><b>TO BE ABATED</b><br>in Facility (13) | Is Location Normally Used Solely by Maintenance / 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 | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E | P<br>A<br>C<br>K<br>I<br>N<br>G | A<br>I<br>R<br>C<br>L<br>E<br>A<br>N<br>I<br>N<br>G | E<br>X<br>C<br>A<br>V<br>A<br>T<br>I<br>O<br>N |
| Rooms 26, 27, 28, 30  |  |    | X   | Fireproofing   | 1555 SF                   | X                               |   |                                 |   |  |
| Rooms 26, 27, 28, 30  |  |    | X   | Fittings   | 70 ea.                    | X                               |   |                                 |   |  |
|   |  |    |     |  |                           |                                 |   |                                 |   |  |
|   |  |    |     |  |                           |                                 |   |                                 |   |  |
|   |  |    |     |  |                           |                                 |   |                                 |   |  |
|   |  |    |     |  |                           |                                 |   |                                 |   |  |
|   |  |    |     |  |                           |                                 |   |                                 |   |  |
|   |  |    |     |  |                           |                                 |   |                                 |   |  |

|   |                          |                                    |                      |  |
|---|--------------------------|------------------------------------|----------------------|--|
| Name of Registered Waste Hauler<br>J.R. Contracting & Environmental Consulting, Inc.<br>City, State<br>Wayne NJ 07470 |                          | NJDEP Waste Hauler ID No.<br>17819 | Cubic Yards of Waste | Name of Registered Landfill<br>G.R.O.W.S.<br>City, State<br>Morrisville PA |
| Completed by (Print or Type)<br>Jerry Bijelonic   | Title<br>Project Manager | Signature<br>                      | Date<br>10/16/2013   |  |



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

*Ch# 2507*

**RECEIVED**  
NOV -1 PM 10:40

|  |   |   |  |  |                           |                                     |                          |                          |                          |
|--|---|---|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>October 15, 2013</b>  |   | Name of Building Owner / Operator (2)<br><b>VERIZON COMMUNICATIONS</b>  |  |  |                           |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA 8860<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL 8787<br><input checked="" type="checkbox"/> DOH 8794<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Emergency<br><input type="checkbox"/> Cancellation | Street Address<br><b>707 Sicklerville Road</b><br>City, State & Zip Code<br><b>WILLIAMSTOWN NJ &amp; LICENSING</b><br>Name of Contact<br><b>Alex Baylor</b>   |  |  |                           |                                     |                          |                          |                          |
|  |   | Telephone Number  |  |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |   |   |  |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>WILLIAMSTOWN CENTRAL OFFICE</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>707 SICKLERVILLE ROAD</b>   |   | Square Feet<br><b>20000</b>   | # of Floors<br><b>2</b>  |  |                           |                                     |                          |                          |                          |
| City (5)<br><b>WILLIAMSTOWN</b>  | County (6)<br><b>Gloucester</b>   | Bldg. Age   |  |  |                           |                                     |                          |                          |                          |
| County Code (7)  |   | Current Use (Prior if being demolished)<br><b>Verizon communication center</b>  |  |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>USA Environmental</b>  |   | ASCM No.  | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL INC</b> |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>8436 ENTERPRISE AVE</b>   |   | Street Address<br><b>1123 BEAVER STREET</b>   |  |  |                           |                                     |                          |                          |                          |
| City, State & Zip Code<br><b>PHILADELPHIA PA 19153</b>   |   | City, State & Zip Code<br><b>BRISTOL, PA 19007</b>  |  |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>MARK JENKINS</b>   |   | Telephone Number<br><b>215-365-5810</b>   | License Number<br><b>00509</b>                                       |  |                           |                                     |                          |                          |                          |
| Scheduled Start Date (10)<br><b>10/29/13</b>   | Scheduled Completion Date (11)<br><b>11/7/13</b>  |   | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL INC</b>             |  |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm<br>Describe: <b>5:00 PM - 1:00 AM</b><br><input checked="" type="checkbox"/> Facility Occupied During Abatement                            |   | Street Address<br><b>1123 BEAVER STREET</b>   |  |  |                           |                                     |                          |                          |                          |
|  |   | City, State & Zip Code<br><b>BRISTOL, PA 19007</b>  |  |  |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |   |   |  |  |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Non-Exempted and Non-Friable Procedure |   |   |  |  |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>in Facility<br>(13)   | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)  |   |  | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|  | Yes   | No  | N/A  |  |                           | Removal                             | Repair                   | Encapsulate              | Enclose                  |
| <b>Basement- Emergency Power Room</b>  | <input checked="" type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <b>VAT/MASTIC</b>  | <b>680 SF</b>             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>SERVICE TRANSPORT GROUP, INC.</b>  |   | NJDEP Waste Hauler ID No.<br><b>20990</b>   | Cubic Yards of Waste<br><b>6</b>                                     | Name of Registered Landfill<br><b>MINERVA LANDFILL</b>   |                           |                                     |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE 19720</b>   |   | Disposal Date<br><b>TBD</b>   |  | City, State<br><b>WAYNESBURG, OH 44688</b>   |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>PATRICK T. DeCARO</b>   |   | Title Estimator   | Signature<br><i>Patrick T. DeCaro / jk</i>                           |  |                           |                                     | Date<br><b>10/15/13</b>  |                          |                          |



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

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2013 NOV -1 PM 10:11  
ASBESTOS CONTAMINATION  
& LICENSING

| Date of Notification (1)<br><div style="text-align: center;">9 / 26 / 13</div>   |   | Name of Building Owner/Operator (2)<br><b>PSEG</b>   |  |  |   |                                     |                          |                          |                          |
|--|---|--|--|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>1-10/28/13</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>80 Park Plaza</b>   |  |  |   |                                     |                          |                          |                          |
|  |   | City, State, Zip Code<br><b>Newark, NJ 07102</b>   |  |  |   |                                     |                          |                          |                          |
|  |   | Name of Contact<br><b>Kelly McKinney</b>   | Telephone Number   |  |   |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |   |  |  |  |   |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PSEG Nuclear</b>  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |  |  |   |                                     |                          |                          |                          |
| Street Address<br><b>End of Alloway Creek Neck Rd.</b>   |   |  |  |  |   |                                     |                          |                          |                          |
| City (5)<br><b>Hancocks Bridge</b>   |   | Square Feet  | # of Floors<br>Bldg. Age   |  |   |                                     |                          |                          |                          |
| County (6)<br><b>Salem</b>   | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>Exterior work on interior of cooling tower</b>   |  |  |   |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>NA</b>   |   | ASCM No.   | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b> |  |   |                                     |                          |                          |                          |
| Street Address   |   | Street Address<br><b>1123 BEAVER STREET</b>  |  |  |   |                                     |                          |                          |                          |
| City, State, Zip Code  |   | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |  |  |   |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm  |   | Telephone No.<br><b>215-788-6040</b>   | License No.<br><b>00509</b>  |  |   |                                     |                          |                          |                          |
| Start Date (10)<br><div style="text-align: center;">10 / 14 / 13</div>   | Scheduled Completion Date (11)<br><div style="text-align: center;">11 / 11 / 13</div>   | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC.</b>   |  |  |   |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>7:00AM-3:30PM</b> / ____ PM- ____ AM |   | Street Address<br><b>1123 BEAVER STREET</b>  |  |  |   |                                     |                          |                          |                          |
|  |   | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |  |  |   |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |   |  |  |  |   |                                     |                          |                          |                          |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition   |   |  |  |  |   |                                     |                          |                          |                          |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure   |   |  |  |  |   |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)   | Abatement Type                      |                          |                          |                          |
|  | Yes   | No   | N/A  |  |   | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Hope Creek Cooling tower   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>                                    | Transite panels  | 400 SF  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Genreal Area beneath tower   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>                                    | Transite debris clean up   | 200 SF  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   |  |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   |  |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>C&amp;H Disposal Service Inc.</b>  |   | NJDEP Waste Hauler ID No.<br><b>7903</b>   |  | Cubic Yards of Waste<br><b>15</b>  | Name of Registered Landfill<br><b>Salem Co Improve. Auth. Solid Waste Div</b> |                                     |                          |                          |                          |
| City, State<br><b>Elmer, NJ</b>  |   | Disposal Date<br><b>10/28/13</b>   |  | City, State<br><b>Alloway, NJ</b>  |   |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Gino Pizzigoni</b>  |   | Title<br><b>Estimator</b>  |  | Signature<br><i>Gino Pizzigoni</i>   |   | Date<br><b>10/28/13</b>             |                          |                          |                          |



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

**RECEIVED** 15

2013 NOV -1 PM 2:57

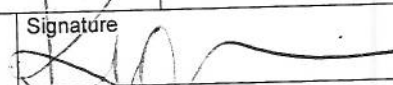
**ASBESTOS CONTROL  
& LICENSING**

|  |  |   |                          |   |                              |                                     |                          |                          |                          |
|--|--|---|--------------------------|---|------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>10 / 29 / 13   |  | Name of Building Owner/Operator (2)<br>Cumberland County College  |                          |   |                              |                                     |                          |                          |                          |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>3322 College Dr.<br>City, State, Zip Code<br>Vineland, NJ 08360   |                          |   |                              |                                     |                          |                          |                          |
|  |  | Name of Contact<br>Phyllis Siedner  | Telephone Number         |   |                              |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |   |                          |   |                              |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Cumberland Co. College-Administration Bldg.  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)  |                          |   |                              |                                     |                          |                          |                          |
| Street Address<br>3322 College Dr  |  |   |                          |   |                              |                                     |                          |                          |                          |
| City (5)<br>Vineland   |  | Square Feet<br>20000  | # of Floors<br>1         |   |                              |                                     |                          |                          |                          |
|  |  | Bldg. Age<br>50+  |                          |   |                              |                                     |                          |                          |                          |
| County (6)<br>Cumberland   | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)<br>Office   |                          |   |                              |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Cardno ATC  | ASCM No.<br>00098  | Name of Abatement Contractor (9)<br>BRISTOL ENVIRONMENTAL, INC.   |                          |   |                              |                                     |                          |                          |                          |
| Street Address<br>3 Terri Lane   |  | Street Address<br>1123 BEAVER STREET  |                          |   |                              |                                     |                          |                          |                          |
| City, State, Zip Code<br>Burlington, NJ 08016  |  | City, State, Zip Code<br>BRISTOL, PA 19007  |                          |   |                              |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br>John Lutz   | Telephone No.<br>609-386-8800  | Telephone No.<br>215-788-6040   | License No.<br>00509     |   |                              |                                     |                          |                          |                          |
| Start Date (10)<br>11 / 8 / 13   | Scheduled Completion Date (11)<br>11 / 13 / 13   | Name of OSHA Monitor<br>BRISTOL ENVIRONMENTAL, INC.   |                          |   |                              |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: 7:00AM-3:30PM/ _____ PM- _____ AM |  | Street Address<br>1123 BEAVER STREET  |                          |   |                              |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br>BRISTOL, PA 19007  |                          |   |                              |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |  |   |                          |   |                              |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<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)<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                   | Encapsulate              | Enclosure                |
| Throughout   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/> | Floor tile  | 3,150 SF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/> |   |                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/> |   |                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/> |   |                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br>SERVICE TRANSPORT GROUP, INC.   |  | NJDEP Waste Hauler ID No.<br>20990  | Cubic Yards of Waste     | Name of Registered Landfill<br>MINERVA LANDFILL   |                              |                                     |                          |                          |                          |
| City, State<br>NEW CASTLE, DE 19720  |  |   | Disposal Date            | City, State<br>WAYNESBURG, OH 44688   |                              |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>Brian Scafiro  | Title<br>Estimator   | Signature<br>Brian Scafiro / jgl  |                          |   | Date<br>10/29/13             |                                     |                          |                          |                          |



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

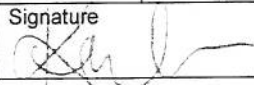
**RECEIVED**

|  |   |  |                                     |  |  |                                     |                                     |                          |                          |
|--|---|--|-------------------------------------|--|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>10 / 28 / 13</b>  |   | Name of Building Owner/Operator (2)<br><b>PELLA Realty, LLC</b>  |                                     | Job # <b>1308-1795</b> Chk. # <b>3385</b>  |  |                                     |                                     |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<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 Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                     | Street Address<br><b>555 Broadhollow Road Suite 200</b><br>City, State, Zip Code<br><b>Melville, NY 11747</b><br>Name of Contact<br><b>Ms. Jane Caracciolo, Building Manager</b>   |  |                                     |                                     |                          |                          |
|  |   |  |                                     | Telephone Number _____   |  |                                     |                                     |                          |                          |
| <b>FACILITY INFORMATION</b>  |   |  |                                     |  |  |                                     |                                     |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Charter School of Paterson</b>  |   |  |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                 |  |                                     |                                     |                          |                          |
| Street Address<br><b>137 Ellison Avenue</b>  |   |  |                                     | Square Feet<br><b>25,980</b>   | # of Floors<br><b>4</b>                              |                                     |                                     |                          |                          |
| City (5)<br><b>Paterson</b>  |   |  |                                     | Bldg. Age<br><b>87</b>   |  |                                     |                                     |                          |                          |
| County (6)<br><b>Passaic</b>   |   | County Code (7) (STATE USE ONLY)   |                                     | Current Use (Prior if being demolished)<br><b>Unoccupied Charter School</b>  |  |                                     |                                     |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Horizon Environmental</b>  |   | ASCM No.   |                                     | Name of Abatement Contractor (9)<br><b>Asbestos and Mold Services, Corp.</b>   |  |                                     |                                     |                          |                          |
| Street Address<br><b>PO Box 336</b>  |   | Street Address<br><b>3859 Sylon Boulevard</b>  |                                     |  |  |                                     |                                     |                          |                          |
| City, State, Zip Code<br><b>Thorofare, NJ 08086</b>  |   | City, State, Zip Code<br><b>Hainesport, NJ 08036</b>   |                                     |  |  |                                     |                                     |                          |                          |
| Project Manager for Monitoring Firm<br><b>Steve Flanigan</b>   |   | Telephone No.<br><b>856-848-0800</b>   |                                     | Telephone No.<br><b>609-702-0400</b>   | License No.<br><b>00862</b>                          |                                     |                                     |                          |                          |
| Start Date (10)<br><b>10 / 29 / 13</b>   |   | Scheduled Completion Date (11)<br><b>11 / 01 / 13</b>  |                                     | Name of OSHA Monitor<br><b>EMSL Analytical, Inc.</b>   |  |                                     |                                     |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM |   |  |                                     | Street Address<br><b>200 U.S. Route 130 North</b><br>City, State, Zip Code<br><b>Cinnaminson, NJ 08077</b>   |  |                                     |                                     |                          |                          |
| Scope of Work (Check all that apply)   |   |  |                                     |  |  |                                     |                                     |                          |                          |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |                                     | <input type="checkbox"/> Full Containment with Negative Pressure<br><input 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) <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                |
| Crawlspace   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | pipe insulation  | 4 LF   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boiler Room  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | asbestos debris  | 2 SF   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Sprinkler Rm   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | pipe insulation  | 1 LF   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Sprinkler Rm (front area by window)  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | pipe insulation  | 8 LF   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Freehold Cartage, Inc.</b>   |   | NJDEP Waste Hauler ID No.<br><b>02265</b>  |                                     | Cubic Yards of Waste<br><b>2</b>   | Name of Registered Landfill<br><b>GROWS Landfill</b> |                                     |                                     |                          |                          |
| City, State<br><b>Freehold, NJ</b>   |   | Disposal Date<br><b>11/01/13</b>   |                                     | City, State<br><b>Morrisville, PA 19067</b>  |  |                                     |                                     |                          |                          |
| Completed By (Print or Type)<br><b>Kimberly A. Trumbetti</b>   |   | Title<br><b>Office Coordinator</b>   |                                     | Signature<br>  |  |                                     | Date<br><b>10-29-13</b>             |                          |                          |



