

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

1110-4394  
Check # 3440

|                                            |                                                |                                                                      |                  |
|--------------------------------------------|------------------------------------------------|----------------------------------------------------------------------|------------------|
| Date of Notification (1)<br><b>11/4/11</b> |                                                | Name of Building Owner / Operator (2)<br><b>Frist Energy Service</b> |                  |
| Agencies Notified                          | Type Notification                              | Street Address                                                       |                  |
| <input checked="" type="checkbox"/> EPA    | <input type="checkbox"/> Initial               | <b>300 Madison Ave.</b>                                              |                  |
| <input type="checkbox"/> DEP               | <input checked="" type="checkbox"/> Amended #2 | City, State & Zip Code                                               |                  |
| <input checked="" type="checkbox"/> DOL    | <input type="checkbox"/> Emergency             | <b>Norristown, NJ 07962-1911</b>                                     |                  |
| <input checked="" type="checkbox"/> DOH    | <input type="checkbox"/> Cancellation          | Name of Contact                                                      | Telephone Number |
| <input type="checkbox"/> DCA               |                                                | <b>Wayne Jones</b>                                                   | [REDACTED]       |

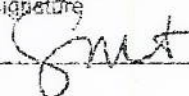
  

| FACILITY INFORMATION                                                                                                      |                                                   |                                                                                              |                |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------|----------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>JCP&amp;L/First Energy</b>                                     |                                                   | Type of Facility (4)                                                                         |                |
| Street Address                                                                                                            |                                                   | <input type="checkbox"/> School (K-12)                                                       |                |
| <b>147 Route 31 North</b>                                                                                                 |                                                   | <input type="checkbox"/> Subchapter 8 (Other than K-12)                                      |                |
| City (5)<br><b>Flemington</b>                                                                                             |                                                   | <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                |
| County (6)<br><b>Hunterdon</b>                                                                                            | County Code (7)                                   | Square Feet                                                                                  | # of Floors    |
|                                                                                                                           |                                                   |                                                                                              | Bldg. Age      |
| Current Use (Prior if being demolished)<br><b>Utility Building</b>                                                        |                                                   |                                                                                              |                |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>1 Source Safety &amp; Health</b>                                |                                                   | Name of Abatement Contractor (9)<br><b>AbateTech, Inc.</b>                                   |                |
| Street Address                                                                                                            |                                                   | Street Address                                                                               |                |
| <b>140 South Village Ave. Suite 130</b>                                                                                   |                                                   | <b>PO Box 25</b>                                                                             |                |
| City, State & Zip Code                                                                                                    |                                                   | City, State & Zip Code                                                                       |                |
| <b>Exton, PA 19341</b>                                                                                                    |                                                   | <b>Lumberton, NJ 08048</b>                                                                   |                |
| Project Manager for Monitoring Firm                                                                                       |                                                   | Telephone Number                                                                             | License Number |
| <b>Brian Hovendon</b>                                                                                                     |                                                   | <b>610-524-5525</b>                                                                          | <b>00529</b>   |
| Scheduled Start Date (10)<br><b>10/31/11</b>                                                                              | Scheduled Completion Date (11)<br><b>11/30/11</b> | Name of OSHA Monitor<br><b>EMSL Analytical</b>                                               |                |
| Occupancy Status During Abatement (Check only one)                                                                        |                                                   | Street Address                                                                               |                |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement                                        |                                                   | <b>108 Haddon Ave.</b>                                                                       |                |
| <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours -<br>Describe: <b>3:30 PM to Midnight</b> |                                                   | City, State & Zip Code                                                                       |                |
| <input type="checkbox"/> Facility Occupied During Abatement                                                               |                                                   | <b>Westmont, NJ 08108</b>                                                                    |                |
| Scope of Work (Check all that apply)                                                                                      |                                                   |                                                                                              |                |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf                                                                       |                                                   | <input type="checkbox"/> Full Containment with Negative Pressure                             |                |
| <input checked="" type="checkbox"/> $\geq 150$ sf or $\geq 260$ lf                                                        |                                                   | <input type="checkbox"/> Mini-Enclosure                                                      |                |
| <input checked="" type="checkbox"/> Renovation                                                                            |                                                   | <input type="checkbox"/> Glove Bag Procedures                                                |                |
| <input type="checkbox"/> Demolition                                                                                       |                                                   | <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure                   |                |

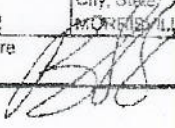
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |                                     |                          | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                                              | Yes                                                                      | No                                  | N/A                      |                                                                                                                             |                           | Removal                             | Repair                   | Encapsulation            | Enclosure                |
| Basement Laundry Room                                                        | <input type="checkbox"/>                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile & Mastic                                                                                                         | 344 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"/> |
|                                                                              | <input type="checkbox"/>                                                 | <input type="checkbox"/>            | <input type="checkbox"/> |                                                                                                                             |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <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>AbateTech, Inc.</b> | NJDEP Waste Hauler ID No.<br><b>18750</b> | Cubic Yards of Waste<br><b>12</b>                                                                | Name of Registered Landfill<br><b>TRRF Landfill</b> |
| City, State<br><b>Lumberton, NJ</b>                       | Disposal Date<br><b>11/30/11</b>          | City, State<br><b>Tullytown, PA</b>                                                              |                                                     |
| Completed By (Print or Type)<br><b>Gwen Trumbetti</b>     | Title<br><b>Opps. Coord.</b>              | Signature<br> | Date<br><b>11/4/11</b>                              |