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

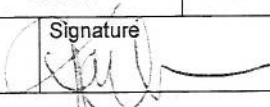
**RECEIVED**

|   |  |   |                                     |  |  |                                     |                          |                          |                          |
|---|--|---|-------------------------------------|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>10 / 29 / 13</b>   |  | Name of Building Owner/Operator (2)<br><b>Mr. Dave Rietzen</b>                        |                                     | 2013 NOV Job # <b>PM-3822</b> Chk. #3384   |  |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>104 Walter Avenue</b>  |                                     |  |  |                                     |                          |                          |                          |
|   |  | City, State, Zip Code<br><b>Delanco, NJ 08075</b>                                     |                                     |  |  |                                     |                          |                          |                          |
|   |  | Name of Contact<br><b>Dave</b>  |                                     | Telephone Number<br>_____  |  |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |  |   |                                     |  |  |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residential Property</b>   |  |   |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                 |  |                                     |                          |                          |                          |
| Street Address<br><b>104 Walter Avenue</b>  |  |   |                                     | Square Feet<br><b>2400</b>   | # of Floors<br><b>1</b>                              |                                     |                          |                          |                          |
| City (5)<br><b>Delanco</b>  |  |   |                                     | Bldg. Age<br><b>60</b>   |  |                                     |                          |                          |                          |
| County (6)<br><b>Burlington</b>   |  | County Code (7) (STATE USE ONLY)  |                                     | Current Use (Prior if being demolished)<br><b>Residential</b>  |  |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Horizon Environmental</b>   |  | ASCM No.  |                                     | Name of Abatement Contractor (9)<br><b>Asbestos and Mold Services, Corp.</b>   |  |                                     |                          |                          |                          |
| Street Address<br><b>PO Box 366</b>   |  | Street Address<br><b>3859 Sylon Boulevard</b>   |                                     |  |  |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Thorofare, NJ 08086</b>   |  | City, State, Zip Code<br><b>Hainesport, NJ 08036</b>                                  |                                     |  |  |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Steve Flanigan</b>  |  | Telephone No.<br><b>856-848-0800</b>  |                                     | Telephone No.<br><b>609-702-0400</b>   | License No.<br><b>00862</b>                          |                                     |                          |                          |                          |
| Start Date (10)<br><b>11 / 11 / 13</b>  |  | Scheduled Completion Date (11)<br><b>11 / 13 / 13</b>                                 |                                     | Name of OSHA Monitor<br><b>EMSL Analytical, Inc.</b>   |  |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____AM-_____PM/_____PM-_____AM |  |   |                                     | Street Address<br><b>200 U.S. Route 130 North</b>  |  |                                     |                          |                          |                          |
|   |  |   |                                     | City, State, Zip Code<br><b>Cinnaminson, NJ 08077</b>  |  |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)  |  |   |                                     |  |  |                                     |                          |                          |                          |
| <input type="checkbox"/> >3 sf or >3 lf<br><input checked="" type="checkbox"/> >160 sf or >260 lf   |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition |                                     | <input checked="" type="checkbox"/> Full Containment-with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><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)<br><b>940 SF</b>           | Abatement Type                      |                          |                          |                          |
|   | Yes  | No  | N/A                                 |  |  | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>Basement</b>   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <b>Floor Tile and Mastic</b>   |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>            |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>            |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>            |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Freehold Cartage, Inc.</b>  |  | NJDEP Waste Hauler ID No.<br><b>02265</b>   |                                     | Cubic Yards of Waste<br><b>5</b>   | Name of Registered Landfill<br><b>GROWS Landfill</b> |                                     |                          |                          |                          |
| City, State<br><b>Freehold, NJ</b>  |  | Disposal Date<br><b>11/13/13</b>  |                                     | City, State<br><b>Morrisville, PA 19067</b>  |  |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Kimberly A. Trumbetti</b>  |  | Title<br><b>Office Coordinator</b>  |                                     | Signature<br>  |  |                                     | Date<br><b>10-29-13</b>  |                          |                          |

COURT BY NOTIFICATION

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

RECEIVED

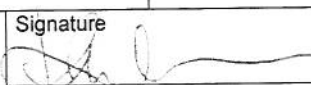
|  |  |  |                                     |  |  |                          |                          |                          |           |
|--|--|--|-------------------------------------|--|--|--------------------------|--------------------------|--------------------------|-----------|
| Date of Notification (1)<br><b>10 / 24 / 13</b>  |  | Name of Building Owner/Operator (2)<br><b>State of New Jersey DPMC</b> |                                     | Job # <b>1310-1823</b> Chk. # <b>NA</b>  |  |                          |                          |                          |           |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>455 North Main Road</b>                           |                                     |  |  |                          |                          |                          |           |
|  |  | City, State, Zip Code<br><b>Vineland, NJ 08360</b>                     |                                     |  |  |                          |                          |                          |           |
|  |  | Name of Contact<br><b>John Tisa</b>                                    |                                     | Telephone Number<br>_____  |  |                          |                          |                          |           |
| <b>FACILITY INFORMATION</b>  |  |  |                                     |  |  |                          |                          |                          |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Vineland Preparatory Academy</b>  |  |  |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |  |                          |                          |                          |           |
| Street Address<br><b>2000 Maple Avenue</b>   |  |  |                                     | Square Feet<br><b>10,000</b>   | Bldg. Age<br><b>80</b>                               |                          |                          |                          |           |
| City (5)<br><b>Vineland</b>  |  | County (6)<br><b>Cumberland</b>  |                                     | County Code (7) (STATE USE ONLY)<br>_____  |  |                          |                          |                          |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Whitman Company</b>  |  | ASCM No.<br>_____  |                                     | Name of Abatement Contractor (9)<br><b>Asbestos and Mold Services, Corp.</b>   |  |                          |                          |                          |           |
| Street Address<br><b>7 Pleasant Hill Road</b>  |  | Street Address<br><b>3859 Sylon Boulevard</b>                          |                                     |  |  |                          |                          |                          |           |
| City, State, Zip Code<br><b>Cranbury, NJ 08512</b>   |  | City, State, Zip Code<br><b>Hainesport, NJ 08036</b>                   |                                     |  |  |                          |                          |                          |           |
| Project Manager for Monitoring Firm<br><b>Kevin Lovely</b>   |  | Telephone No.<br><b>732-390-5858</b>                                   |                                     | Telephone No.<br><b>609-702-0400</b>   |  |                          |                          |                          |           |
| Start Date (10)<br><b>11 / 4 / 13</b>  |  | Scheduled Completion Date (11)<br><b>11 / 4 / 13</b>                   |                                     | License No.<br><b>00862</b>  |  |                          |                          |                          |           |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____AM-_____PM/_____PM-_____AM                    |  |  |                                     | Name of OSHA Monitor<br><b>EMSL Analytical, Inc.</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 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |  |  |                                     | Street Address<br><b>200 U.S. Route 130 North</b>  |  |                          |                          |                          |           |
|  |  |  |                                     | City, State, Zip Code<br><b>Cinnaminson, NJ 08077</b>  |  |                          |                          |                          |           |
| <div style="display: flex; justify-content: space-between;"> <div> <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 </div> </div> |  |  |                                     |  |  |                          |                          |                          |           |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |                                     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   | Amount (Specify SF or LF)<br><b>1,346</b>            | Abatement Type           |                          |                          |           |
|  | Yes  | No   | N/A                                 |  |  | Removal                  | Repair                   | Encapsulate              | Enclosure |
| <b>Roof Renovation</b>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <b>Provide oversight during the</b>  | <input checked="" type="checkbox"/>                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |
|  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>            | <b>roof removal - COURTESY NOTIF.</b>  | <input type="checkbox"/>                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |
|  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>            | <b>NOT REGULATED</b>   | <input type="checkbox"/>                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |
|  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>            |  | <input type="checkbox"/>                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |
| Name of Registered Waste Hauler<br><b>Freehold Cartage, Inc.</b>   |  | NJDEP Waste Hauler ID No.<br><b>02265</b>                              |                                     | Cubic Yards of Waste<br><b>5</b>   | Name of Registered Landfill<br><b>GROWS Landfill</b> |                          |                          |                          |           |
| City, State<br><b>Freehold, NJ</b>   |  | Disposal Date<br><b>11/5/13</b>  |                                     | City, State<br><b>Morrisville, PA 19067</b>  |  |                          |                          |                          |           |
| Completed By (Print or Type)<br><b>Kimberly A. Trumbetti</b>   |  | Title<br><b>Office Coordinator</b>                                     |                                     | Signature<br>  |  | Date<br><b>10-24-13</b>  |                          |                          |           |



COURTESY NOTIFICATION

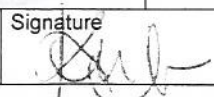
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 8:15)

RECEIVED

|  |   |  |  |   |  |                          |                          |                          |                          |
|--|---|--|--|---|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>10 / 25 / 13</b>  |   |  | Name of Building Owner/Operator (2)<br><b>PELLA Realty, LLC</b> <b>2013 NOV - 1 / PM 3:10</b> <b>Chk. #NA</b>  |   |  |                          |                          |                          |                          |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  |   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br><b>555 Broadhollow Road Suite 200</b><br>City, State, Zip Code<br><b>Melville, NY 11747</b><br>Name of Contact<br><b>Ms. Jane Caracciolo, Building Manager</b>  |  |                          |                          |                          |                          |
|  |   |  |  | Telephone Number  |  |                          |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |   |  |  |   |  |                          |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Charter School of Paterson</b>  |   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |   |  |                          |                          |                          |                          |
| Street Address<br><b>137 Ellison Avenue</b>  |   |  | Square Feet<br><b>25,980</b>   |   |  |                          |                          |                          |                          |
| City (5)<br><b>Paterson</b>  |   |  | # of Floors<br><b>4</b>  |   | Bldg. Age<br><b>87</b>                               |                          |                          |                          |                          |
| County (6)<br><b>Passaic</b>   |   | County Code (7) (STATE USE ONLY)   |  | Current Use (Prior if being demolished)<br><b>Unoccupied Charter School</b>   |  |                          |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>To Be Determined</b>   |   | ASCM No.   |  | Name of Abatement Contractor (9)<br><b>Asbestos and Mold Services, Corp.</b>  |  |                          |                          |                          |                          |
| Street Address   |   | Street Address<br><b>3859 Sylon Boulevard</b>  |  |   |  |                          |                          |                          |                          |
| City, State, Zip Code  |   | City, State, Zip Code<br><b>Hainesport, NJ 08036</b>   |  |   |  |                          |                          |                          |                          |
| Project Manager for Monitoring Firm  |   | Telephone No.  |  | License No.   |  |                          |                          |                          |                          |
|  |   | <b>609-702-0400</b>  |  | <b>00862</b>  |  |                          |                          |                          |                          |
| Start Date (10)<br><b>10 / 28 / 13</b>   |   | Scheduled Completion Date (11)<br><b>10 / 28 / 13</b>  |  | Name of OSHA Monitor<br><b>EMSL Analytical, Inc.</b>  |  |                          |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM |   |  | Street Address<br><b>200 U.S. Route 130 North</b>  |   |  |                          |                          |                          |                          |
|  |   |  | City, State, Zip Code<br><b>Cinnaminson, NJ 08077</b>  |   |  |                          |                          |                          |                          |
| Scope of Work (Check all that apply)   |   |  |  |   |  |                          |                          |                          |                          |
| <input 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 type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |                          |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   | Amount (Specify SF or LF)   | Abatement Type                                       |                          |                          |                          |                          |
|  | Yes   | No   |  |   | N/A  | Removal                  | Repair                   | Encapsulate              | Enclosure                |
| <b>Throughout Basement</b>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <b>COURTESY NOTIFICATION ONLY</b>   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <b>Cleanup, encapsulation and</b>   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <b>TEM testing per Ray Djurin</b>   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  |   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Freehold Cartage, Inc.</b>   |   | NJDEP Waste Hauler ID No.<br><b>02265</b>  |  | Cubic Yards of Waste<br><b>0</b>  | Name of Registered Landfill<br><b>GROWS Landfill</b> |                          |                          |                          |                          |
| City, State<br><b>Freehold, NJ</b>   |   | Disposal Date<br><b>10/28/13</b>   |  | City, State<br><b>Morrisville, PA 19067</b>   |  |                          |                          |                          |                          |
| Completed By (Print or Type)<br><b>Kimberly A. Trumbetti</b>   |   | Title<br><b>Office Coordinator</b>   |  | Signature<br>   |  |                          | Date<br><b>10-25-13</b>  |                          |                          |

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

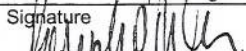
**RECEIVED**

| Date of Notification (1)<br><b>10 / 14 / 13</b>  |  | Name of Building Owner/Operator (2)<br><b>Brookdale Community College</b> <small>Job # 1310-1618 Chk. #NA</small>  |  |  |  |                                     |                          |                          |                          |
|--|--|--|--|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)  | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended Amendment #1<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>765 Newman Springs Roas</b> <b>ASBESTOS CONTROL</b>   |  |  |  |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br><b>Lincroft, NJ 07738-1597</b>  |  |  |  |                                     |                          |                          |                          |
|  |  | Name of Contact<br><b>Mr. Richard Frank</b>  | Telephone Number   |  |  |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |  |  |  |  |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Toop House &amp; Garage</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |  |  |  |                                     |                          |                          |                          |
| Street Address<br><b>Phalanx Road</b>  |  |  |  |  |  |                                     |                          |                          |                          |
| City (5)<br><b>Lincroft</b>  | Square Feet<br><b>2000</b>   | # of Floors<br><b>2</b>  | Bldg. Age<br><b>65</b>   |  |  |                                     |                          |                          |                          |
| County (6)<br><b>Monmouth</b>  | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)<br><b>Vacant</b>   |  |  |  |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Air Consulting Services, LLC</b>   |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>Asbestos and Mold Services, Corp.</b> |  |  |                                     |                          |                          |                          |
| Street Address<br><b>301 East Ward Street</b>  |  | Street Address<br><b>3859 Sylon Boulevard</b>  |  |  |  |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Hightstown, NJ 08520</b>   |  | City, State, Zip Code<br><b>Hainesport, NJ 08036</b>   |  |  |  |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Dave Kichula</b>   |  | Telephone No.<br><b>609-371-2489</b>   | Telephone No.<br><b>609-702-0400</b>   |  |  |                                     |                          |                          |                          |
| License No.<br><b>00862</b>  |  |  |  |  |  |                                     |                          |                          |                          |
| Start Date (10)<br><b>10 / 23 / 13</b>   | Scheduled Completion Date (11)<br><b>10 / 25 / 13</b>  | Name of OSHA Monitor<br><b>EMSL Analytical, Inc.</b>   |  |  |  |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____AM-_____PM/_____PM-_____AM  |  | Street Address<br><b>200 U.S. Route 130 North</b>  |  |  |  |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br><b>Cinnaminson, NJ 08077</b>  |  |  |  |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |  |  |  |  |  |                                     |                          |                          |                          |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> <input type="checkbox"/> <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                |
| <b>Basement</b>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <b>Floor Tile &amp; Mastic</b>   | <b>800 SF</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Windows</b>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <b>Caulking</b>  | <b>4 eac</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Freehold Cartage, Inc.</b>   |  | NJDEP Waste Hauler ID No.<br><b>02265</b>  |  | Cubic Yards of Waste<br><b>5</b>   | Name of Registered Landfill<br><b>GROWS Landfill</b> |                                     |                          |                          |                          |
| City, State<br><b>Freehold, NJ</b>   |  | Disposal Date<br><b>10/25/13</b>   |  | City, State<br><b>Morrisville, PA 19067</b>  |  |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Kimberly A. Trumbetti</b>   |  | Title<br><b>Office Coordinator</b>   |  | Signature<br>                            |  | Date<br><b>10-22-13</b>             |                          |                          |                          |



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

RECEIVED

|  |  |   |    |   |  |
|--|--|---|----|---|--|
| Date of Notification (1)<br><b>OCTOBER 29, 2013</b>  |  | Name of Building Owner/Operator (2)<br><b>507 HAMILTON LLC</b>  |    | 2013 NOV -1 PM 10:44  |  |
| Agencies Notified<br><input 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 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>65 CHESTNUT STREET</b><br>City, State, Zip Code<br><b>EDISON, NJ 08817</b><br>Name of Contact<br><b>DEAN ADI</b><br>Telephone Number _____   |  |
| <b>FACILITY INFORMATION</b>  |  |   |    |   |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>507 HAMILTON STREET, LLC PROPERTY</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>507 HAMILTON STREET</b>   |  |   |    | Square Feet<br><b>5800 SF</b><br># of Floors<br><b>3</b><br>Bldg. Age<br><b>55+YEARS</b>  |  |
| City (5)<br><b>SOMERSET</b>  |  |   |    | Current Use (Prior if being demolished)<br><b>MIXED USE COMMERCIAL</b>  |  |
| County (6)<br><b>SOMERSET</b>  |  | County Code (7)<br>(STATE USE ONLY) _____   |    |   |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>  |  | ASCM No. _____  |    | Name of Abatement Contractor (9)<br><b>Finishing Touch Asbestos Abatement Corp., Inc.</b>   |  |
| Street Address<br><b>507 HAMILTON STREET</b>   |  | Street Address<br><b>17 Thompson Street</b>   |    |   |  |
| City, State, Zip Code<br><b>SOMERSET, NJ 08853</b>   |  | City, State, Zip Code<br><b>West Long Branch, NJ 07764</b>  |    |   |  |
| Project Manager for Monitoring Firm<br><b>JOSEPH P. MILLER</b>   |  | Telephone No.<br><b>732.222.8372</b>  |    | License No.<br><b>00040</b>   |  |
| Start Date (10)<br><b>NOVEMBER 7, 2013</b>   |  | Scheduled Completion Date (11)<br><b>NOV. 8, 2013</b>   |    | Name of OSHA Monitor<br><b>N/A</b>  |  |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  |   |    | Street Address<br><b>17 THOMPSON STREET</b>   |  |
|  |  |   |    | City, State, Zip Code<br><b>WEST LONG BRANCH, NJ 07764</b>  |  |
| 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 type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Demolition  |    | <input checked="" type="checkbox"/> Mini-Enclosure  |  |
|  |  |   |    | <input checked="" type="checkbox"/> Glovebag Procedure  |  |
|  |  |   |    | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure   |  |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>In Facility (13)<br><br><b>BASEMENT</b>   |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |    | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   |  |
|  |  | Yes   | No |   |  |
|  |  |   |    |   | Amount (Specify SF or LF)<br><b>25 LF</b>              |
|  |  |   |    |   |  |
|  |  |   |    |   | Abatement Type<br>Removal Repair Encapsulate Enclosure |
|  |  |   |    |   |  |
|  |  |   |    |   |  |
|  |  |   |    |   |  |
| Name of Registered Waste Hauler<br><b>FINISHING TOUCH ASBESTOS ABATEMENT</b>   |  | NJDEP Waste Hauler ID No.<br><b>12058</b>   |    | Cubic Yards of Waste<br><b>.1</b>   |  |
| City, State<br><b>OCEANPORT, NJ</b>  |  | Disposal Date<br><b>11/8/13</b>   |    | Name of Registered Landfill<br><b>GROWS NORTH LANDFILL</b>  |  |
| Completed by<br><b>JOSEPH P. MILLER</b>  |  | Title<br><b>PRESIDENT</b>   |    | Signature<br>   |  |
|  |  |   |    | Date<br><b>10/29/13</b>   |  |

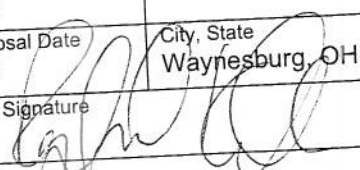


**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**RECEIVED**  
CHECK 26538

**2013 NOV -1 PM 10:45**

**ASBESTOS CONTROL  
& LICENSING**

|   |  |  |   |
|---|--|--|---|
| Date of Notification (1)<br>10-25-13  |  | Name of Building Owner/Operator (2)<br>Schlindler Elevator Corporation   |   |
| Agencies Notified<br><br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>20 Whippany Road   |   |
|   |  | City, State, Zip Code<br>Morristown  |   |
|   |  | Name of Contact<br>Mr. Bill Rafferty   |   |
|   |  | Telephone Number   |   |
| <b>FACILITY INFORMATION</b>   |  |  |   |
| Name of Facility Where Abatement is Taking Place (3)  |  | 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>20 Whippany Road  |  | Square Feet  | # of Floors<br>3  |
| City (5)<br>Morristown  |  | Bldg. Age<br>20 yrs.   |   |
| County (6)<br>Morris  | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br>Commercial  |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Detail Associates  |  | ASCM No.<br>00012  | Name of Abatement Contractor (9)<br>Pinnacle Environmental Corp.  |
| Street Address<br>300 Grand Avenue  |  | Street Address<br>200 Broad Street   |   |
| City, State, Zip Code<br>Englewood, NJ 07631-4355   |  | City, State, Zip Code<br>Carlstadt, NJ 07072   |   |
| Project Manager for Monitoring Firm<br>Stephen A. Jaraczewski   |  | Telephone No.<br>(201) 569-6708  | Telephone No.<br>201-939-6565   |
| Start Date (10)<br>11-4-13  |  | Scheduled Completion Date (11)<br>11-06-13   | License No.<br>00756  |
| 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: Area is vacant |  | Name of OSHA Monitor<br>Even-Air Inc.  |   |
|   |  | Street Address<br>10-59 Jackson Avenue   |   |
|   |  | City, State, Zip Code<br>Long Island City, NY 11101  |   |
| 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)<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) |
|   | Yes  | No   |   |
| Lower Level: Payroll Room   |  |  | x   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
| Name of Registered Waste Hauler<br>ATC, Inc. / JBT (50071)  |  | NJDEP Waste Hauler ID No.<br>24310   | Cubic Yards of Waste<br>TBD   |
| City, State<br>Shirley, NY / Bronx, NY  |  | Name of Registered Landfill<br>Minerva Enterprises   |   |
|   |  | Disposal Date<br>TBD   | City, State<br>Waynesburg, OH 44688   |
| Completed by<br>John Tancredi   |  | Title<br>Project Manager   | Signature<br>                           |
|   |  |  | Date<br>10-25-13  |



REMEMBER - MAIL IN HARD COPY

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:120)

**DOL - 10 DAY** 806

OCT 28 2013

**WAIVER APPROVED**

|   |   |   |  |
|---|---|---|--|
| Date of Notification (1)<br><b>October 28, 2013</b> |   | Name of Building Owner/Operator (2)<br><b>Ackerman/A&amp;R Wayne, LLC</b> |  |
| Agencies Notified                                   |   | Street Address  |  |
| <input checked="" type="checkbox"/> EPA             | <input type="checkbox"/> Initial  | <b>187 Millburn Ave, Suite 6</b>  |  |
| <input checked="" type="checkbox"/> DEP             | <input type="checkbox"/> Amended  | City, State, Zip Code   |  |
| <input checked="" type="checkbox"/> DOL             | <input checked="" type="checkbox"/> Amendment #                         | <b>Millburn, NJ 07041</b>   |  |
| <input checked="" type="checkbox"/> DOI             | <input checked="" type="checkbox"/> Emergency (including justification) | Name of Contact   |  |
| <input type="checkbox"/> DCA                        | <input type="checkbox"/> Cancellation                                   | <b>Project Manager</b>  |  |

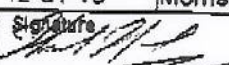
**FACILITY INFORMATION**

|   |  |  |             |
|---|--|--|-------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>2 abandoned buildings</b>          |  | Type of Facility (4)   |             |
| Street Address  |  | <input type="checkbox"/> School (K-12)                             |             |
| <b>1440 &amp; 1450 Hamburg Turnpike</b>   |  | <input checked="" type="checkbox"/> Subchapter S (Other than K-12) |             |
| City (5)<br><b>Wayne, NJ</b>  |  | Other (i.e. private & commercial buildings, homes, etc.)           |             |
| County (6)<br><b>Passaic</b>  |  | Square Feet  | # of Floors |
| County Code (7)<br>(STATE USE ONLY)   |  | Bldg. Age  |             |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>AET, Inc.</b>                       |  | Current Use (Prior if being demolished)<br><b>empty</b>            |             |
| Street Address  |  | Name of Abatement Contractor (9)                                   |             |
| <b>907 Doolittle Drive</b>  |  | <b>The MACK Group, LLC</b>   |             |
| City, State, Zip Code   |  | Street Address   |             |
| <b>Bridgewater, NJ 08807</b>  |  | <b>1500 Kings HWY N, STE 209</b>                                   |             |
| Project Manager for Monitoring Firm   |  | City, State, Zip Code  |             |
| <b>Project Manager</b>  |  | <b>Cherry Hill, NJ 08034</b>                                       |             |
| Telephone No.   |  | Telephone No.  |             |
| <b>(908) 218-1108</b>   |  | <b>(973) 759-5000</b>  |             |
| Start Date (10)<br><b>10/29/13</b>  |  | License No.<br><b>00781</b>  |             |
| Scheduled Completion Date (11)<br><b>12-31-13</b>   |  | Name of OSHA Monitor   |             |
|   |  | <b>The MACK Group, LLC</b>   |             |
| Occupancy Status During Abatement (Check Only One)  |  | Street Address   |             |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement |  | <b>1500 Kings HWY N, STE 209</b>                                   |             |
| <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours                 |  | City, State, Zip Code  |             |
| <input type="checkbox"/> Other - Describe:  |  | <b>Cherry Hill, NJ 08034</b>                                       |             |

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

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ ft     | <input type="checkbox"/> Renovation            | <input type="checkbox"/> Full Containment with Negative Pressure               |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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><b>TO BE ABATED</b><br>In Facility<br>(13) | Is Location Normally Used Solely by Maintenance/Custodial Staff?<br>(12) |    |     | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |        |             |           |
|--|--|----|-----|--|---------------------------|-------------------------------------|--------|-------------|-----------|
|  | Yes  | No | N/A |  |                           | Removal                             | Repair | Encapsulate | Enclosure |
| see attached   | <input checked="" type="checkbox"/>                                      |    |     | see attached   | see attached              | <input checked="" type="checkbox"/> |        |             |           |
|  |  |    |     |  |                           |                                     |        |             |           |
|  |  |    |     |  |                           |                                     |        |             |           |
|  |  |    |     |  |                           |                                     |        |             |           |

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| Name of Registered Waste Hauler<br><b>Newark Carting</b> |  | NJ DEP Waste Hauler ID No.<br><b>4509</b> | Cubic Yards of Waste<br><b>TDB</b>  | Name of Registered Landfill<br><b>GROWS / TRRF</b> |  |
| City, State<br><b>Newark, NJ</b>                         |  | Disposal Date<br><b>12-31-13</b>          |   | City, State<br><b>Morrisville / Tullytown, PA</b>  |  |
| Completed by<br><b>Mike Cooper</b>                       |  | Title<br><b>President</b>                 | Signature<br> | Date<br><b>10/28/13</b>                            |  |

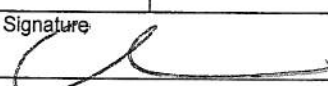


Check # 8757 Dated 10/25/13

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



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

|  |   |   |  |  |                           |                  |        |             |           |
|--|---|---|--|--|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1)<br>10/28/13   |   | Name of Building Owner/Operator (2)<br>Ken Rubben Private Home  |  |  |                           |                  |        |             |           |
| Agencies Notified  | Type Notification   | Street Address<br>220 Taylor Ave  |  |  |                           |                  |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input 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>Beach Haven NJ 08008   |  |  |                           |                  |        |             |           |
|  |   | Name of Contact<br>Ken  | Telephone Number<br>_____  |  |                           |                  |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |  |  |                           |                  |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Ken Rubben Private Home  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |  |                           |                  |        |             |           |
| Street Address<br>220 Taylor Ave   |   | Square Feet<br>1000 +   | # of Floors<br>1   |  |                           |                  |        |             |           |
| City (5)<br>Beach Haven NJ 08008   |   | Bldg. Age<br>35+  |  |  |                           |                  |        |             |           |
| County (6)<br>Ocean  | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>Home   |  |  |                           |                  |        |             |           |
| 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>_____  | Telephone No.<br>856-753-9800  |  |                           |                  |        |             |           |
| Start Date (10)<br>11/8/13   |   | Scheduled Completion Date (11)<br>11/14/13  | License No.<br>00727   |  |                           |                  |        |             |           |
| 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: _____ |   | Name of OSHA Monitor<br>Same  |  |  |                           |                  |        |             |           |
|  |   | Street Address<br>_____   |  |  |                           |                  |        |             |           |
|  |   | City, State, Zip Code<br>_____  |  |  |                           |                  |        |             |           |
| 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)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |  | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type   |        |             |           |
|  | Yes   | No  | N/A  |  |                           | Removal          | Repair | Encapsulate | Enclosure |
| Exterior Siding  |   |   | X  | Exterior Siding  | 1500 SF                   | X                |        |             |           |
|  |   |   |  |  |                           |                  |        |             |           |
|  |   |   |  |  |                           |                  |        |             |           |
|  |   |   |  |  |                           |                  |        |             |           |
| Name of Registered Waste Hauler<br>United Containers   |   | NJDEP Waste Hauler ID No.<br>22459  | Cubic Yards of Waste<br>3  | Name of Registered Landfill<br>G.R.O.W.S.  |                           |                  |        |             |           |
| City, State<br>Elm NJ  |   | Disposal Date<br>11/14/13   |  | City, State<br>Morrisville PA 19067  |                           |                  |        |             |           |
| Completed by<br>Anthony T Perna  |   | Title<br>President  | Signature<br>  |  |                           | Date<br>10/28/13 |        |             |           |

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;">10/28/2013</div>  |   | Name of Building Owner/Operator (2)<br>Seminole Construction <span style="float: right;">422877</span> |                  |
| 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 justification)<br><input type="checkbox"/> Cancellation | Street Address<br>128 Bartlett Avenue  |                  |
|  |   | City, State, Zip Code<br>West Creek, NJ 08092  |                  |
|  |   | Name of Contact<br>Joyce Corliss   | Telephone Number |

**FACILITY INFORMATION**

|   |                     |  |  |  |                         |
|---|---------------------|--|--|--|-------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Residence   |                     |  | Type of Facility (4)<br><input type="checkbox"/> School (k-12)<br><input type="checkbox"/> Subchapter 8 (other than k-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |  |                         |
| Street Address<br>324 Glendola Avenue   |                     |  | Square feet<br>2500 sf   |  |                         |
| City<br>Beach Haven   | County (6)<br>Ocean | County Code (7)<br>(STATE USE ONLY)            | # of Floors<br>2   | Bldg. Age<br>60  |                         |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |                     |  | 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>11/13/13   |                     | Scheduled Completion Date (11)<br>11/15/13     |  | 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 (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12)<br>YES   NO   N/A |   |   | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |   |   |   |   |  |  |
|---|--|---|---|--|---------------------------|----------------|---|---|---|---|--|--|
|   | R  | E | E |  |                           | N              | R | P | C | E |  |  |
| Exterior  |  | X |   | Asbestos siding  | 2400 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>11/19/13          | City, State<br>Tullytown, Pennsylvania |   |                    |
| Completed by (Print or Type)<br>Nicholas Fernicola            |  | Title<br>Project Manager           | Signature<br><i>Nicholas Fernicola</i> |   | Date<br>10/28/2013 |

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



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

**RECEIVED**

|  |  |  |  |
|--|--|--|--|
| Date of Notification (1)<br>10/28/2013   |  | Name of Building Owner/Operator (2)<br>Seminole Construction   |  |
| 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><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>128 Bartlett Avenue  |  | City, State, Zip Code<br>West Creek, NJ 08092  |  |
| Name of Contact<br>Joyce Corliss   |  | Telephone Number   |  |

**FACILITY INFORMATION**

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| Name of Facility Where Abatement is Taking Place (3)<br>Residence   |  |  | Type of Facility (4)<br><input type="checkbox"/> School (k-12)<br><input type="checkbox"/> Subchapter 8 (other than k-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |  |  |
| Street Address<br>114 W. 26 <sup>th</sup> Street  |  |  | Square feet<br>1500 sf   |  |  |
| City<br>Ship Bottom   |  |  | # of Floors<br>2   |  |  |
| County (6)<br>Ocean   |  |  | Bldg. Age<br>60  |  |  |
| 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  |  |  | 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<br>732-349-9932   |  |  |
| Telephone Number  |  |  | License Number<br>00624  |  |  |
| Scheduled Start Date (10)<br>11/13/13   |  |  | Scheduled Completion Date (11)<br>11/15/13   |  |  |
| 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 _____ |  |  | Name of OSHA Monitor<br>E.M.S.L. Analytical  |  |  |
|   |  |  | 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>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  | R | E |   |                           | E              |  |  |  |
|  |  |   |   |   |                           |                |  |  |  |
| Exterior   |  | X |   | Asbestos siding   | 1300 sf                   | X              |  |  |  |
|  |  |   |   |   |                           |                |  |  |  |
|  |  |   |   |   |                           |                |  |  |  |
|  |  |   |   |   |                           |                |  |  |  |

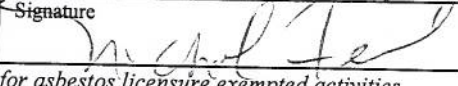
|   |                                    |  |   |
|---|------------------------------------|--|---|
| Name of Registered Waste Hauler<br>Guardian Contracting, Inc. | NJDEP Waste Hauler ID No.<br>20223 | Cubic Yards of Waste<br>3              | Name of Registered Landfill<br>T.R.R.F. |
| City, State<br>Toms River, New Jersey                         | Disposal Date<br>11/19/13          | City, State<br>Tullytown, Pennsylvania |   |
| Completed by (Print or Type)<br>Nicholas Fernicola            | Title<br>Project Manager           | Signature<br><i>Nicholas Fernicola</i> | Date<br>10/28/2013                      |