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26-7 and 12:120-7)

|                                                                                                                                                                                                                                                                                                                           |                                                                              |                                                                                                                                                                                                                                                                     |                                                                   |                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------|
| Date of Notification (1)<br>11 / 4 / 11                                                                                                                                                                                                                                                                                   |                                                                              | Name of Building Owner/Operator (2)<br>HESS CORPORATION                                                                                                                                                                                                             |                                                                   |                                                      |
| 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 Notification<br><input checked="" type="checkbox"/> Amended Notification # 10<br><input type="checkbox"/> Cancellation<br><input type="checkbox"/> On Hold<br><input type="checkbox"/> EMERGENCY NOTIFICATION |                                                                   |                                                      |
| Street Address<br>1 HESS PLAZA                                                                                                                                                                                                                                                                                            |                                                                              | City, State, Zip Code<br>WOODBIDGE, NEW JERSEY 07005                                                                                                                                                                                                                |                                                                   |                                                      |
| Name of Contact<br>DAVID CERULO                                                                                                                                                                                                                                                                                           |                                                                              | Telephone Number<br>[REDACTED]                                                                                                                                                                                                                                      |                                                                   |                                                      |
| FACILITY INFORMATION                                                                                                                                                                                                                                                                                                      |                                                                              |                                                                                                                                                                                                                                                                     |                                                                   |                                                      |
| Name of Facility Where Abatement is Taking Place (3)<br>HESS PLAZA                                                                                                                                                                                                                                                        |                                                                              | 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 (ie. private & commcl. bldgs., homes, etc.)                                                  |                                                                   |                                                      |
| Street Address<br>1 HESS PLAZA                                                                                                                                                                                                                                                                                            |                                                                              | Square Feet<br>187,000                                                                                                                                                                                                                                              | # of Floors<br>13                                                 |                                                      |
| City (5)<br>WOODBIDGE                                                                                                                                                                                                                                                                                                     |                                                                              | County (6)<br>MIDDLESEX                                                                                                                                                                                                                                             | County Code (7)<br>(STATE USE ONLY)                               |                                                      |
| Name of Monitoring Firm Hired by Building Owner (8)<br>HILLMANN ENVIRONMENTAL                                                                                                                                                                                                                                             |                                                                              | ASCM No.<br>17                                                                                                                                                                                                                                                      | Name of Abatement Contractor (9)<br>PAR ENVIRONMENTAL CORPORATION |                                                      |
| Street Address<br>1600 ROUTE 22                                                                                                                                                                                                                                                                                           |                                                                              | Street Address<br>313 SPOCK ROCK ROAD                                                                                                                                                                                                                               |                                                                   |                                                      |
| City, State, Zip Code<br>UNION, NEW JERSEY 07003                                                                                                                                                                                                                                                                          |                                                                              | City, State, Zip Code<br>SUFFERN, NEW YORK 10901                                                                                                                                                                                                                    |                                                                   |                                                      |
| Project Manager for Monitoring Firm<br>MIKE NEHLSEN                                                                                                                                                                                                                                                                       |                                                                              | Telephone Number<br>908-377-5644                                                                                                                                                                                                                                    | Telephone Number<br>845-368-7500                                  |                                                      |
| Expected Start Date (10)<br>11 / 7 / 11                                                                                                                                                                                                                                                                                   |                                                                              | Sched. Completion Date (11)<br>5 / 30 / 12                                                                                                                                                                                                                          | License Number<br>480                                             |                                                      |
| Name of OSHA Monitor<br>QUALITY ENVIRONMENTAL                                                                                                                                                                                                                                                                             |                                                                              | Name of Abatement Contractor (9)<br>PAR ENVIRONMENTAL CORPORATION                                                                                                                                                                                                   |                                                                   |                                                      |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:<br><input checked="" type="checkbox"/> Other - Describe: MON. - FRI. 6 PM - 2:30 AM |                                                                              | Street Address<br>1378 ROUTE 9 W                                                                                                                                                                                                                                    |                                                                   |                                                      |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> >35 SF OR LF<br><input checked="" type="checkbox"/> >160 SF OR                                                                                                                                         |                                                                              | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclos.<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Frangible Procedure                                             |                                                                   |                                                      |
| City, State, Zip Code<br>WAPPINGERS FALLS, NY 12590                                                                                                                                                                                                                                                                       |                                                                              |                                                                                                                                                                                                                                                                     |                                                                   |                                                      |
| Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)                                                                                                                                                                                                                                              | Is Location normally used solely by Maint/Custodial Staff (12)<br>Yes No N/A | Description of Asbestos-containing Material (ACM) (ie. Thermal systems, Insulation, surfacing, VAT, or other miscellaneous)                                                                                                                                         | Amount (Specify SF or LF)                                         | Abatement Type<br>REMOVAL REPAIR ENCAPSULE ENCLOSURE |
| 3RD FLOOR - ENTIRE                                                                                                                                                                                                                                                                                                        | X                                                                            | VAT & MASTIC                                                                                                                                                                                                                                                        | 8,005 SF                                                          | X                                                    |
| 3RD FLOOR - ENTIRE                                                                                                                                                                                                                                                                                                        | X                                                                            | PIPE FITTINGS                                                                                                                                                                                                                                                       | 75 LF                                                             | X                                                    |
| 3RD FLOOR - ENTIRE                                                                                                                                                                                                                                                                                                        | X                                                                            | JOINT COMPOUND                                                                                                                                                                                                                                                      | 12,180 SF                                                         | X                                                    |
| 3RD FLOOR - ENTIRE                                                                                                                                                                                                                                                                                                        | X                                                                            | COVE BASE MASTIC                                                                                                                                                                                                                                                    | 495 SF                                                            | X                                                    |
| 3RD FLOOR - ENTIRE                                                                                                                                                                                                                                                                                                        | X                                                                            | TAR                                                                                                                                                                                                                                                                 | 25 SF                                                             | X                                                    |