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

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

|  |  |  |   |
|--|--|--|---|
| Date of Notification (1)<br><div style="text-align: center;">10/28/2013</div>      |  | Name of Building Owner/Operator (2)<br><div style="text-align: center;">Seminole Construction <span style="float: right;">u 22878</span></div>                       |   |
| Agencies Notified<br>[ x ] EPA<br>[ ] DEP<br>[ x ] DOL<br><br>[ x ] DOH<br>[ ] DCA | Type of Notification<br>[ x ] Initial Notification<br>[ ] Amended Notification<br>Amendment # _____<br>[ ] Emergency (including justification)<br>[ ] Cancellation | Street Address<br><div style="text-align: center;">128 Bartlett Avenue</div><br>City, State, Zip Code<br><div style="text-align: center;">West Creek, NJ 08092</div> |   |
|  |  | Name of Contact<br><div style="text-align: center;">Joyce Corliss</div>  | Telephone Number<br><div style="text-align: center;">201-228-7878</div> |

|   |   |  |   |
|---|---|--|---|
| <b>FACILITY INFORMATION</b>   |   |  |   |
| Name of Facility Where Abatement is Taking Place (3)<br><div style="text-align: center;">Residence</div>  |   | Type of Facility (4)<br>[ ] School (K-12)<br>[ ] Subchapter S (other than K-12)<br>[ x ] Other (i.e., private & commercial buildings, homes, etc.) |   |
| Street Address<br><div style="text-align: center;">30 Joshua Drive</div>  |   | Square feet<br><div style="text-align: center;">1800 sf</div>  |   |
| City<br><div style="text-align: center;">Beach Haven West</div>   | County (6)<br><div style="text-align: center;">Ocean</div>                        | County Code (7)<br>(STATE USE ONLY)  | # of Floors<br><div style="text-align: center;">1</div>   |
|   |   | Bldg. Age<br><div style="text-align: center;">60</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;">11/13/13</div>  | Scheduled Completion Date (11)<br><div style="text-align: center;">11/15/13</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>[ x ] Facility Closed/Vacated During Entire Period of Abatement<br>[ ] Abatement Performed Outside of Normal Facility Hours<br>[ ] 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)  |   |  |   |
| [ ] >3 sf or ≥3 lf  |   | [ ] Full Containment with Negative Pressure  |   |
| [ x ] ≥160 sf or ≥260 lf  |   | [ ] Mini-Enclosure   |   |
| [ ] Renovation  |   | [ ] Glovebag Procedure   |   |
| [ x ] Demolition  |   | [ x ] Non-Exempted (*) and Non-Friable Procedure   |   |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)                         | Is Location Normally used Solely by Maintenance/Custodial Staff (12)<br><br>YES NO N/A |   |  | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)  | Abatement Type |   |                   |                   |
|--|--|---|--|--|--|----------------|---|-------------------|-------------------|
|  |  |   |  |  |  | R E M O V A L  | R E P A I R   | E N C A P S U L E | E N C L O S U R E |
| Exterior   |  | X   |  | Asbestos siding  | 1700 sf  | 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;">11/19/13</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>                            |  |                | Date<br><div style="text-align: center;">10/28/2013</div> |                   |                   |

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

|  |  |   |                                       |
|--|--|---|---------------------------------------|
| Date of Notification (1)<br><b>10/28/2013</b>                                      |  | Name of Building Owner/Operator (2)<br><b>Messerschmidt Enterprises</b> |                                       |
| Agencies Notified<br>[ x ] EPA<br>[ ] DEP<br>[ x ] DOL<br><br>[ x ] DOH<br>[ ] DCA | Type of Notification<br>[ x ] Initial Notification<br>[ ] Amended Notification<br>Amendment # _____<br>[ x ] Emergency (including justification)<br>[ ] Cancellation | Street Address<br><b>PO Box 790<br/>Matawan, NJ 07746</b>               |                                       |
|  |  | City, State, Zip Code<br><b>Matawan, NJ 07746</b>                       |                                       |
|  |  | Name of Contact<br><b>Fernando</b>                                      | Telephone Number<br><b>[REDACTED]</b> |

**FACILITY INFORMATION**

|   |   |                                     |  |                                |                        |
|---|---|-------------------------------------|--|--------------------------------|------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>  |   |                                     | Type of Facility (4)<br>[ ] School (k-12)<br>[ ] Subchapter 8 (other than k-12)<br>[ x ] Other (i.e., private & commercial buildings, homes, etc.) |                                |                        |
| Street Address<br><b>94 Lake Superior Drive</b>   |   |                                     |  |                                |                        |
| Little Egg Harbor   | County (6)<br><b>Ocean</b>                        | County Code (7)<br>(STATE USE ONLY) | Square feet<br><b>1500 sf</b>  | # of Floors<br><b>1</b>        | Bldg. Age<br><b>60</b> |
|   |   |                                     | Current Use (Prior if being demolished)<br><b>Residence</b>  |                                |                        |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>   |   | ASCM No.                            | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b>  |                                |                        |
| Street Address  |   |                                     | Street Address<br><b>1889 Route 9, Unit 61</b>   |                                |                        |
| City, State, Zip Code   |   |                                     | City, State, Zip Code<br><b>Toms River, New Jersey 08755-1271</b>  |                                |                        |
| Project Manager for Monitoring Firm   | Telephone Number                                  |                                     | Telephone Number<br><b>732-349-9932</b>  | License Number<br><b>00624</b> |                        |
| Scheduled Start Date (10)<br><b>11/8/13</b>   | Scheduled Completion Date (11)<br><b>11/11/13</b> |                                     | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b>   |                                |                        |
| Occupancy Status During Abatement (Check only one)<br>[ x ] Facility Closed/Vacated During Entire Period of Abatement<br>[ ] Abatement Performed Outside of Normal Facility Hours<br>[ ] Other - Describe _____ |   |                                     | Street Address<br><b>1056 Stelton Road</b>   |                                |                        |
|   |   |                                     | City, State, Zip Code<br><b>Piscataway, New Jersey 08854</b>   |                                |                        |
| Scope of Work (Check all that apply)  |   |                                     |  |                                |                        |
| [ ] >3 sf or ≥3 lf  |   | [ ] Renovation                      | [ ] Full Containment with Negative Pressure  |                                |                        |
| [ x ] ≥160 sf or ≥260 lf  |   | [ x ] Demolition                    | [ ] Mini-Enclosure   |                                |                        |
|   |   |                                     | [ ] Glovebag Procedure   |                                |                        |
|   |   |                                     | [ x ] Non-Exempted (*) and Non-Friable Procedure   |                                |                        |

| Location of Asbestos-Containing Material (ACM)<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  | E   | E |   |  | P              | A | I | R | S                         | U | L | E |
| Exterior   |  | X   |   | Asbestos siding   | 1300 sf  | X              |   |   |   |                           |   |   |   |
|  |  |   |   |   |  |                |   |   |   |                           |   |   |   |
|  |  |   |   |   |  |                |   |   |   |                           |   |   |   |
|  |  |   |   |   |  |                |   |   |   |                           |   |   |   |
| Name of Registered Waste Hauler<br><b>Guardian Contracting, Inc.</b>                         |  | NJDEP Waste Hauler ID No.<br><b>20223</b> |   | Cubic Yards of Waste<br><b>2</b>  | Name of Registered Landfill<br><b>T.R.R.F.</b> |                |   |   |   |                           |   |   |   |
| City, State<br><b>Toms River, New Jersey</b>   |  | Disposal Date<br><b>11/12/13</b>          |   | City, State<br><b>Tullytown, Pennsylvania</b>   |  |                |   |   |   |                           |   |   |   |
| Completed by (Print or Type)<br><b>Nicholas Fernicola</b>                                    |  | Title<br><b>Project Manager</b>           |   | Signature<br><i>Nicholas Fernicola</i>  |  |                |   |   |   | Date<br><b>10/28/2013</b> |   |   |   |

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

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

CK  
6350

2013 NOV -1 PM 10:32

|   |  |   |  |
|---|--|---|--|
| Date of Notice 10/25/13   |  | Name of Building Owner / Operator (2)<br><b>The Hertz Corporation</b> |  |
| Type Notification <b>ASBESTOS CONTAMINATION &amp; LICENSING</b> |  | Street Address<br><b>225 Broad Boulevard</b>                          |  |
| Agencies Notified   | Emergency Notification                                   | City, State & Zip Code<br><b>Park Ridge, NJ 07656</b>                 |  |
| <input checked="" type="checkbox"/> EPA                         | <input checked="" type="checkbox"/> Initial Notification | Name of Contact<br><b>Michael Martirano</b>                           |  |
| <input checked="" type="checkbox"/> DEP                         | Amended Notification                                     | Telephone Number<br><b>[REDACTED]</b>                                 |  |
| <input checked="" type="checkbox"/> DOL                         | Cancellation   |   |  |
| <input checked="" type="checkbox"/> DOH                         |  |   |  |
| <input checked="" type="checkbox"/> DCA                         |  |   |  |

| FACILITY INFORMATION  |  |  |                                |
|---|--|--|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>  |  | Type of Facility (4)<br>School (K-12)<br>Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |                                |
| <b>6803 Boulevard East</b>  |  | Square Feet<br><b>5000</b>   | # of Floors<br><b>2</b>        |
| City (5)<br><b>Guttenberg</b>   |  | Bldg. Age<br><b>60</b>   |                                |
| County (6)<br><b>Hudson</b>   | County Code (7)                                  | Current Use (Prior if being demolished)<br><b>Residence</b>  |                                |
| Name of Monitoring Firm Hired by Building Owner (8)   |  | Name of Abatement Contractor (9)<br><b>Global Abatement Services, LLC</b>  |                                |
| Street Address  |  | Street Address<br><b>443 Schoolhouse Road</b>  |                                |
| City, State & Zip Code  |  | City, State & Zip Code<br><b>Monroe Township, NJ 08831</b>   |                                |
| Project Manager for Monitoring Firm   | Telephone Number                                 | Telephone Number<br><b>732-605-9062</b>  | License Number<br><b>00714</b> |
| Scheduled Start Date (10)<br><b>11/4/13</b>   | Scheduled Completion Date (11)<br><b>11/5/13</b> | Name of OSHA Monitor<br><b>Global Abatement Services, LLC</b>  |                                |
| Occupancy Status During Abatement (Check only one)<br>Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours -<br>Describe: <b>Area Isolated During Abatement</b><br>Other - Describe: |  | Street Address<br><b>443 Schoolhouse Road</b>  |                                |
|   |  | City, State & Zip Code<br><b>Monroe Township, NJ 08831</b>   |                                |
| Scope of Work (Check all that apply)  |  |  |                                |
| Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/>  |  | Full Containment with Negative Pressure  |                                |
| Large Project <input type="checkbox"/>  |  | <input checked="" type="checkbox"/> Mini-Enclosure/Encapsulation   |                                |
| <input checked="" type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM  |  | Glovebag Procedure   |                                |
| Quantity is $\geq 160$ SF or $\geq 260$ LF ACM  |  | Other: Non-friable   |                                |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify Square Feet or Linear Feet) | Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure) |
|--|--|---|---|---|
| <b>Basement</b>  | <b>N/A</b>   | <b>TSI pipe</b>   | <b>25LF</b>                                 | <b>Repair</b>   |
|  |  |   |   |   |
|  |  |   |   |   |

|  |   |                                       |  |
|--|---|---------------------------------------|--|
| Name of Registered Waste Hauler<br><b>Freehold Cartage</b> | NJDEP Waste Hauler ID #<br><b>18693</b> | Cu. Yds. of Waste<br><b>1</b>         | Name of Registered Landfill<br><b>TRRF</b> |
| City, State<br><b>Freehold, NJ</b>                         | Disposal Date<br><b>11/5/13</b>         | City, State<br><b>Tullytown, Pa</b>   |  |
| Completed By (Print or Type)<br><b>Dominick Tringali</b>   | Title<br><b>Project Manager</b>         | Signature<br><i>Dominick Tringali</i> | Date<br><b>10/25/13</b>                    |



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

**RECEIVED**

|  |  |   |                                       |
|--|--|---|---------------------------------------|
| Date of Notification (1)<br><b>10 / 31 / 13</b>  |  | Name of Building Owner/Operator (2)<br><b>STILLWELL HOUSE</b> |                                       |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8) | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>212 WEST FRONT STREET</b>                |                                       |
|  |  | City, State, Zip Code<br><b>RED BANK NJ</b>                   |                                       |
|  |  | Name of Contact<br><b>MOSHE</b>                               | Telephone Number<br><b>[REDACTED]</b> |

| FACILITY INFORMATION  |                                 |  |                         |
|---|---------------------------------|--|-------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>STILLWELL HOUSE FINE ARTS &amp; ANTIQUES</b> |                                 | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                         |
| Street Address<br><b>212 WEST FRONT STREET</b>  |                                 | Square Feet<br><b>&gt;10,000</b>   | # of Floors<br><b>2</b> |
| City (5)<br><b>RED BANK</b>   |                                 | Bldg. Age<br><b>60</b>   |                         |
| County (6)<br><b>MONMOUTH</b>   | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished)<br><b>ART &amp; ANTIQUE SHOP</b>   |                         |

|  |   |  |  |                             |
|--|---|--|--|-----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>CRITERION LABS</b> |   | ASCM No.   | Name of Abatement Contractor (9)<br><b>DELTA/BJDS, INC</b> |                             |
| Street Address<br><b>3370 PROGRESS DRIVE</b>                                 |   | Street Address<br><b>1345 INDUSTRIAL BLVD</b>        |  |                             |
| City, State, Zip Code<br><b>BENSALEM PA 19020</b>                            |   | City, State, Zip Code<br><b>SOUTHAMPTON PA 18966</b> |  |                             |
| Project Manager for Monitoring Firm<br><b>MICHAEL PANEPRESSO</b>             |   | Telephone No.<br><b>215 244-1300</b>                 | Telephone No.<br><b>215 322-2900</b>                       | License No.<br><b>00783</b> |
| Start Date (10)<br><b>11 / 11 / 13</b>                                       | Scheduled Completion Date (11)<br><b>11 / 25 / 13</b> |  | Name of OSHA Monitor<br><b>EHS</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: <u>7</u> AM- <u>3:30</u> PM- <u>      </u> AM |  | Street Address<br><b>411 SOUTHGATE SUITE E</b>      |  |
|  |  | City, State, Zip Code<br><b>MICKLETON, NJ 08056</b> |  |

Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                     |                          | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|---|---|-------------------------------------|--------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|   | Yes   | No                                  | N/A                      |   |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>BASEMENT</b>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>FLOOR TILE</b>   | <b>600 SF</b>             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |                              |   |                      |  |  |
|---|------------------------------|---|----------------------|--|--|
| Name of Registered Waste Hauler<br><b>SERVICE TRANSPORT</b> |                              | NJDEP Waste Hauler ID No.<br><b>20990</b> | Cubic Yards of Waste | Name of Registered Landfill<br><b>MINERVA LANDFILL</b> |  |
| City, State<br><b>NEW CASTLE DE 19720</b>                   |                              |   | Disposal Date        | City, State<br><b>WAYNESBURG, OH 44688</b>             |  |
| Completed By (Print or Type)<br><b>ROBERT LAVELLE JR</b>    | Title<br><b>PROJECT MGR.</b> | Signature<br><i>Robert Lavelle Jr</i>     |                      | Date<br><b>10/31/13</b>                                |  |



CK# 25183

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

|   |  |   |                                       |
|---|--|---|---------------------------------------|
| <b>Date of Notification (1)</b><br>10 / 31 /13  |  | <b>Name of Building Owner/Operator (2)</b><br>VERIZON     |                                       |
| <b>Agencies Notified</b><br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   |  | <b>Street Address</b><br>126 LAKESIDE BLVD.               |                                       |
| <b>Type Notification</b><br><input checked="" type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br><input type="checkbox"/> Cancellation<br><input type="checkbox"/> On Hold<br><input type="checkbox"/> EMERGENCY NOTIFICATION |  | <b>City, State, Zip Code</b><br>LANDING, NEW JERSEY 07850 |                                       |
|   |  | <b>Name of Contact</b><br>DOUGLAS J. O'HARE               | <b>Telephone Number</b><br>[REDACTED] |