| 2ND FLOOR - ENTIRE                                                                                                                                                                                                                                                                                                        | X                                                                            | VAT & MASTIC                                                                                                                                                                                                                                                        | 8,005 SF                                                          | X                                                    |
| 2ND FLOOR - ENTIRE                                                                                                                                                                                                                                                                                                        | X                                                                            | COVE BASE MASTIC                                                                                                                                                                                                                                                    | 495 SF                                                            | X                                                    |
| 2ND FLOOR - ENTIRE                                                                                                                                                                                                                                                                                                        | X                                                                            | JOINT COMPOUND                                                                                                                                                                                                                                                      | 12,180 SF                                                         | X                                                    |
| 2ND FLOOR - ENTIRE                                                                                                                                                                                                                                                                                                        | X                                                                            | TAR                                                                                                                                                                                                                                                                 | 25 SF                                                             | X                                                    |
| 2ND FLOOR - ENTIRE                                                                                                                                                                                                                                                                                                        | X                                                                            | PIPE FITTINGS INSULATION                                                                                                                                                                                                                                            | 380 LF                                                            | X                                                    |
| PLAZA - ENTIRE                                                                                                                                                                                                                                                                                                            | X                                                                            | VAT & MASTIC                                                                                                                                                                                                                                                        | 12,425 SF                                                         | X                                                    |
| PLAZA - ENTIRE                                                                                                                                                                                                                                                                                                            | X                                                                            | COVE BASE MASTIC                                                                                                                                                                                                                                                    | 495 SF                                                            | X                                                    |
| PLAZA - ENTIRE                                                                                                                                                                                                                                                                                                            | X                                                                            | JOINT COMPOUND                                                                                                                                                                                                                                                      | 18,820 SF                                                         | X                                                    |
| PLAZA - ENTIRE                                                                                                                                                                                                                                                                                                            | X                                                                            | ACCOUSTICAL PLASTER                                                                                                                                                                                                                                                 | 7,275 SF                                                          | X                                                    |
| PLAZA - ENTIRE                                                                                                                                                                                                                                                                                                            | X                                                                            | TAR                                                                                                                                                                                                                                                                 | 25 SF                                                             | X                                                    |
| PLAZA - ENTIRE                                                                                                                                                                                                                                                                                                            | X                                                                            | PIPE FITTINGS INSULATION                                                                                                                                                                                                                                            | 200 LF                                                            | X                                                    |
| 1ST FLOOR - MECHANICAL ROOM                                                                                                                                                                                                                                                                                               | X                                                                            | DUCT INSULATION                                                                                                                                                                                                                                                     | 665 SF                                                            | X                                                    |
| 1ST FLOOR - MECHANICAL ROOM                                                                                                                                                                                                                                                                                               | X                                                                            | PIPE FITTINGS INSULATION                                                                                                                                                                                                                                            | 207 LF                                                            | X                                                    |
| 1ST FLOOR - MECHANICAL ROOM                                                                                                                                                                                                                                                                                               | X                                                                            | VIBRATION CLOTH                                                                                                                                                                                                                                                     | 4 SF                                                              | X                                                    |
| 1ST FLOOR - MECHANICAL ROOM                                                                                                                                                                                                                                                                                               | X                                                                            | GASKETS                                                                                                                                                                                                                                                             | 10 SF                                                             | X                                                    |
| 1ST FLOOR - BOILER ROOM                                                                                                                                                                                                                                                                                                   | X                                                                            | PIPE FITTINGS INSULATION                                                                                                                                                                                                                                            | 45 LF                                                             | X                                                    |
| 1ST FLOOR - BOILER ROOM                                                                                                                                                                                                                                                                                                   | X                                                                            | DUCT INSULATION                                                                                                                                                                                                                                                     | 240 SF                                                            | X                                                    |
| 1ST FLOOR - CAFETERIA                                                                                                                                                                                                                                                                                                     | X                                                                            | VAT & MASTIC                                                                                                                                                                                                                                                        | 3,000 SF                                                          | X                                                    |
| 1ST FLOOR - CAFETERIA                                                                                                                                                                                                                                                                                                     | X                                                                            | JOINT COMPOUND                                                                                                                                                                                                                                                      | 5,700 SF                                                          | X                                                    |
| 1ST FLOOR - CAFETERIA                                                                                                                                                                                                                                                                                                     | X                                                                            | COVE BASE MASTIC                                                                                                                                                                                                                                                    | 175 SF                                                            | X                                                    |
| 1ST FLOOR - CAFETERIA                                                                                                                                                                                                                                                                                                     | X                                                                            | PIPE INSULATION                                                                                                                                                                                                                                                     | 25 LF                                                             | X                                                    |
| 13TH FLOOR - MER ROOM                                                                                                                                                                                                                                                                                                     | X                                                                            | DUCT INSULATION                                                                                                                                                                                                                                                     | 770 SF                                                            | X                                                    |
| 1ST FLOOR HALLWAY                                                                                                                                                                                                                                                                                                         | X                                                                            | PIPE FITTINGS                                                                                                                                                                                                                                                       | 20 LF                                                             | X                                                    |

|                                 |                           |                                                                                   |                             |        |   |  |  |
|---------------------------------|---------------------------|-----------------------------------------------------------------------------------|-----------------------------|--------|---|--|--|
| 1ST FLOOR STORAGE ROOM          |                           | X                                                                                 | PIPE FITTINGS               | 13 LF  | X |  |  |
| 1ST FLOOR STORAGE ROOM          |                           | X                                                                                 | VAT & MASTIC                | 300 SF | X |  |  |
| Name of Registered Waste Hauler | NJDEP Waste Hauler ID No. | Cubic Yards of Waste                                                              | Name of Registered Landfill |        |   |  |  |
| QJM TRANSPORT, LLC              | 26881                     | 1                                                                                 | GROWS LANDFILL              |        |   |  |  |
| City, State                     |                           | Disposal Date                                                                     | City, State                 |        |   |  |  |
| KEARNEY, NEW JERSEY             |                           | 6/23/11-05/15/2012                                                                | MORRISVILLE, PA             |        |   |  |  |
| Completed by (Print or Type)    | Title                     | Signature                                                                         | Date                        |        |   |  |  |
| BENJAMIN SANCHEZ                | DIRECTOR OF OPERATIONS    |  | 11/24/11                    |        |   |  |  |

State of NJ

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

D&amp;S Proj. #: MS 11-446

DOL - 10 DAY

|                                                                                                                                                                                                                                     |  |                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|--|
| Date of Notification (1)<br>11/1/11                                                                                                                                                                                                 |  | Name of Building Owner/Operator (2)<br>DANNY'S PUB |  |
| 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                             |  | Street Address<br>54 SPEEDWELL AVENUE              |  |
| Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #: _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | City, State, Zip Code<br>MORRISTOWN, NJ 07960      |  |
|                                                                                                                                                                                                                                     |  | Name of Contact<br>DAN COLLINS                     |  |
|                                                                                                                                                                                                                                     |  | Telephone Number<br>[REDACTED]                     |  |

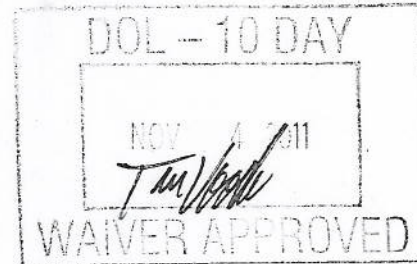
WAIVER APPROVED

## FACILITY INFORMATION

|                                                                                                                                                                                                                                                                                                                    |  |  |                                                                                                                                                                                                                |  |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|
| Name of facility where abatement is taking place (3)<br>DAN COLLINS                                                                                                                                                                                                                                                |  |  | 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 (Private/Commercial Bldgs./Homes, etc.) |  |                                     |
| Street Address<br>54 SPEEDWELL AVENUE                                                                                                                                                                                                                                                                              |  |  | Square Feet                                                                                                                                                                                                    |  |                                     |
| City (5)<br>MORRISTOWN                                                                                                                                                                                                                                                                                             |  |  | County (6)<br>MORRIS                                                                                                                                                                                           |  | County Code (7)<br>(State use only) |
| Name of Monitoring Firm Hired by Bldg. Owner (8)                                                                                                                                                                                                                                                                   |  |  | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC.                                                                                                                                                    |  |                                     |
| Street Address                                                                                                                                                                                                                                                                                                     |  |  | Street Address<br>20 California Ave.                                                                                                                                                                           |  |                                     |
| City, State, Zip Code                                                                                                                                                                                                                                                                                              |  |  | City, State, Zip Code<br>Paterson, NJ 07503                                                                                                                                                                    |  |                                     |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                                |  |  | Telephone Number<br>973-345-8020                                                                                                                                                                               |  |                                     |
| Phone Number                                                                                                                                                                                                                                                                                                       |  |  | License Number<br>00159                                                                                                                                                                                        |  |                                     |
| Start Date (10)<br>11/05/11                                                                                                                                                                                                                                                                                        |  |  | Sched. Completion Date (11)<br>11/11/11                                                                                                                                                                        |  |                                     |
| 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 facility hours-<br>Describe: _____<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |  |  |                                                                                                                                                                                                                |  |                                     |
| Name of OSHA Monitor<br>D & S Restoration, Inc.                                                                                                                                                                                                                                                                    |  |  |                                                                                                                                                                                                                |  |                                     |
| Street Address<br>20 California Avenue                                                                                                                                                                                                                                                                             |  |  |                                                                                                                                                                                                                |  |                                     |
| City, State, Zip Code<br>Paterson, NJ 07503                                                                                                                                                                                                                                                                        |  |  |                                                                                                                                                                                                                |  |                                     |