**FACILITY INFORMATION**

|   |  |  |  |
|---|--|--|--|
| <b>Name of Facility Where Abatement is Taking Place (3)</b><br>VERIZON - BERGEN CENTRAL OFFICE  |  | <b>Type of Facility (4)</b><br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)        |  |
| <b>Street Address</b><br>71 MADISON AVENUE  |  | <b>Square Feet</b><br>113,347  | <b># of Floors</b><br>2  |
| <b>City (5)</b><br>JERSEY CITY  | <b>County (6)</b><br>HUDSON  | <b>County Code (7)</b><br>(STATE USE ONLY)   |  |
| <b>Name of Monitoring Firm Hired by Building Owner (8)</b><br>ESIS, INC.  |  | <b>ASCM No.</b><br>17  | <b>Name of Abatement Contractor (9)</b><br>PAR ENVIRONMENTAL CORPORATION |
| <b>Street Address</b><br>10 EXCHANGE PLACE  |  | <b>Street Address</b><br>313 SPOOK ROCK ROAD   |  |
| <b>City, State, Zip Code</b><br>JERSEY CITY, NEW JERSEY   |  | <b>City, State, Zip Code</b><br>SUFFERN, NEW YORK 10901  |  |
| <b>Project Manager for Monitoring Firm</b><br>BRIAN KINGSBURY   |  | <b>Telephone Number</b><br>201-356-5166  | <b>License Number</b><br>460   |
| <b>Expected State Date (10)</b><br>11 / 12 /13<br>Month Day Year  | <b>Sched. Completion Date (11)</b><br>3 / 30 /14<br>Month Day Year | <b>Name of OSHA Monitor</b><br>QUALITY ENVIRONMENTAL   |  |
| <b>Occupancy Status During Abatement (Check only one)</b><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: MONDAY - FRIDAY 7AM-3:30 PM |  | <b>Street Address</b><br>1376 ROUTE 9  |  |
| <b>Scope of Work (Check all that apply)</b><br><input type="checkbox"/> Demolition<br><input type="checkbox"/> >3SF OR LF<br><input checked="" type="checkbox"/> >160 SF OR 260 LF  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclos.<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Friable Procedure |  |

| Location of Asbestos-containing Material (ACM)<br>TO BE ABATED in Facility (13) | Is Location normally used solely by Maint/Custodial Staff (12) |    |     | Description of Asbestos-Containing Material (ACM)<br>(ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |           |           |
|---|--|----|-----|---|---------------------------|----------------|--------|-----------|-----------|
|   | Yes  | No | N/A |   |                           | REMOVAL        | REPAIR | ENCAPSULE | ENCLOSURE |
| MAIN ROOF -WESTSIDE   | X  |    |     | CAULK & SEALANT   | 25 SF                     | X              |        |           |           |
| ROOF - WESTSIDE   | X  |    |     | BLACK SEALANT   | 24 SF                     | X              |        |           |           |
| MAIN ROOF-WESTSIDE  | X  |    |     | BLACK SEALANT   | 70 SF                     | X              |        |           |           |
| MAIN ROOF-WESTSIDE  | X  |    |     | BLACK PARAPET SEALANT/PAINT   | 630 SF                    | X              |        |           |           |
| 5TH FLOOR   | X  |    |     | PIPE INSULATION   | 15 LF                     | X              |        |           |           |
| 5TH FLOOR   | X  |    |     | JOINT INSULATION  | 6 SF                      | X              |        |           |           |
|   |  |    |     |   |                           |                |        |           |           |
|   |  |    |     |   |                           |                |        |           |           |
|   |  |    |     |   |                           |                |        |           |           |
|   |  |    |     |   |                           |                |        |           |           |
|   |  |    |     |   |                           |                |        |           |           |
|   |  |    |     |   |                           |                |        |           |           |
|   |  |    |     |   |                           |                |        |           |           |
|   |  |    |     |   |                           |                |        |           |           |

|   |   |  |   |
|---|---|--|---|
| <b>Name of Registered Waste Hauler</b><br>EXPRESS WASTE LLC<br>614 FRELINGHUYSEN AVENUE | <b>NJDEP Waste Hauler ID No.</b><br>15939 | <b>Cubic Yards of Waste</b><br>40        | <b>Name of Registered Landfill</b><br>CUMBERLAND COUNTY LANDFILL<br>620 NEWVILLE ROAD |
| <b>City, State</b><br>NEWARK, NEW JERSEY 07114  | <b>Disposal Date</b><br>11/12/13-03/30/14 | <b>City, State</b><br>NEWBURGH, PA 17242 |   |
| <b>Completed by (Print or Type)</b><br>BENJAMIN SANCHEZ                                 | <b>Title</b><br>DIRECTOR OF OPERATIONS    | <b>Signature</b><br>[Signature]          | <b>Date</b><br>10/31/13   |



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

**RECEIVED**

2013 NOV -1 PM 3:19

**ASBESTOS CONTROL  
& LICENSING**

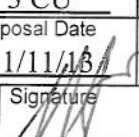
|   |   |  |   |
|---|---|--|---|
| Date of Notification (1)<br>10/29/2013  |   | Name of Building Owner/Operator (2)<br>Cardolite Corporation   |   |
| Agencies Notified<br><br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><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>500 Doremus Ave   |
|   |   |  | City, State, Zip Code<br>Newark, NJ 07105   |
|   |   | Name of Contact<br>Ram Barsoum   | Telephone Number<br>_____   |
| <b>FACILITY INFORMATION</b>   |   |  |   |
| Name of Facility Where Abatement is Taking Place (3)<br>Cardolite Corporation   |   | 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>300 Doremus Avenue  |   | Square Feet  | # of Floors   |
| City (5)<br>Newark  |   | Bldg. Age  |   |
| County (6)<br>Essex   | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)  |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |   | ASCM No.   | Name of Abatement Contractor (9) /DISPOSAL BY<br>Kielczewski Corporation  |
| Street Address  |   | Street Address<br>235 Watchung Ave   |   |
| City, State, Zip Code   |   | City, State, Zip Code<br>West Orange, NJ 07052   |   |
| Project Manager for Monitoring Firm   |   | Telephone No.  | Telephone No.<br>973-243-9872   |
| Start Date (10)<br>11/07/2013   |   | Scheduled Completion Date (11)<br>11/07/2013   | License No.<br>01171  |
| 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>DISPOSAL ONLY- during normal business hours</u> |   | Name of OSHA Monitor   |   |
|   |   | Street Address   |   |
|   |   | City, State, Zip Code  |   |
| 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 type="checkbox"/> Demolition<br><br><input checked="" type="checkbox"/> <b>DISPOSAL ONLY</b><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) |
|   | Yes   | No   |   |
| Disposal of facility component  |   | X  | pipe insulation & bag of asbestos   |
|   |   |  |   |
|   |   |  |   |
|   |   |  |   |
| Name of Registered Waste Hauler<br>Kielczewski Corporation  |   | NJDEP Waste Hauler ID No.  | Cubic Yards of Waste  |
| City, State<br>West Orange, NJ  |   | Name of Registered Landfill<br>Conestoga Landfill  |   |
| Completed by<br>Slawomir Kielczewski  |   | Title<br>President   | Disposal Date   |
|   |   | Signature  | City, State<br>Morgantown, PA   |
|   |   |  | Date<br>10/29/2013  |



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

**RECEIVED**

CK# 25345

|   |  |  |  |
|---|--|--|--|
| Date of Notification (1)<br><u>10/29/13</u>   |  | Name of Building Owner/Operator (2)<br><u>Hugh Wynne</u>   |  |
| 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 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><u>100 Battle Rd Circle</u>  |  |
|   |  | City, State, Zip Code<br><u>Princeton, NJ 08542</u>  |  |
|   |  | Name of Contact<br><u>Hugh Wynne</u>   | Telephone Number<br>[REDACTED]   |
| <b>FACILITY INFORMATION</b>   |  |  |  |
| Name of Facility Where Abatement is Taking Place (3)<br><u>Residential Property</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>100 Battle Rd Circle</u>   |  | Square Feet<br><u>4500</u>   | # of Floors<br><u>2</u>  |
| City (5)<br><u>Princeton, NJ</u>  |  | Bldg. Age<br><u>90</u>   |  |
| County (6)<br><u>Mercer</u>   | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)<br><u>Residential</u>  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>MECS</u>  |  | Name of Abatement Contractor (9)<br><u>Stevens Environmental Services, Inc.</u>  |  |
| Street Address<br><u>PO Box 341</u>   |  | Street Address<br><u>PO Box 322</u>  |  |
| City, State, Zip Code<br><u>Crosswicks, NJ 08515</u>  |  | City, State, Zip Code<br><u>Allentown, NJ 08501</u>  |  |
| Project Manager for Monitoring Firm<br><u>William Weisgarber Jr.</u>  |  | Telephone No.<br><u>(609) 298-4070</u>   | License No.<br><u>00493</u>  |
| Start Date (10)<br><u>11/7/13</u>   | Scheduled Completion Date (11)<br><u>11/11/13</u>  | Name of OSHA Monitor<br><u>MECS</u>  |  |
| 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>8:am 4:pm</u> |  | Street Address<br><u>PO Box 341</u>  |  |
|   |  | City, State, Zip Code<br><u>Crosswicks, NJ 08515</u>   |  |
| Scope of Work (Check all that apply)  |  |  |  |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition  |  |  |  |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure   |  |  |  |
| Location of Asbestos-Containing Material (ACM) 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) |
|   | Yes  | No   |  |
| <u>Basement</u>   |  | <input checked="" type="checkbox"/>  | <u>Pipe Insulation</u>   |
| <u>Crawl Space</u>  |  |  | <u>Pipe Insulation</u>   |
|   |  |  |  |
|   |  |  |  |
| Name of Registered Waste Hauler<br><u>Stevens Environmental</u>   |  | NJDEP Waste Hauler ID No.<br><u>18292</u>  | Cubic Yards of Waste<br><u>3 CU</u>  |
| City, State<br><u>Allentown, NJ</u>   |  | Name of Registered Landfill<br><u>T.R.R.F., Inc.</u>   |  |
|   |  | Disposal Date<br><u>11/11/13</u>   | City, State<br><u>Tullytown, PA</u>  |
| Completed By<br><u>Mahlon E. Stevens</u>  | Title<br><u>Project Manager</u>  | Signature<br>   | Date<br><u>10/29/13</u>  |

B &amp; G proj. #: 2013-220

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

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Check # 6222

2013 NOV -1 PM 3:03

ASBESTOS CONTROL  
& LICENSING

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br>11/01/2013  |  | Name of Building Owner/Operator (2)<br>Jose Torres  |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amendment<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>26 Arlington Place  |  | City, State, Zip Code<br>Kearny, NJ 07032   |  |
| Name of Contact<br>Jose Torres  |  | Telephone Number<br>[REDACTED]  |  |

## FACILITY INFORMATION

|  |                      |  |  |   |                        |
|--|----------------------|--|--|---|------------------------|
| Name of facility where abatement is taking place (3)<br>Jose Torres  |                      |  | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |   |                        |
| Street Address<br>26 Arlington Place   |                      |  | Square Feet # of Floors Bldg. Age  |   |                        |
| City (5)<br>Kearny   | 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 Bldg. Owner (8)<br>N/A  |                      | ASCM No.                                       | Name of Abatement Contractor (9)<br>B & G Restoration, Inc.  |   |                        |
| Street Address   |                      |  | Street Address<br>105 Ryerson Road   |   |                        |
| City, State, Zip Code  |                      |  | City, State, Zip Code<br>Lincoln Park, NJ 07035  |   |                        |
| Project Manager for Monitoring Firm  |                      | Phone Number                                   | Telephone Number<br>973-696-6869   |   | License Number<br>0378 |
| Scheduled Start Date (10)<br>11/08/13  |                      | Sched. Completion Date (11)<br>11/09/13        | Name of OSHA Monitor<br>B & G Restoration, Inc.  |   |                        |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:<br><input type="checkbox"/> Other-Describe: |                      |  | Street Address<br>105 Ryerson Road   |   |                        |
|  |                      |  | City, State, Zip Code<br>Lincoln Park, NJ 07035  |   |                        |
| Scope of Work (check all that apply)   |                      |  |  |   |                        |
| <input type="checkbox"/> Demolition  |                      | <input checked="" type="checkbox"/> Renovation |  | <input type="checkbox"/> Full Containment w/negative pressure |                        |
| <input checked="" type="checkbox"/> >3 sf or >3 lf   |                      | <input type="checkbox"/> ≥160 sf or ≥260 lf    |  | <input checked="" type="checkbox"/> Mini-enclosure            |                        |
|  |                      |  |  | <input type="checkbox"/> wrap & cut                           |                        |
|  |                      |  |  | <input checked="" type="checkbox"/> Glovebag procedure        |                        |
|  |                      |  |  | <input type="checkbox"/> Non-friable procedure                |                        |

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |    |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e          | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p    | E<br>n<br>c<br>l         |
|--|--|----|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
|  | Yes  | No | N/A |   |                           |                                     |                            |                          |                          |
| basement   |  |    | X   | pipe insulation                                   | 45 lf                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |    |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |    |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |    |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |    |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                              |                              |   |
|--|------------------------------|------------------------------|---|
| Registered Waste Hauler<br>B & G Restoration, Inc. | NJDEP Hauler ID#<br>19563    | Cubic Yards of Waste<br>1    | Name of Registered Landfill<br>Tullytown Resource & Recovery Center |
| City, State<br>Lincoln Park, NJ 07035              | Disposal Date<br>11/11/2013  | City, State<br>Tullytown, PA |   |
| Completed by (Print or Type)<br>Gordana Luna       | Title<br>Secretary/Treasurer | Signature<br>Gordana Luna    | Date<br>10/29/2013  |



**RECEIVED**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 Pursuant to NJAC 8:60 and 12:12a

CK # 0370

|  |  |  |  |  |  |   |  |
|--|--|--|--|--|--|---|--|
| Date of Notification (1)<br>10-28-13   |  | 2013 NOV - 1 PM 10:00  |  | Name of Building Owner/Operator (2)<br>NJ Architecture   |  | APPROVED<br>NJ Dept. of Health & Senior Services<br>Paul C. Horner<br>(signature)<br>Date: 10/28/13 Time: 11:04 AM  |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |  | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input checked="" type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>Red Bank, New Jersey   |  | City, State, Zip Code<br>Red Bank, New Jersey   |  |
|  |  |  |  | Name of Contact<br>Marc  |  | Telephone Number  |  |
| <b>FACILITY INFORMATION</b>  |  |  |  |  |  |   |  |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential Structure Schedule for Demo  |  |  |  |  |  | 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>112 Raritan Ave  |  |  |  |  |  | Square Feet<br>1500   |  |
| City (5)<br>Keansburg  |  |  |  |  |  | # of Floors<br>1  |  |
| County (6)<br>Monmouth   |  |  |  |  |  | Bldg. Age<br>50+  |  |
| County Code (7)<br>(STATE USE ONLY)  |  |  |  |  |  | Current Use (Prior if being demolished)<br>Residential Property   |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>n/a   |  |  |  | ASCM No.<br>n/a  |  | Name of Abatement Contractor (9)<br>Loznica Management Corp   |  |
| Street Address<br>n/a  |  |  |  | Street Address<br>22 Troy Ln   |  |   |  |
| City, State, Zip Code<br>n/a   |  |  |  | City, State, Zip Code<br>Lincoln Park, NJ 07035  |  |   |  |
| Project Manager for Monitoring Firm<br>n/a   |  |  |  | Telephone No.<br>n/a   |  | Telephone No.<br>973-706-7950   |  |
|  |  |  |  |  |  | License No.<br>01193  |  |
| Start Date (10)<br>10-29-13  |  | Scheduled Completion Date (11)<br>10-30-13   |  | Name of OSHA Monitor<br>n/a  |  |   |  |
| 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: Scheduled for Demolition  |  |  |  |  |  | Street Address<br>n/a   |  |
|  |  |  |  |  |  | City, State, Zip Code<br>n/a  |  |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |  |  |  |   |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) |  | Amount (Specify SF or LF)   |  |
|  |  | Yes No N/A   |  |  |  |   |  |
| Exterior   |  |  |  | Asbestos Flat Roof   |  | 200 SF  |  |
|  |  |  |  |  |  |   |  |
|  |  |  |  |  |  |   |  |
|  |  |  |  |  |  |   |  |
| Name of Registered Waste Hauler<br>Loznica Management Corp   |  | NJDEP Waste Hauler ID No.<br>0033137   |  | Cubic Yards of Waste<br>TBD  |  | Name of Registered Landfill<br>GROWS North Landfill   |  |
| City, State<br>Lincoln Park, NJ 07035  |  |  |  | Disposal Date<br>TBD   |  | City, State<br>Morrisville, PA 19067  |  |
| Completed by<br>E. Cirovic   |  | Title<br>Secretary   |  | Signature<br>E. Cirovic  |  | Date<br>10-28-13  |  |

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

|  |   |   |                                       |
|--|---|---|---------------------------------------|
| Date of Notification (1)<br><b>October 28, 2013</b>  |   | Name of Building Owner/Operator (2)<br><b>KMR Carpentry</b>   |                                       |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type of Notification<br><input type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>108 Altier Avenue</b><br>City, State, Zip Code<br><b>Brick, New Jersey 08723</b> |                                       |
|  |   | Name of Contact<br><b>Matthew</b>   | Telephone Number<br><b>[REDACTED]</b> |

**RECEIVED**  
 2013 NOV -1 PM 10:43  
**ASBESTOS CONTROL & LICENSING**

**FACILITY INFORMATION**

|   |                            |   |  |  |                                |
|---|----------------------------|---|--|--|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>  |                            |   | Type of Facility (4)<br><input type="checkbox"/> School (k-12)<br><input type="checkbox"/> Subchapter 8 (other than k-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |  |                                |
| Street Address<br><b>214 Melody Lane</b>  |                            |   | Square feet<br><b>1000 sf</b>  |  |                                |
| City<br><b>Toms River Twp.</b>  | County (6)<br><b>Ocean</b> | County Code (7)<br>(STATE USE ONLY)                               | # of Floors<br><b>1</b>  | Bldg. Age<br><b>60</b>   |                                |
| Current Use (Prior if being demolished)<br><b>Residence</b>   |                            |   |  |  |                                |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>   |                            | ASCM No.  | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b>  |  |                                |
| Street Address  |                            | Street Address<br><b>1889 Route 9, Unit 61</b>                    |  |  |                                |
| City, State, Zip Code   |                            | City, State, Zip Code<br><b>Toms River, New Jersey 08755-1271</b> |  |  |                                |
| Project Manager for Monitoring Firm   |                            | Telephone Number  | Telephone Number<br><b>732-349-9932</b>  |  | License Number<br><b>00624</b> |
| Scheduled Start Date (10)<br><b>11/11/13</b>  |                            | Scheduled Completion Date (11)<br><b>11/13/13</b>                 |  | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b>                             |                                |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____ |                            |   | Street Address<br><b>1056 Stelton Road</b>   |  |                                |
|   |                            |   | City, State, Zip Code<br><b>Piscataway, New Jersey 08854</b>   |  |                                |
| 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) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |   |  |  |  |
|--|--|---|---|--|---------------------------|----------------|---|--|--|--|
|  | R  | R | E |  |                           | E              |   |  |  |  |
|  | E  | P | N | N  |                           |                |   |  |  |  |
|  | M  | A | C | C  |                           |                |   |  |  |  |
|  | O  | I | A | L  |                           |                |   |  |  |  |
|  | V  | R | P | O  |                           |                |   |  |  |  |
|  | A  |   | S | S  |                           |                |   |  |  |  |
|  | L  |   | U | U  |                           |                |   |  |  |  |
|  |  |   | L | R  |                           |                |   |  |  |  |
| Exterior   |  |   |   |  | Asbestos siding           | 900 sf         | X |  |  |  |
|  |  |   |   |  |                           |                |   |  |  |  |
|  |  |   |   |  |                           |                |   |  |  |  |
|  |  |   |   |  |                           |                |   |  |  |  |

|  |  |   |  |  |                           |
|--|--|---|--|--|---------------------------|
| Name of Registered Waste Hauler<br><b>Guardian Contracting, Inc.</b> |  | NJDEP Waste Hauler ID No.<br><b>20223</b> | Cubic Yards of Waste<br><b>3</b>       | Name of Registered Landfill<br><b>T.R.R.F.</b> |                           |
| City, State<br><b>Toms River, New Jersey</b>                         |  | Disposal Date<br><b>11/14/13</b>          |  | City, State<br><b>Tullytown, Pennsylvania</b>  |                           |
| Completed by (Print or Type)<br><b>Nicholas Fernicola</b>            |  | Title<br><b>Project Manager</b>           | Signature<br><i>Nicholas Fernicola</i> |  | Date<br><b>10/28/2013</b> |

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



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

CK#2122

| Date of Notification (1)<br>10/28/13  |   | 2013 NOV -1 PM 10:52   |     | Name of Building Owner/Operator (2)<br>BK of Roxbury, LP  |                           |                              |        |                                     |           |  |
|---|---|--|-----|---|---------------------------|------------------------------|--------|-------------------------------------|-----------|--|
| Agencies Notified<br><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 checked="" type="checkbox"/> OCA  |   | Type Notification<br><input checked="" type="checkbox"/> ASBESTOS CONTROL & LICENSING<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>Ethel Rd Suite 205A<br>City, State, Zip Code<br>Edison NJ 08818<br>Name of Contact<br>Joey<br>Telephone Number<br>[REDACTED]  |                           |                              |        |                                     |           |  |
| Name of Facility Where Abatement is Taking Place (3)<br>Vacant Residence  |   |  |     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter B (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                           |                              |        |                                     |           |  |
| Street Address<br>241 Rt 10   |   |  |     | Square Feet<br>1700   |                           |                              |        |                                     |           |  |
| City (5)<br>Roxbury   |   |  |     | # of Floors<br>2  |                           |                              |        |                                     |           |  |
| County (6)<br>Morris  |   |  |     | Blgd. Age<br>20+  |                           |                              |        |                                     |           |  |
| County Code (7)<br>STATE USE ONLY   |   |  |     | Current Use (Prior if being demolished)<br>Residence  |                           |                              |        |                                     |           |  |
| Name of Monitoring Firm Hired by Building Owner (8)   |   |  |     | Name of Abatement Contractor (9)<br>Ace Insulation Co., Inc.  |                           |                              |        |                                     |           |  |
| Street Address  |   |  |     | Street Address<br>95 Montrose Road  |                           |                              |        |                                     |           |  |
| City, State, Zip Code   |   |  |     | City, State, Zip Code<br>Colts Neck, N.J. 07722   |                           |                              |        |                                     |           |  |
| Project Manager for Monitoring Firm   |   |  |     | Telephone No.<br>732-294-1757   |                           |                              |        |                                     |           |  |
| Start Date (10)<br>11/6/13  |   |  |     | License No.<br>00029  |                           |                              |        |                                     |           |  |
| Scheduled Completion Date (11)<br>11/14/13  |   |  |     | Name of OSHA Monitor  |                           |                              |        |                                     |           |  |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: 7am - 7pm  |   |  |     | Street Address  |                           |                              |        |                                     |           |  |
|   |   |  |     | City, State, Zip Code   |                           |                              |        |                                     |           |  |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |     |   |                           |                              |        |                                     |           |  |
| Location of Asbestos-Containing Material (ACM) In Facility (13)<br>TO BE ABATED   | 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 |  |
| interior loft area  |   |  | X   | Fiberglass  | 153 SF                    | X                            |        |                                     |           |  |
| basement  |   |  | X   | pipe insulation   | 100 LF                    | X                            |        |                                     |           |  |
| basement  |   |  | X   | boiler insulation   | 75 SF                     | X                            |        |                                     |           |  |
| Name of Registered Waste Hauler<br>Ace Insulation Co., Inc.   |   |  |     | NJDEP Waste Hauler ID No.<br>1 086  |                           | Cubic Yards of Waste<br>5    |        | Name of Registered Landfill<br>IESE |           |  |
| City, State<br>Colts Neck, New Jersey   |   |  |     | Disposal Date<br>11/14/13   |                           | City, State<br>Bethlehem, Pa |        |                                     |           |  |
| Completed by<br>George Wuest  |   |  |     | Title<br>President  |                           | Signature<br>George Wuest    |        | Date<br>10/28/13                    |           |  |



(CHECK #)  
RECEIVED

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:121)

|   |  |  |  |
|---|--|--|--|
| Date of Notification (1)<br>10/23/93 1 PM 10:45   |  | Name of Building Owner/Operator (2)<br>AMERICAN CONTRACTORS SERVICES   |  |
| Agencies Notified<br>NJ DEP<br>NJ AED<br>NJ AED<br>NJ AED   |  | Type of Notification<br><input checked="" type="checkbox"/> Planned<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation   |  |
| Street Address<br>2547 FIRE ROAD - UNIT A-1   |  | City, State, Zip Code<br>GODDARD TWP. N.J. 08234   |  |
| Name of Contact<br>Downs  |  | Telephone Number<br>[REDACTED]   |  |
| FACILITY INFORMATION  |  |  |  |
| Name of Facility Where Abatement is Taking Place (3)<br>308 N. ESSEX AVE  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |  |
| City, State, Zip Code<br>MARGATE  |  | Square Feet<br>1000  |  |
| County Code (7) (STATE USE ONLY)<br>ATLANTIC  |  | Total Floors<br>2  |  |
| Name of Monitoring Firm Hired by Building Owner<br>N/A  |  | Current Use (Prior to being demolished)<br>VACANT  |  |
| ASCM No.  |  | Name of Abatement Contractor (9)<br>Klemm Inc.   |  |
| Street Address  |  | Street Address<br>369 S. SPRING AVE  |  |
| City, State, Zip Code   |  | City, State, Zip Code<br>MAPLE SHADE, N.J. 08052   |  |
| Telephone No.   |  | Telephone No.<br>856-774-0422  |  |
| Scheduled Completion Date (11)<br>11/18/93  |  | License No.<br>10144   |  |
| Name of OSHA Monitor<br>Joseph Klemm  |  | Street Address<br>369 S. SPRING AVE  |  |
| City, State, Zip Code   |  | City, State, Zip Code<br>MAPLE SHADE, N.J. 08052   |  |
| <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                       |  |  |  |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Air Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted ("I") and Non-Frangible Procedure |  |  |  |
| Location of Asbestos-Containing Material (ACM) to be Abated<br>SIDING   |  | Is Location Normally Used Solely by Maintenance/Custodial Staff (12)<br>Yes No N/A<br>X  |  |
| Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  |  | Amount (Spec. SF or LF)<br>1500  |  |
| Name of Registered Worker<br>ACUA   |  | City, State<br>PLANTVILLE, N.J.  |  |
| Signature<br>Joseph Klemm   |  | Date<br>10/28/93   |  |



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

|   |  |   |                  |
|---|--|---|------------------|
| Date of Notification: (1)<br>10/29/2013 |  | Name of Building Owner/Operator (2)<br>Sakoutis Brothers Disposal |                  |
| Agencies Notified                       | Type of Notification   | Street Address  |                  |
| <input checked="" type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial Notification     | P O Box 84  |                  |
| <input type="checkbox"/> DEP            | <input type="checkbox"/> Amended Notification                | City, State, Zip Code   |                  |
| <input checked="" type="checkbox"/> DOL | Amendment # _____  | Colts Neck, NJ 07722  |                  |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Emergency (including justification) | Name of Contact   | Telephone Number |
| <input type="checkbox"/> DCA            | <input type="checkbox"/> Cancellation                        | John Sakoutis   |                  |

**FACILITY INFORMATION**

|   |            |  |  |   |                |
|---|------------|--|--|---|----------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Residence                                 |            |  | Type of Facility (4)   |   |                |
| Street Address  |            |  | <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.)   |   |                |
| 1116 Park Lane  |            |  |  |   |                |
| City  | County (6) | County Code (7)<br>(STATE USE ONLY)        | Square feet  | # of Floors                                 | Bldg. Age      |
| Long Branch   | Ocean      |  | 3000 sf  | 2   | 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                             |  |   |                |
|   |            | 1889 Route 9, Unit 61                      |  |   |                |
| City, State, Zip Code   |            | City, State, Zip Code                      |  |   |                |
|   |            | Toms River, New Jersey 08755-1271          |  |   |                |
| Project Manager for Monitoring Firm   |            | Telephone Number                           | Telephone Number   |   | License Number |
|   |            |  | 732-349-9932   |   | 00624          |
| Scheduled Start Date (10)<br>11/14/13   |            | Scheduled Completion Date (11)<br>11/18/13 |  | Name of OSHA Monitor<br>E.M.S.L. Analytical |                |
| Occupancy Status During Abatement (Check only one)  |            |  | Street Address   |   |                |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement     |            |  | 1056 Stelton Road  |   |                |
| <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours                     |            |  | City, State, Zip Code  |   |                |
| <input type="checkbox"/> Other - Describe _____   |            |  | Piscataway, New Jersey 08854   |   |                |
| Scope of Work (Check all that apply)  |            |  | <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 |   |                |
| <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  |   |                |

| 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 roofing   | 3000 sf                                 | X                               |                            |   |   |
|  |  |                                    |     |  |   |                                 |                            |   |   |
|  |  |                                    |     |  |   |                                 |                            |   |   |
|  |  |                                    |     |  |   |                                 |                            |   |   |
| Name of Registered Waste Hauler<br>Guardian Contracting, Inc.                                |  | NJDEP Waste Hauler ID No.<br>20223 |     | Cubic Yards of Waste<br>5  | Name of Registered Landfill<br>T.R.R.F. |                                 |                            |   |   |
| City, State<br>Toms River, New Jersey  |  | Disposal Date<br>11/19/13          |     | City, State<br>Tullytown, Pennsylvania   |   |                                 |                            |   |   |
| Completed by (Print or Type)<br>Nicholas Fernicola   |  | Title<br>Project Manager           |     | Signature<br><i>Nicholas Fernicola</i>   |   |                                 | Date<br>10/29/2013         |   |   |

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



**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 17:27)

**RECEIVED**  
2013 NOV -1 PM 10:11

|   |   |  |  |   |                                     |         |        |             |
|---|---|--|--|---|-------------------------------------|---------|--------|-------------|
| Date of Notification (1)<br><u>10/15/13</u>   |   | Name of Building Owner/Operator (2)<br><u>Hudson Bay LLC</u>   |  |   |                                     |         |        |             |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><u>250 Saddle River Rd</u>   |  |   |                                     |         |        |             |
|   |   | City, State, Zip Code<br><u>Saddle Brook, NJ</u>   |  |   |                                     |         |        |             |
|   |   | Name of Contact<br><u>Frank Grisez</u>   |  |   |                                     |         |        |             |
| <b>FACILITY INFORMATION</b>   |   |  |  |   |                                     |         |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br><u>Warehouse</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>81 N. 5th St</u>   |   | Square Feet  | # of Floors  |   |                                     |         |        |             |
| City (5)<br><u>Saddle Brook</u>   |   | Bldg. Age  |  |   |                                     |         |        |             |
| County (6)<br><u>Bergen</u>   | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)  |  |   |                                     |         |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>EMSL</u>  |   | ASCM No.   | Name of Abatement Contractor (9)<br><u>F. Grisez &amp; Son</u>   |   |                                     |         |        |             |
| Street Address<br><u>307 W 38th St</u>  |   | Street Address<br><u>513 E 32nd St</u>   |  |   |                                     |         |        |             |
| City, State, Zip Code<br><u>NY, NY</u>  |   | City, State, Zip Code<br><u>Paterson NJ</u>  |  |   |                                     |         |        |             |
| Project Manager for Monitoring Firm<br><u>Manager</u>   | Telephone No.<br><u>212-421-6050</u>  | Telephone No.<br><u>973-345-2223</u>   | License No.<br><u>00000021</u>   |   |                                     |         |        |             |
| Start Date (10)<br><u>10/25/13</u>  | Scheduled Completion Date (11)<br><u>11/10/13</u>   | Name of OSHA Monitor<br><u>Same</u>  |  |   |                                     |         |        |             |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |   | Street Address   |  |   |                                     |         |        |             |
|   |   | City, State, Zip Code  |  |   |                                     |         |        |             |
| Scope of Work (Check all that apply)  |   |  |  |   |                                     |         |        |             |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf   |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |                                     |         |        |             |
| Location of Asbestos-Containing Material (ACM) 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 |
| <u>1st Floor</u>  |   |  | <u>VAT</u>   | <u>1684 SF</u>  | <input checked="" type="checkbox"/> |         |        |             |
| <u>1st Floor</u>  |   |  | <u>Mastic</u>  | <u>1684 SF</u>  | <input checked="" type="checkbox"/> |         |        |             |
| <u>Boiler Room</u>  |   |  | <u>Boiler Insul</u>  | <u>21 SF</u>  | <input checked="" type="checkbox"/> |         |        |             |
| <u>1st Floor</u>  |   |  | <u>Ceiling Tile</u>  | <u>320 SF</u>   | <input checked="" type="checkbox"/> |         |        |             |
| Name of Registered Waste Hauler<br><u>Eastern Waste</u>   |   | NJDEP Waste Hauler ID No.<br><u>15027</u>  | Cubic Yards of Waste   | Name of Registered Landfill<br><u>Imperial Landfill</u> |                                     |         |        |             |
| City, State<br><u>Freehold NJ</u>   |   | Disposal Date  | City, State<br><u>Imperial PA</u>  |   |                                     |         |        |             |
| Completed By<br><u>Frank Grisez</u>   | Title<br><u>President</u>   | Signature<br><u>[Signature]</u>  | Date<br><u>10/15/13</u>  |   |                                     |         |        |             |

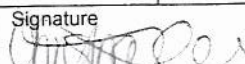


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**RECEIVED**

**2013 NOV -1 PM 10:33**

**ASBESTOS CONTROL  
& LICENSING**

|  |   |   |  |   |                |         |        |             |           |
|--|---|---|--|---|----------------|---------|--------|-------------|-----------|
| Date of Notification (1)<br>October 28, 2013   |   | Name of Building Owner/Operator (2)<br>David Hunter    Check # 6152   |  |   |                |         |        |             |           |
| Agencies Notified  | Type Notification   | Street Address<br>260 Windsor Avenue  |  |   |                |         |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____  | City, State, Zip Code<br>Haddonfield, NJ 08033  |  |   |                |         |        |             |           |
| <input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Name of Contact<br>David Hunter   | 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>260 Windsor Avenue   |   | Square Feet<br>3,000  | # of Floors<br>2   |   |                |         |        |             |           |
| City (5)<br>Haddonfield  |   | Bldg. Age<br>100  |  |   |                |         |        |             |           |
| County (6)<br>Camden   | 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>Management & Enviro. Consulting Services  |   | ASCM No. _____  | Name of Abatement Contractor (9)<br>Shade Environmental, LLC   |   |                |         |        |             |           |
| Street Address<br>P.O. Box 341   |   | Street Address<br>623 Cutler Ave.   |  |   |                |         |        |             |           |
| City, State, Zip Code<br>Chesterfield, NJ 08515  |   | City, State, Zip Code<br>Maple Shade, NJ 08052  |  |   |                |         |        |             |           |
| Project Manager for Monitoring Firm<br>Bill Weisgarber   |   | Telephone No.<br>609-298-4070   | License No.<br>00842   |   |                |         |        |             |           |
| Start Date (10)<br>November 6, 2013  | Scheduled Completion Date (11)<br>November 8, 2013  | Name of OSHA Monitor<br>EMSL  |  |   |                |         |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Street Address<br>107 Haddon Ave  |  |   |                |         |        |             |           |
|  |   | City, State, Zip Code<br>Westmont, New Jersey 08108   |  |   |                |         |        |             |           |
| Scope of Work (Check All That Apply)   |   |   |  |   |                |         |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |  |   |                |         |        |             |           |
|  |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |                |         |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                 |   | Description of Asbestos Containing Material (ACM). (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 |
| Attic  |   | X   |  | Pipe Insulation (Glovebag)                    | 16 LF          | xxx     |        |             |           |
| Basement   |   | X   |  | Boiler Insulation                             | 50 SF          | xxx     |        |             |           |
| Basement   |   | X   |  | Pipe Insulation                               | 1 LF           | xxx     |        |             |           |
| Name of Registered Waste Hauler<br>Freehold  |   | NJDEP Waste Hauler ID No.<br>22253  | Cubic Yards of Waste<br>2  | Name of Registered Landfill<br>Grows Landfill |                |         |        |             |           |
| City, State<br>Mount Holly, New Jersey 08060   |   |   | Disposal Date<br>11/08/2013  | City, State<br>Tullytown, PA.                 |                |         |        |             |           |
| Completed by<br>Christina Lynch  |   | Title<br>Operations Manager   | Signature<br>                            | Date<br>10/28/2013                            |                |         |        |             |           |