|                                                                                                                                                                                                                                    |                                                                      |    |     |                                                                                                                                                                                                                                                     |                              |                                                             |                            |                       |                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------|----------------------------|-----------------------|------------------|
| Scope of Work (check all that apply)<br><input checked="" type="checkbox"/> >3 sf or >3 lf<br><input type="checkbox"/> >160 sf or >260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition |                                                                      |    |     | <input type="checkbox"/> Full Containment w/negative pressure<br><input checked="" type="checkbox"/> Mini-enclosure<br><input checked="" type="checkbox"/> Glovebag procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-liable procedure |                              |                                                             |                            |                       |                  |
| Location of asbestos-containing material (acm) to be abated in facility (13)                                                                                                                                                       | Is location normally used solely by maintenance/custodial staff (12) |    |     | Description of asbestos-containing material (ACM)                                                                                                                                                                                                   | Amount (Specify SF or LF)    | R<br>e<br>m<br>o<br>v<br>e                                  | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p | E<br>n<br>c<br>l |
|                                                                                                                                                                                                                                    | Yes                                                                  | No | N/A |                                                                                                                                                                                                                                                     |                              |                                                             |                            |                       |                  |
| BASEMENT                                                                                                                                                                                                                           |                                                                      | X  |     | PIPE INSULATION                                                                                                                                                                                                                                     | 30 L FT                      | X                                                           |                            |                       |                  |
| BASEMENT BOILER                                                                                                                                                                                                                    |                                                                      | X  |     | BOILER INSULATION                                                                                                                                                                                                                                   | 35 SQ FT                     | X                                                           |                            |                       |                  |
|                                                                                                                                                                                                                                    |                                                                      |    |     |                                                                                                                                                                                                                                                     |                              |                                                             |                            |                       |                  |
|                                                                                                                                                                                                                                    |                                                                      |    |     |                                                                                                                                                                                                                                                     |                              |                                                             |                            |                       |                  |
|                                                                                                                                                                                                                                    |                                                                      |    |     |                                                                                                                                                                                                                                                     |                              |                                                             |                            |                       |                  |
| Registered Waste Hauler<br>D & S RESTORATION, INC.                                                                                                                                                                                 |                                                                      |    |     | NJDEP Hauler ID#<br>13506                                                                                                                                                                                                                           | Cubic Yards of Waste<br>1 YD | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |                            |                       |                  |
| City, State<br>PATERSON, NJ 07503                                                                                                                                                                                                  |                                                                      |    |     | Disposal Date<br>11/07/11                                                                                                                                                                                                                           |                              | City, State<br>TULLYTOWN, PA                                |                            |                       |                  |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC                                                                                                                                                                                     |                                                                      |    |     | Title<br>PRESIDENT                                                                                                                                                                                                                                  |                              | Signature                                                   |                            | Date<br>11/03/11      |                  |

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

Date: 11, 3, 11

D & S Restoration, Inc.  
20 California Avenue  
Paterson, N.J. 07503

Worksite

Address: 54 Speedwell Ave Mahanston.

Emergency Concern:

I am the owner of the above referenced Worksite address. The furnace located in my basement is inoperative and needs to be replaced ASAP in order to heat the house.

The furnace is insulated with asbestos material. The asbestos needs to be removed prior to installation of the new furnace.

I understand that various Federal and State Agencies require written 10-day notification prior to starting any asbestos abatement work, and that it may be possible to start the asbestos abatement work sooner than the 10 day period in the event of an emergency.

Since I currently do not have heat in my house, I feel that the asbestos abatement work should be given immediate attention.

Please accept this letter as a request to commence with asbestos abatement activities as soon as possible and upon receiving approval to do so by the applicable Federal and State Agencies having jurisdiction.

If you have any questions or comments, please do not hesitate to contact me at the following telephone number. 772-237-5900

Very truly yours,

DAN COLLINS

Printed Name of owner

Dan Collins

Signature of owner

Fax:

Nov 4 2011 10:21am P001/001

NJ Dept. of Health &amp; Senior Services

(Signature)

Date: 11/4/11 Time: 10:05

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

Emergency Notification

MO#19077315726

|                                                                                                         |                                                                                                                  |                                     |                  |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------|
| Date of Notification (1)                                                                                |                                                                                                                  | Name of Building Owner/Operator (2) |                  |
| 11/04/2011                                                                                              |                                                                                                                  | Dolores Ford                        |                  |
| Agency Notified                                                                                         | Type Notification                                                                                                | Street Address                      |                  |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DOL | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #                   | 117 Kearney Avenue                  |                  |
|                                                                                                         | <input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code               |                  |
|                                                                                                         |                                                                                                                  | Jersey City, NJ 07305               |                  |
| <input checked="" type="checkbox"/> DCH<br><input type="checkbox"/> DCA                                 |                                                                                                                  | Name of Contact                     | Telephone Number |
|                                                                                                         |                                                                                                                  | Dolores Ford                        | [REDACTED]       |

## FACILITY INFORMATION

|                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                              |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Name of Facility Where Abatement is Taking Place (3)                                                                                                                                                                         |                                | Type of Facility (4)                                                                                                                                                                                                                         |             |
| Private home                                                                                                                                                                                                                 |                                | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                                            |             |
| Street Address                                                                                                                                                                                                               |                                | Square Feet                                                                                                                                                                                                                                  | # of Floors |
| 117 Kearney Avenue                                                                                                                                                                                                           |                                |                                                                                                                                                                                                                                              |             |
| City (5)                                                                                                                                                                                                                     |                                | Bldg. Age                                                                                                                                                                                                                                    |             |
| Jersey City, NJ 07305                                                                                                                                                                                                        |                                |                                                                                                                                                                                                                                              |             |
| County (6)                                                                                                                                                                                                                   |                                | County Code (7) (STATE USE ONLY)                                                                                                                                                                                                             |             |
| Hudson                                                                                                                                                                                                                       |                                | 01127                                                                                                                                                                                                                                        |             |
| Name of Monitoring Firm hired by Building Owner (8)                                                                                                                                                                          |                                | Name of Abatement Contractor (9)                                                                                                                                                                                                             |             |
| Gr Tech LLC                                                                                                                                                                                                                  |                                | Gr Tech LLC                                                                                                                                                                                                                                  |             |
| Street Address                                                                                                                                                                                                               |                                | Street Address                                                                                                                                                                                                                               |             |
| 576 Valley Rd #283                                                                                                                                                                                                           |                                | 576 Valley Rd #283                                                                                                                                                                                                                           |             |
| City, State, Zip Code                                                                                                                                                                                                        |                                | City, State, Zip Code                                                                                                                                                                                                                        |             |
| Wayne, NJ 07470                                                                                                                                                                                                              |                                | Wayne, NJ 07470                                                                                                                                                                                                                              |             |
| Project Manager for Monitoring Firm                                                                                                                                                                                          |                                | Telephone No.                                                                                                                                                                                                                                | License No. |
|                                                                                                                                                                                                                              |                                | 973-638-1777                                                                                                                                                                                                                                 | 01127       |
| Start Date (10)                                                                                                                                                                                                              | Scheduled Completion Date (11) | Name of OSHA Monitor                                                                                                                                                                                                                         |             |
| 11/05/2011                                                                                                                                                                                                                   | 11/06/2011                     | Envirovision Consultants, Inc.                                                                                                                                                                                                               |             |
| Occupancy Status During Abatement (Check only one)                                                                                                                                                                           |                                | Street Address                                                                                                                                                                                                                               |             |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |                                | 20-21 Wagaraw Road, Bldg # 34A                                                                                                                                                                                                               |             |
|                                                                                                                                                                                                                              |                                | City, State, Zip Code                                                                                                                                                                                                                        |             |
|                                                                                                                                                                                                                              |                                | Fair Lawn, NJ 07410                                                                                                                                                                                                                          |             |
| Scope of Work (Check all that apply)                                                                                                                                                                                         |                                |                                                                                                                                                                                                                                              |             |
| <input checked="" type="checkbox"/> >3 sf or >3 lf<br><input type="checkbox"/> ≥160 sf or ≥200 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) in Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|-----------------------------------------------------------------|-----------------------------------------------------------------------|----|-----|------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|-------------|-----------|
|                                                                 | Yes                                                                   | No | N/A |                                                                                                                              |                           | Removal        | Repair | Encapsulate | Enclosure |
| Basement                                                        |                                                                       | X  |     | Pipe insulation                                                                                                              | 40 LF                     | X              |        |             |           |
|                                                                 |                                                                       |    |     |                                                                                                                              |                           |                |        |             |           |
|                                                                 |                                                                       |    |     |                                                                                                                              |                           |                |        |             |           |

|                                 |       |                           |                      |                             |  |
|---------------------------------|-------|---------------------------|----------------------|-----------------------------|--|
| Name of Registered Waste Hauler |       | NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill |  |
| Gr Tech LLC                     |       | 0033785                   |                      | T.R. & F. Inc.              |  |
| City, State                     |       |                           | Disposal Date        | City, State                 |  |
| Wayne, NJ 07470                 |       |                           |                      | Tullytown, PA               |  |
| Completed by                    | Title | Signature                 | Date                 |                             |  |
| N. Jevtic                       | Owner | [Signature]               | 11/04/2011           |                             |  |
| A58-41                          |       |                           |                      |                             |  |

Do not use this form for asbestos abatement exempted activities.

11/3/2011

To Whom it Concerns  
I am writing this letter asking a waiver to have  
asbestos removing from 117 Kearney Ave. Jersey City,  
N.J. 07305. I have to have a new furnace and it  
can't be installed until the asbestos is removed

Respectfully

Deborah Gibson Ford  


Nov 4 2011 11:47am P001/001

|                                      |             |
|--------------------------------------|-------------|
| APPROVED                             |             |
| NJ Dept. of Health & Senior Services |             |
| (signature)                          |             |
| Date: 11/4/11                        | Time: 11:47 |

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

Emergency Notification

MQ#19077A15737

Date of Notification (1)

11/04/2011

Agency Notified

☒ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amended☐ Amendment #☒ Emergency (including

justification)

☐ Cancellation

Name of Building Owner/Operator (2)

Foyah McLeod

Street Address

1039 Solb Avenue

City, State, Zip Code

Elizabeth, NJ 07202

Name of Contact

Foyah McLeod

Telephone Number

Name of Facility Where Abatement is Taking Place (3)

Private home

Street Address

1039 Solb Avenue

City (5)

Elizabeth, NJ 07202

County (6)

## FACILITY INFORMATION

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

County Code (7) (STATE USE ONLY)

Current Use (Prior to being demolished)

Union

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

576 Valley Rd #283

City, State, Zip Code

Wayne, NJ 07470

Telephone No.

973-638-1777

License No.