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

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br><b>October 28, 2013</b> |  | Name of Building Owner/Operator (2)<br><b>A 2013 Services</b> |  |
| Agencies Notified                                   | Type of Notification   | Street Address<br><b>405 Richards Avenue</b>                  |  |
| <input checked="" type="checkbox"/> EPA             | <input checked="" type="checkbox"/> Initial Notification     | City, State, Zip Code<br><b>Dover, NJ 07801</b>               |  |
| <input type="checkbox"/> DEP                        | <input type="checkbox"/> Amended Notification                |   |  |
| <input checked="" type="checkbox"/> DOL             | <input type="checkbox"/> Amendment # _____                   | Name of Contact<br><b>Vi</b>                                  |  |
| <input type="checkbox"/> DOH                        | <input type="checkbox"/> Emergency (including justification) |   |  |
| <input type="checkbox"/> DCA                        | <input type="checkbox"/> Cancellation                        | Telephone Number<br><b>[REDACTED]</b>                         |  |

**FACILITY INFORMATION**

|   |                            |   |   |  |                                |
|---|----------------------------|---|---|--|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>  |                            |   | Type of Facility (4)  |  |                                |
| Street Address<br><b>119 West Chadwick</b>  |                            |   | <input type="checkbox"/> School (k-12)                                |  |                                |
|   |                            |   | <input type="checkbox"/> Subchapter 8 (other than k-12)               |  |                                |
| <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)   |                            |   |   |  |                                |
| City<br><b>Toms River Twp.</b>  | County (6)<br><b>Ocean</b> | County Code (7)<br>(STATE USE ONLY)               | Square feet<br><b>800 sf</b>  | # of Floors<br><b>1</b>  | Bldg. Age<br><b>60</b>         |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>   |                            |   | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b> |  |                                |
| Street Address  |                            |   | Street Address<br><b>1889 Route 9, Unit 61</b>                        |  |                                |
| City, State, Zip Code   |                            |   | City, State, Zip Code<br><b>Toms River, New Jersey 08755-1271</b>     |  |                                |
| Project Manager for Monitoring Firm   |                            | Telephone Number                                  | Telephone Number<br><b>732-349-9932</b>                               |  | License Number<br><b>00624</b> |
| Scheduled Start Date (10)<br><b>11/11/13</b>  |                            | Scheduled Completion Date (11)<br><b>11/12/13</b> |   | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b>                             |                                |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____ |                            |   | Street Address<br><b>1056 Stelton Road</b>                            |  |                                |
|   |                            |   | City, State, Zip Code<br><b>Piscataway, New Jersey 08854</b>          |  |                                |
| 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)<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   | 700 sf                    | X                                    |                            |   |   |
|  |  |   |  |   |                           |                                      |                            |   |   |
|  |  |   |  |   |                           |                                      |                            |   |   |
|  |  |   |  |   |                           |                                      |                            |   |   |

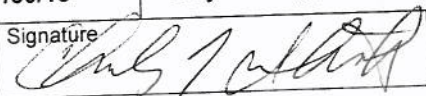
|  |   |   |  |
|--|---|---|--|
| Name of Registered Waste Hauler<br><b>Guardian Contracting, Inc.</b> | NJDEP Waste Hauler ID No.<br><b>20223</b> | Cubic Yards of Waste<br><b>3</b>              | Name of Registered Landfill<br><b>T.R.R.F.</b> |
| City, State<br><b>Toms River, New Jersey</b>                         | Disposal Date<br><b>11/13/13</b>          | City, State<br><b>Tullytown, Pennsylvania</b> |  |
| Completed by (Print or Type)<br><b>Nicholas Fernicola</b>            | Title<br><b>Project Manager</b>           | Signature<br><i>Nicholas Fernicola</i>        | Date<br><b>10/28/2013</b>                      |

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



CK# 22375

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

|  |  |   |   |  |                           |                                     |                          |                          |                          |
|--|--|---|---|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>10 / 28 / 13</b>  |  | Name of Building Owner/Operator (2)<br><b>New Jersey Turnpike Authority</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 type="checkbox"/> DCA (NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>581 Main Street</b>  |   |  |                           |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br><b>Woodbridge, NJ 07095</b>  |   |  |                           |                                     |                          |                          |                          |
|  |  | Name of Contact<br><b>Richard J. Raczynski</b>  | Telephone Number<br>[REDACTED]  |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |   |   |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Interchange Exit 5 New Jersey Turnpike</b>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |   |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>Exit 5 Toll Utility Building - South</b>  |  | Square Feet<br><b>1,500</b>   | # of Floors<br><b>1</b>   |  |                           |                                     |                          |                          |                          |
| City (5)<br><b>Mt. Holly</b>   |  | Bldg. Age<br><b>40</b>  |   |  |                           |                                     |                          |                          |                          |
| County (6)<br><b>Burlington</b>  | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)<br><b>Utility Building</b>  |   |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Pennoni Associates</b>   | ASCM No.   | Name of Abatement Contractor (9)<br><b>Diamond Huntbach Construction Corporation</b>  |   |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>515 Grove Street, Suite 1B</b>  |  | Street Address<br><b>500 East Luzerne Street</b>  |   |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Haddon Heights, NJ 08035</b>   |  | City, State, Zip Code<br><b>Philadelphia, PA 19124</b>  |   |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Alan Lloyd</b>   | Telephone No.<br><b>856 547 0505</b>   | Telephone No.<br><b>215-739-8166</b>  | License No.<br><b>00646</b>   |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br><b>11 / 08 / 13</b>   | Scheduled Completion Date (11)<br><b>11 / 10 / 13</b>  | Name of OSHA Monitor<br><b>SAME AS ABOVE</b>  |   |  |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>7AM-5PM</b> / ____ PM - ____ AM |  | Street Address  |   |  |                           |                                     |                          |                          |                          |
|  |  | City, State, Zip Code   |   |  |                           |                                     |                          |                          |                          |
| 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"/> 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 doors, windows, louvers   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>  | Caulking   | 200 LF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>  |  |                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Diamond Huntbach Construction</b>  |  | NJDEP Waste Hauler ID No.<br><b>19689</b>   | Cubic Yards of Waste<br><b>1 CY</b>   | Name of Registered Landfill<br><b>Minerva</b>  |                           |                                     |                          |                          |                          |
| City, State<br><b>Philadelphia, PA 19124</b>   |  | Disposal Date<br><b>11/30/13</b>  |   | City, State<br><b>Waynesburg, OH 44688</b>   |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Charles F. Imbimbo</b>  | Title<br><b>Project Manager</b>  |   | Signature<br> |  |                           | Date<br><b>10/28/13</b>             |                          |                          |                          |



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

CR # 2517

| Date of Notification (1)<br><b>10/28/13</b>  |   | Name of Building Owner / Operator (2)<br><b>State of New Jersey Department of Human Services</b>  |  |   |                           |                                     |                          |                          |                          |
|--|---|---|--|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended R#1-10/29/13<br><input type="checkbox"/> Emergency<br><input type="checkbox"/> Cancellation | Street Address<br><b>P.O. Box 700, 222 South Warren Street</b><br>City, State & Zip Code<br><b>Trenton, NJ 08625</b><br>Name of Contact<br><b>Pam Harlan</b>  |  |   |                           |                                     |                          |                          |                          |
|  |   | Telephone Number<br>  |  |   |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |   |   |  |   |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Woodbridge Developmental – Exterior Grounds</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>1289 Rahway Avenue</b>  |   | Square Feet<br><b>N/A</b>   |  |   |                           |                                     |                          |                          |                          |
| City (5)<br><b>Avenel</b>  | County (6)<br><b>Middlesex</b>  | # of Floors<br><b>N/A</b>   |  |   |                           |                                     |                          |                          |                          |
| County Code (7)<br>  |   | Current Use (Prior if being demolished)<br><b>Various Services</b>  |  |   |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Environmental Connection Inc.</b>  |   | ASCM No.<br>  | Name of Abatement Contractor (9)<br><b>Bristol Environmental, Inc.</b> |   |                           |                                     |                          |                          |                          |
| Street Address<br><b>120 North Warren Street</b>   |   | Street Address<br><b>1123 Beaver Street</b>   |  |   |                           |                                     |                          |                          |                          |
| City, State & Zip Code<br><b>Trenton, NJ 08608</b>   |   | City, State & Zip Code<br><b>Bristol, PA 19007</b>  |  |   |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Brian Holbig</b>   |   | Telephone Number<br><b>609-392-4200</b>   | License Number<br><b>00509</b>   |   |                           |                                     |                          |                          |                          |
| Scheduled Start Date (10)<br><b>10/29/13 (Rev #1-10/31/13)</b>   | Scheduled Completion Date (11)<br><b>10/31/13</b>   | Name of OSHA Monitor<br><b>Bristol Environmental Inc.</b>   |  |   |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm<br>Describe: <b>8:00 AM – 4:30 PM</b><br><input checked="" type="checkbox"/> Facility Occupied During Abatement 7:00 – 3:30 |   | Street Address<br><b>1123 Beaver Street</b><br>City, State & Zip Code<br><b>Bristol, PA 19007</b>   |  |   |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |   |   |  |   |                           |                                     |                          |                          |                          |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf ≥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 checked="" type="checkbox"/> Glove Bag Procedures<br><input type="checkbox"/> Non-Exempted and Non-Friable Procedure |  |   |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)   | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)  |   |  | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|  | Yes   | No  | N/A  |   |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>Rickwell between Cottages #2 &amp; #3</b>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   | <b>Pipe insulation</b>  | <b>30 LF</b>              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Rev #1-Add'l. Scope of Work same area</b>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   | <b>Pipe Insulation</b>  | <b>20 LF</b>              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Service Transport Inc.</b>   |   | NJDEP Waste Hauler ID No.<br><b>20990</b>   | Cubic Yards of Waste<br><b>1 Cu YD</b>                                 | Name of Registered Landfill<br><b>Minerva Landfill</b>  |                           |                                     |                          |                          |                          |
| City, State<br><b>New Castle, DE</b>   |   | Disposal Date<br><b>10/7/11</b>   | City, State<br><b>Waynesburg, OH</b>                                   |   |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Gino Pizzigoni</b>  |   | Title<br><b>Project Manager</b>   | Signature<br><i>Gino Pizzigoni / jh</i>                                |   |                           |                                     |                          | Date<br><b>10/28/13</b>  |                          |



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

*Ch 1022*  
*2022*

|  |  |   |  |
|--|--|---|--|
| Date of Notification (1)<br><b>10/25/2013</b>  |  | Name of Building Owner/Operator (2)<br><b>Divine Mercy Parish</b> |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>67 Fitch Street</b>                          |  |
|  |  | City, State, Zip Code<br><b>Carteret NJ</b>                       |  |
|  |  | Name of Contact<br><b>Father Edumdo Shallow</b>                   |  |
|  |  | Telephone Number<br>[REDACTED]                                    |  |

|   |  |  |   |   |                         |
|---|--|--|---|---|-------------------------|
| <b>FACILITY INFORMATION</b><br>Name of Facility Where Abatement is Taking Place (3)<br><b>Private Property</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>67 Fitch Street</b>  |  |  | Square Feet<br><b>1200</b>  | # of Floors<br><b>2</b>                                   | Bldg. Age<br><b>+50</b> |
| City (5)<br><b>Carteret NJ</b>  |  |  | Current Use (Prior if being demolished)   |   |                         |
| County (6)<br><b>Middlesex County</b>   |  |  | County Code (7)<br>(STATE USE ONLY) _____   |   |                         |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>   |  | ASCM No.<br><b>N/A</b>                                 | Name of Abatement Contractor (9)<br><b>First Phase Group Inc</b>  |   |                         |
| Street Address<br><b>N/A</b>  |  | Street Address<br><b>567-52nd Street Suite#16</b>      |   |   |                         |
| City, State, Zip Code<br><b>N/A</b>   |  | City, State, Zip Code<br><b>West New York NJ 07093</b> |   |   |                         |
| Project Manager for Monitoring Firm<br><b>N/A</b>   |  | Telephone No.<br><b>N/A</b>                            | Telephone No.<br><b>201-758-7158</b>  | License No.<br><b>00114</b>                               |                         |
| Start Date (10)<br><b>11/7/2013</b>   |  | Scheduled Completion Date (11)<br><b>11/12/2013</b>    |   | Name of OSHA Monitor<br><b>J&amp;S Environmental Corp</b> |                         |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: <u>8 hours</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)<br><input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition |  |  |  |  |  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |  |  |  |
|---|--|--|--|--|--|---|--|--|--|--|--|

| Location of Asbestos-Containing Material (ACM) 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 floor   |   |    | x   | floor tile  | 265LF                     | x              |        |             |           |
| basement  |   |    | x   | Pipe insulation and debris  | 175 LF                    | x              |        |             |           |
| Roof  |   |    | x   | roofing material  | 800SF                     | x              |        |             |           |
| Exterior  |   |    | x   | window caulking   | 45 Windows                | x              |        |             |           |

|  |  |   |                                    |   |                           |
|--|--|---|------------------------------------|---|---------------------------|
| Name of Registered Waste Hauler<br><b>Tri State Transfer Assoc Inc</b> |  | NJDEP Waste Hauler ID No.<br><b>19551</b> | Cubic Yards of Waste               | Name of Registered Landfill<br><b>Minerva Enterprises</b> |                           |
| City, State<br><b>1199 Randall Ave Bronx NY</b>                        |  | Disposal Date                             |                                    | City, State<br><b>waynesburg OH 44688</b>                 |                           |
| Completed by<br><b>Edwin Precilla</b>                                  |  | Title<br><b>Project Manager</b>           | Signature<br><i>Edwin Precilla</i> |   | Date<br><b>10/25/2013</b> |



**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:68 and 12:120)

CR 4746

|  |   |   |   |   |                         |             |
|--|---|---|---|---|-------------------------|-------------|
| Date of Notification (1)<br><b>10-28-13</b>  |   | Name of Building Owner/Operator (2)<br><b>A. MARTINI</b>  |   |   |                         |             |
| Agency Notified<br><br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>142 RAMAPO VALLEY ROAD</b>   |   |   |                         |             |
|  |   | City, State, Zip Code<br><b>MAHWAH, NJ 07430</b>  |   |   |                         |             |
|  |   | Name of Contact<br><b>A. MARTINI</b>  |   |   |                         |             |
| <b>FACILITY INFORMATION</b>  |   |   |   |   |                         |             |
| Name of Facility Where Abatement is Taking Place (3)<br><b>A. MARTINI</b>  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                                 |   |   |                         |             |
| Street Address<br><b>142 RAMAPO VALLEY ROAD</b>  |   | Square Feet<br><b>1650</b>  | # of Floors<br><b>2</b>                                     |   |                         |             |
| City (5)<br><b>MAHWAH</b>  |   | Side, Age<br><b>72 yrs</b>  |   |   |                         |             |
| County (5)<br><b>BERGEN</b>  |   | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>RESIDENCE</b> |   |                         |             |
| Name of Monitoring Firm Hired by Building Owner (6)  |   | Name of Abatement Contractor (8)  |   |   |                         |             |
| Street Address   |   | Street Address<br><b>450 S. River St</b>  |   |   |                         |             |
| City, State, Zip Code  |   | City, State, Zip Code<br><b>Hackensack, N.J. 07601</b>  |   |   |                         |             |
| Project Manager for Monitoring Firm  |   | Telephone No.<br><b>201-329-7444</b>  | License No.<br><b>00388</b>                                 |   |                         |             |
| Start Date (10)<br><b>11-7-13</b>  | Scheduled Completion Date (11)<br><b>11-8-13</b>  | Name of OSHA Monitor<br><b>Omega Environmental Inc</b>  |   |   |                         |             |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: |   | Street Address<br><b>280 Huyler St</b>  |   |   |                         |             |
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> ≥ 3 sf or ≥ 2 SF<br><input type="checkbox"/> ≥ 160 sf or ≥ 260 SF  |   | City, State, Zip Code<br><b>South Hackensack, N.J. 07606</b>  |   |   |                         |             |
| <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 checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure |   |   |                         |             |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A   | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  | Amount (Specify SF or LF)                                   | Abatement Type  |                         |             |
|  |   |   |   | Removal   | Repair                  | Encapsulate |
| <b>BASEMENT</b>  | <input checked="" type="checkbox"/>   | <b>THEATRICAL INSULATION</b>  | <b>85 LF X</b>  |   |                         |             |
| Name of Registered Waste Hauler<br><b>Best Removal Inc</b>   |   | NJDEP Waste Hauler ID No.<br><b>17109</b>   | Cubic Yards of Waste<br><b>3/4 YD</b>                       | Name of Registered Landfill<br><b>Minerva Enterprises</b> |                         |             |
| City, State<br><b>Hackensack, N.J. 07601</b>   |   | Disposal Date<br><b>11-8-13</b>   | City, State<br><b>Waynesburg, Oh</b>                        |   | Date<br><b>10-28-13</b> |             |
| Completed by<br><b>R. VELDRAN</b>  |   | Title<br><b>Estimator</b>   |   | Signature<br><b>R. Veldran</b>                            |                         |             |