01127

Start Date (10)

11/05/2011

Scheduled Completion Date (11)

11/06/2011

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility Hours☐ Other - Describe:

Name of OSHA Monitor

Envirovision Consultants, Inc

Street Address

20-21 Wagaraw Road, Bldg. # 34A

City, State, Zip Code

Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

☒  $\geq 100$  sq ft or  $\geq 260$  ft☐  $\geq 100$  sq ft or  $\geq 260$  ft☒ Renovation☐ Demolition☐ Full Containment with Negative Pressure☐ Mini-Enclosure☒ Glovebag Procedure☐ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED IN Facility

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

(12)

Yes

No

N/A

Description of Asbestos Containing Material (ACM)

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

Amount (Specify SF or LF)

15 LF

Abatement Type

Removal

Repair

Encapsulate

Enclosure

Basement

Pipe insulation

x

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

0033785

Cubic Yards of Waste

Name of Registered Landfill

T.R.R.F. Inc

City, State

Tullytown, PA

Wayne, NJ 07470

Completed by

Title

Owner

Signature

Date

11/04/2011

N.Jevic

ASA-11

DO NOT USE this form for asbestos abatement exempted activities.

Foyah McLeod

1039 Selb Ave.

Elizabeth NJ 07202

To: Department Of Health

Due to the recent tragic events with Hurricane Irene our basement was flooded causing the lost of our boiler. My family and I had made efforts to reach out to FEMA and we was just rewarded a grant to replace our damaged equipment. Now that we have a vender that is willing to come in Monday to replace the boiler, we need the pipe insulation to be taken out before the job can take place. We are requesting if it is possible to wave the ten day grace period for this job so we can get the plumbers to come in and put the new furnace in place.

Thank You,



Foyah McLeod

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

DOL - 10 DAY

NOV 4 2011

WAIVER APPROVED

|                                             |                                             |                                                        |  |
|---------------------------------------------|---------------------------------------------|--------------------------------------------------------|--|
| Date of Notification (1)<br><u>11/10/11</u> |                                             | Name of Building Owner/Operator (2)<br>Robert Taormino |  |
| Agencies Notified                           | Type Notification                           | Street Address<br>19 Cutler Drive                      |  |
| <input type="checkbox"/> EPA                | <input checked="" type="checkbox"/> Initial | City, State, Zip Code<br>Morris Plains, NJ 07950       |  |
| <input type="checkbox"/> DEP                | <input type="checkbox"/> Amendment          | Name of Contact<br>Robert Taormino                     |  |
| <input checked="" type="checkbox"/> DOL     | <input type="checkbox"/> Cancellation       | Telephone Number<br>[REDACTED]                         |  |
| <input checked="" type="checkbox"/> DOH     |                                             |                                                        |  |
| <input type="checkbox"/> DCA                |                                             |                                                        |  |

## FACILITY INFORMATION

|                                                                                                                                                                                                                                                                                              |                                           |                                                 |                                                                                                                                                                                                                  |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of facility where abatement is taking place (3)<br>Robert Taormino                                                                                                                                                                                                                      |                                           |                                                 | 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>19 Cutler Drive                                                                                                                                                                                                                                                            |                                           |                                                 | Square Feet                                                                                                                                                                                                      | # of Floors            |
| City (5)<br>Morris Plains, NJ 07950                                                                                                                                                                                                                                                          | County (6)<br>Morris                      | County Code (7)<br>(State use only)             | Bldg. Age                                                                                                                                                                                                        |                        |
| 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>11/10/11                                                                                                                                                                                                                                                        | Sched. Completion Date (11)<br>11/11/2011 | 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)

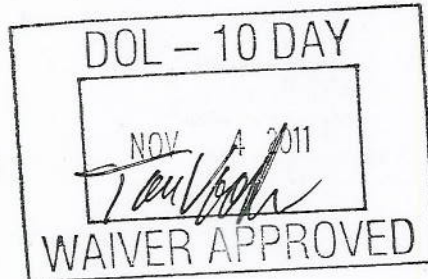
- ☐ Demolition      ☒ Renovation      ☒ Full Containment w/negative pressure      ☐ Glovebag procedure  
☒ >3 sf or >3 lf      ☐ ≥160 sf or ≥260 lf      ☐ Mini-enclosure      ☐ Non-friable procedure

| 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                                                               |                                                                      |    | <input checked="" type="checkbox"/> | VAT & Mastic                                      | 630 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"/> |

|                                                    |                           |                                  |                                                                     |
|----------------------------------------------------|---------------------------|----------------------------------|---------------------------------------------------------------------|
| Registered Waste Hauler<br>B & G Restoration, Inc. | NJDEP Hauler ID#<br>19563 | Cubic Yards of Waste<br>7 yards  | Name of Registered Landfill<br>Tullytown Resource & Recovery Center |
| City, State<br>Lincoln Park, NJ 07035              | Disposal Date<br>11/14/11 | City, State<br>Tullytown, PA     |                                                                     |
| Completed by (Print or Type)<br>Gordana Luna       | Title<br>Treasurer        | Signature<br><i>Gordana Luna</i> | Date<br>11/3/2011                                                   |

B&G Restoration Inc.  
105 Ryerson Road  
Lincoln Park, NJ 07035

Dear B&G Restoration:



Robert J. Taormino  
19 Cutler Dr.  
Morris Plains, NJ 07950  
November 3, 2011

I would like to request a waiver to the 10-day wait period for removal of the asbestos tile in our basement because of time constraints that we are currently under. We have been looking into waterproofing our basement since the flooding from hurricane Irene, and we have been given a "special discount" from Mid-Atlantic Waterproofing as long as we use their only open date of November 14, 2011 for this. They indicate that the job will take approximately 2 days. Since your first open date is on November 15, that would pose a problem since I believe it would be best to have the asbestos properly removed before Mid-Atlantic starts jack-hammering our basement floor.