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



CHECK #  
3015

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

RECEIVED

2013 NOV -1 PM 10:28

ASBESTOS CONTROL  
LICENSE #

|  |  |  |   |  |        |
|--|--|--|---|--|--------|
| Date of Notification (1)<br><u>10/29/13</u>  |  | Name of Building Owner/Operator (2)<br><u>PINELANDS CONSTRUCTION</u>   |   |  |        |
| Agencies Notified<br><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 checked="" 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><u>300 77TH ST.</u>                     |  |        |
|  |  |  | City, State, Zip Code<br><u>SEA ISLE CITY, N.J. 08243</u> |  |        |
|  |  | Name of Contact<br><u>FRANK EDUARDI</u>  | Telephone Number<br>[REDACTED]                            |  |        |
| 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>129 71ST ST.</u>  |  | Square Feet  | # of Floors   |  |        |
| City (5)<br><u>SEA ISLE CITY</u>   |  | Bldg. A  |   |  |        |
| County (6)<br><u>CAPE MAY</u>  | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)<br><u>VACANT</u>   |   |  |        |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>N/A</u>  |  | ASCM No.   | Name of Abatement Contractor (9)<br><u>KLEMMCO INC.</u>   |  |        |
| Street Address   |  | Street Address<br><u>369 S. SPRUCE AVE.</u>  |   |  |        |
| City, State, Zip Code  |  | City, State, Zip Code<br><u>MAPLE SHADE, N.J. 08051</u>  |   |  |        |
| Project Manager for Monitoring Firm  |  | Telephone No.<br><u>856-779-0472</u>   | License No.<br><u>00444</u>                               |  |        |
| Start Date (10)<br><u>11/12/13</u>   | Scheduled Completion Date (11)<br><u>11/19/13</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. 08051</u>  |   |  |        |
| Scope of Work (Check all that apply)   |  |  |   |  |        |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf   |  | <input type="checkbox"/> Renovation<br><input 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 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 No N/A<br><u>X</u>  | 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>1500 LF</u>               | Abatement Type                                     |        |
|  |  |  |   | Removal  | Repair |
|  |  |  |   | <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                                      | Name of Registered Landfill<br><u>C.M.C.M.V.A.</u> |        |
| City, State<br><u>MAPLE SHADE, N.J.</u>  |  | Disposal Date  | City, State<br><u>WOODBINE, 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>10/29/13</u>                                   |  |        |



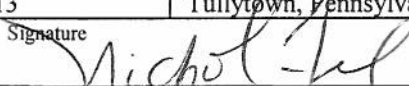
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

|   |  |  |                  |
|---|--|--|------------------|
| Date of Notification (1)<br><b>October 29, 2013</b> |  | Name of Building Owner/Operator (2)<br><b>Home Mark Homes</b> <span style="float: right;">u 22890</span> |                  |
| Agencies Notified                                   | Type of Notification   | Street Address   |                  |
| <input checked="" type="checkbox"/> EPA             | <input checked="" type="checkbox"/> Initial Notification     | <b>509 Drum Point Road</b>   |                  |
| <input type="checkbox"/> DEP                        | <input type="checkbox"/> Amended Notification                | City, State, Zip Code  |                  |
| <input checked="" type="checkbox"/> DOL             | Amendment # _____  | <b>Brick, New Jersey 08723</b>   |                  |
| <input checked="" type="checkbox"/> DOH             | <input type="checkbox"/> Emergency (including justification) | Name of Contact  | Telephone Number |
| <input type="checkbox"/> DCA                        | <input type="checkbox"/> Cancellation                        | <b>Dennis McKenna</b>  |                  |

**FACILITY INFORMATION**

|   |  |   |   |                                |
|---|--|---|---|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>  |  |   | Type of Facility (4)  |                                |
| Street Address<br><b>9 Santiago Drive</b>   |  |   | <input type="checkbox"/> School (k-12)                                |                                |
|   |  |   | <input type="checkbox"/> Subchapter 8 (other than k-12)               |                                |
| City<br><b>Brick</b>  |  |   | County (6)<br><b>Ocean</b>  |                                |
| County Code (7)<br>(STATE USE ONLY)   |  |   | Square feet<br><b>900 sf</b>  |                                |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>   |  |   | ASCM No.  |                                |
|   |  |   | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b> |                                |
| Street Address  |  |   | Street Address<br><b>1889 Route 9, Unit 61</b>                        |                                |
| City, State, Zip Code   |  |   | City, State, Zip Code<br><b>Toms River, New Jersey 08755-1271</b>     |                                |
| Project Manager for Monitoring Firm   |  | Telephone Number                                  | Telephone Number<br><b>732-349-9932</b>                               | License Number<br><b>00624</b> |
| Scheduled Start Date (10)<br><b>11/14/13</b>  |  | Scheduled Completion Date (11)<br><b>11/15/13</b> |   |                                |
| Occupancy Status During Abatement (Check only one)  |  |   | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b>                    |                                |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement   |  |   | Street Address<br><b>1056 Stelton Road</b>                            |                                |
| <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours   |  |   | City, State, Zip Code<br><b>Piscataway, New Jersey 08854</b>          |                                |
| <input type="checkbox"/> Other - Describe _____   |  |   |   |                                |
| 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<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> <input type="checkbox"/> <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   | 850 sf                    | X                               |                            |   |   |
|  |  |   |  |   |                           |                                 |                            |   |   |
|  |  |   |  |   |                           |                                 |                            |   |   |
|  |  |   |  |   |                           |                                 |                            |   |   |

|  |   |   |  |
|--|---|---|--|
| Name of Registered Waste Hauler<br><b>Guardian Contracting, Inc.</b> | NJDEP Waste Hauler ID No.<br><b>20223</b> | Cubic Yards of Waste<br><b>2</b>  | Name of Registered Landfill<br><b>T.R.R.F.</b> |
| City, State<br><b>Toms River, New Jersey</b>                         | Disposal Date<br><b>11/18/13</b>          | City, State<br><b>Tullytown, Pennsylvania</b>   |  |
| Completed by (Print or Type)<br><b>Nicholas Fernicola</b>            | Title<br><b>Project Manager</b>           | Signature<br> | Date<br><b>10/29/2013</b>                      |

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



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

|  |   |  |  |
|--|---|--|--|
| Date of Notification (1)<br><p style="text-align: center;">10/29/2013</p>  |   | Name of Building Owner/Operator (2)<br><p style="text-align: center;">Sakoutis Brothers Disposal</p>   |  |
| 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 type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><p style="text-align: center;">P O Box 84</p><br>City, State, Zip Code<br><p style="text-align: center;">Colts Neck, NJ 07722</p><br>Name of Contact<br><p style="text-align: center;">John Sakoutis</p> |  |
|  |   | Telephone Number<br><p style="text-align: center;">[REDACTED]</p>  |  |

**RECEIVED**  
2013 NOV -1 PM 10:29

**ASBESTOS CONTROL & LICENSING**

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| Name of Facility Where Abatement is Taking Place (3)<br><p style="text-align: center;">Residence</p>  |  |   | 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><p style="text-align: center;">122 N Street</p>   |  |   | Square feet<br><p style="text-align: center;">1000 sf</p>  |  |  |
| City<br><p style="text-align: center;">Seaside Park</p>   | County (6)<br><p style="text-align: center;">Ocean</p> | County Code (7)<br>(STATE USE ONLY)   | # of Floors<br><p style="text-align: center;">1</p>  | Bldg. Age<br><p style="text-align: center;">60</p>                             |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><p style="text-align: center;">N/A</p>   |  |   | Name of Abatement Contractor (9)<br><p style="text-align: center;">Guardian Contracting, Inc.</p>  |  |  |
| Street Address  |  |   | Street Address<br><p style="text-align: center;">1889 Route 9, Unit 61</p>   |  |  |
| City, State, Zip Code   |  |   | City, State, Zip Code<br><p style="text-align: center;">Toms River, New Jersey 08755-1271</p>  |  |  |
| Project Manager for Monitoring Firm   |  | Telephone Number  | Telephone Number<br><p style="text-align: center;">732-349-9932</p>  |  | License Number<br><p style="text-align: center;">00624</p> |
| Scheduled Start Date (10)<br><p style="text-align: center;">10/30/13</p>  |  | Scheduled Completion Date (11)<br><p style="text-align: center;">10/31/13</p> |  | Name of OSHA Monitor<br><p style="text-align: center;">E.M.S.L. Analytical</p> |  |
| 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><p style="text-align: center;">1056 Stelton Road</p>   |  |  |
|   |  |   | City, State, Zip Code<br><p style="text-align: center;">Piscataway, New Jersey 08854</p>   |  |  |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> >3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |  |   | <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 |  |  |
|   |  |   | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |  |  |

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12)<br><br>YES   NO   N/A |   |  | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | 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  | 900 sf                    | X                               |                            |   |   |
|   |  |   |  |  |                           |                                 |                            |   |   |
|   |  |   |  |  |                           |                                 |                            |   |   |
|   |  |   |  |  |                           |                                 |                            |   |   |

|  |   |   |  |
|--|---|---|--|
| Name of Registered Waste Hauler<br><p style="text-align: center;">Guardian Contracting, Inc.</p> | NJDEP Waste Hauler ID No.<br><p style="text-align: center;">20223</p> | Cubic Yards of Waste<br><p style="text-align: center;">2</p>              | Name of Registered Landfill<br><p style="text-align: center;">T.R.R.F.</p> |
| City, State<br><p style="text-align: center;">Toms River, New Jersey</p>                         | Disposal Date<br><p style="text-align: center;">11/1/13</p>           | City, State<br><p style="text-align: center;">Tullytown, Pennsylvania</p> |  |
| Completed by (Print or Type)<br><p style="text-align: center;">Nicholas Fernicola</p>            | Title<br><p style="text-align: center;">Project Manager</p>           | Signature<br>   | Date<br><p style="text-align: center;">10/29/2013</p>                      |

Linkg...7

Oct 28 2013 08:31am

P001/001

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:120)

Date: 10/28/13 Time: 1:33

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br>10/26/13  |  | Name of Building Owner/Operator (2)<br>Lorraine Gambert   |  |
| 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>61 Freeman St., 5th floor   |  | City, State, Zip Code<br>Newark, NJ 07105   |  |
| Name of Contact<br>Jamine Bush  |  | Telephone Number  |  |
| FACILITY INFORMATION  |  |   |  |
| Name of Facility Where Abatement Is Taking Place (3)<br>Single family Shore House   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                             |  |
| Street Address<br>227 South Court   |  | Square Feet<br># of Floors<br>Bldg. Age   |  |
| City (5)<br>Lavallette NJ 08735   |  | 506-  |  |
| County (6)<br>Ocean   |  | County Code (7)<br>(STATE USE ONLY)   |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>EPC Technologies   |  | Name of Abatement Contractor (9)<br>EPC Technologies Inc  |  |
| Street Address<br>P.O. Box 337  |  | Street Address<br>P.O. Box 337  |  |
| City, State, Zip Code<br>New Egypt, NJ 08533  |  | City, State, Zip Code<br>New Egypt NJ 08533   |  |
| Project Manager for Monitoring Firm<br>Steve Schenker   |  | Telephone No.<br>609 758-3365   |  |
| Start Date (10)<br>10-30-13   |  | Scheduled Completion Date (11)<br>11-1-13   |  |
| 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:  |  | Name of OSHA Monitor<br>EPC Technologies Inc  |  |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> 23 sf or 23 lf<br><input checked="" type="checkbox"/> 2160 sf or 2260 lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  | Street Address<br>P.O. Box 337  |  |
| City, State, Zip Code<br>New Egypt NJ 08533   |  |   |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)<br>Exterior Walls  |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A   |  |
| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)<br>Siding Shingles  |  | Amount (Specify SF or LF)<br>1000 SF  |  |
| Abatement Type<br>Removal Repair Encapsulate Enclosure  |  |   |  |
| Name of Registered Waste Hauler<br>EPC Technologies   |  | NJDEP Waste Hauler ID No.<br>17000  |  |
| City, State<br>New Egypt NJ   |  | Cubic Yards of Waste<br>6   |  |
| Disposal Date<br>11-1-13  |  | Name of Registered Landfill<br>Waste Management of PA   |  |
| City, State<br>Morrisville PA   |  |   |  |
| Completed by<br>Steve Schenker  |  | Signature<br>Steve Schenker   |  |
| Title<br>President  |  | Date<br>10/26/13  |  |

ASB-41 (R-06-08)

10/28/2013 10:10:11 AM

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

2013 NOV 1 - AON ENZ

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CHECK #  
3017  
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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

2013 NOV -1 PM 10:27

ASBESTOS CONTROL  
& LICENSING

|   |  |
|---|--|
| Date of Notification (1)<br><u>10/30/13</u>   | Name of Building Owner/Operator (2)<br><u>FAITH TECH CONTRACTING</u> |
| 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>155 RT. 50</u>                                  |
|   | City, State, Zip Code<br><u>GREENFIELD, N.J. 08230</u>               |
|   | Name of Contact<br><u>BRUCE BREUNIG</u>                              |
|   | Telephone Number<br><u>[REDACTED]</u>                                |

FACILITY INFORMATION

|  |  |
|--|--|
| Name of Facility Where Abatement is Taking Place (3)<br><u>RESIDENCE</u> | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |
| Street Address<br><u>109 W. 17TH ST.</u>                                 | Square Feet<br><u>1000</u>   |
| City (5)<br><u>OCEAN CITY</u>  | # of Floors<br><u>2</u>  |
| County (6)<br><u>CAPE MAY</u>  | Bldg Age<br><u>40+</u>   |
| County Code (7) (STATE USE ONLY)   | Current Use (Prior to being demolished)<br><u>VACANT</u>   |

|   |               |   |
|---|---------------|---|
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>N/A</u> | ASCM No.      | Name of Abatement Contractor (9)<br><u>KLEMMCO INC.</u> |
| Street Address  |               | Street Address<br><u>369 S. SPRUCE AVE.</u>             |
| City, State, Zip Code   |               | City, State, Zip Code<br><u>MAPLE SHADE, N.J. 08052</u> |
| Project Manager for Monitoring Firm                               | Telephone No. | Telephone No.<br><u>856-779-0422</u>                    |
|   |               | License No.<br><u>00444</u>                             |

|   |   |   |
|---|---|---|
| Start Date (10)<br><u>11/12/13</u>  | Scheduled Completion Date (11)<br><u>11/19/13</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"/> 23 sq ft or 23 lb     | <input type="checkbox"/> Renovation            | <input type="checkbox"/> Full Containment with Negative Pressure      |
| <input type="checkbox"/> 2160 sq ft or 2260 lb | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Min. Enclosure                               |
|  |  | <input type="checkbox"/> Glovebag Procedure                           |
|  |  | <input type="checkbox"/> Non-Exempted (1) and Non-Frangible Procedure |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12) | 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 LB) | Abatement Type |           |
|--|---|----|----------|---|---------------------------|----------------|-----------|
|  | YES   | NO | N/A      |   |                           | Removal        | Enclosure |
| <u>SIDING</u>  |   |    | <u>X</u> | <u>TRANSITE</u>   | <u>400#</u>               | <u>X</u>       |           |
|  |   |    |          |   |                           |                |           |
|  |   |    |          |   |                           |                |           |

|  |   |                                      |  |
|--|---|--------------------------------------|--|
| Name of Registered Waste Hauler<br><u>KLEMMCO INC.</u> | NJDEP Waste Hauler ID No.<br><u>17904</u> | Cubic Yards of Waste<br><u>5</u>     | Name of Registered Landfill<br><u>C.M.C.M.U.A.</u> |
| City, State<br><u>MAPLE SHADE, N.J. 08052</u>          | Disposal Date                             | City, State<br><u>WOODBINE, N.J.</u> |  |
| Completed By<br><u>JOSEPH KLEMM</u>                    | Title<br><u>OWNER</u>                     | Signature<br><u>Joseph Klemm</u>     | Date<br><u>10/30/13</u>                            |