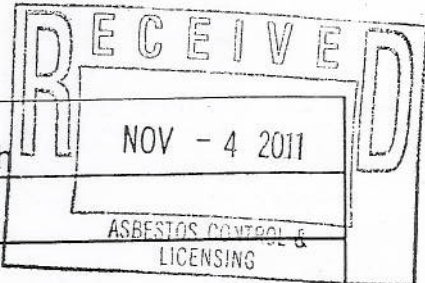
Therefore, if you can schedule us for November 10, I believe these dates will work out fine. Please let me know if our request for waiver is accepted.

Thanks very much for your help with this.

Regards,

Robert J. Taormino

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



| Date of Notification (1)<br><b>11 / 1 / 11</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                              | Name of Building Owner/Operator (2)<br><b>The Colts Neck Reformed Church</b>                                                                                                                                               |                                                                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DCA (NJAC 5:16)<br><input 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<br>Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>72 Highway 537 west</b>                                                                                                                                                                               |                                                                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                              | City, State, Zip Code<br><b>Colts Neck, NJ 07722</b>                                                                                                                                                                       |                                                                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                              | Name of Contact<br><b>Bob Gassaway</b>                                                                                                                                                                                     | Telephone Number<br><b>[REDACTED]</b>                                               |                                                                                                                              |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                              |                                                                                                                                                                                                                            |                                                                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Abandoned 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>66 Route 537 West</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                              | Square Feet<br><b>3000</b>                                                                                                                                                                                                 | # of Floors<br><b>2</b>                                                             |                                                                                                                              |                           |                                     |                          |                          |                          |
| City (5)<br><b>Colts Neck</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                              | Bldg. Age<br><b>120 yrs</b>                                                                                                                                                                                                |                                                                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
| County (6)<br><b>Monmouth</b>                                                                                                                                                                                                                                                                               | County Code (7) (STATE USE ONLY)                                                                                                                                                                                             | Current Use (Prior if being demolished)<br><b>residence</b>                                                                                                                                                                |                                                                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>n/a</b>                                                                                                                                                                                                                                           |                                                                                                                                                                                                                              | ASCM No.                                                                                                                                                                                                                   | Name of Abatement Contractor (9)<br><b>Finishing Touch Asbestos Abatement Corp.</b> |                                                                                                                              |                           |                                     |                          |                          |                          |
| Street Address                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                              | Street Address<br><b>17 Thompson Street</b>                                                                                                                                                                                |                                                                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
| City, State, Zip Code                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                              | City, State, Zip Code<br><b>West Long Branch, NJ 07764</b>                                                                                                                                                                 |                                                                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>n/a</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                              | Telephone No.<br><b>732-222-8372</b>                                                                                                                                                                                       | License No.<br><b>00040</b>                                                         |                                                                                                                              |                           |                                     |                          |                          |                          |
| Start Date (10)<br><b>11 / 14 / 11</b>                                                                                                                                                                                                                                                                      | Scheduled Completion Date (11)<br><b>11 / 17 / 11</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 - Describe<br>Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM |                                                                                                                                                                                                                              | 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 type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition                                                                                             |                                                                                                                                                                                                                              |                                                                                                                                                                                                                            |                                                                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure                                                     |                                                                                                                                                                                                                              |                                                                                                                                                                                                                            |                                                                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13)                                                                                                                                                                                                                   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                        |                                                                                                                                                                                                                            |                                                                                     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                             | Yes                                                                                                                                                                                                                          | No                                                                                                                                                                                                                         | N/A                                                                                 |                                                                                                                              |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>First floor</b>                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                   | <input checked="" type="checkbox"/>                                                 | <b>VAT</b>                                                                                                                   | <b>405 sf</b>             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Basement</b>                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                   | <input checked="" type="checkbox"/>                                                 | <b>TSI</b>                                                                                                                   | <b>200 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"/> |
| Name of Registered Waste Hauler<br><b>Sakoutis Brother Disposal</b>                                                                                                                                                                                                                                         |                                                                                                                                                                                                                              | NJDEP Waste Hauler ID No.<br><b>21243</b>                                                                                                                                                                                  | Cubic Yards of Waste<br><b>5</b>                                                    | Name of Registered Landfill<br><b>GROWS Landfill North</b>                                                                   |                           |                                     |                          |                          |                          |
| City, State<br><b>PO Box 84 Colts Neck, NJ</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                              | Disposal Date<br><b>10/25/11</b>                                                                                                                                                                                           |                                                                                     | City, State<br><b>Morrisville, PA</b>                                                                                        |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Joseph P. Miller</b>                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                              | Title<br><b>President</b>                                                                                                                                                                                                  | Signature<br>                                                                       |                                                                                                                              |                           | Date<br><b>11/1/11</b>              |                          |                          |                          |

CR # 1248

RECEIVED  
NOV - 4 2011

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

|                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                            |                                                                                                                              |                                                                      |                |         |        |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------|---------|--------|-----------|
| Date of Notification (1)<br><b>11-2-11</b>                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                       | Name of Building Owner/Operator (2)<br><b>MONMOUTH COUNTY PARK SYSTEM</b>                                                                                                                                                  |                                                                                                                              |                                                                      |                |         |        |           |
| 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 type="checkbox"/> BCA                                                                       | 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>149 BAYSIDE DRIVE</b>                                                                                                                                                                                 | City, State, Zip Code<br><b>ATLANTIC HIGHLANDS NJ 07716</b>                                                                  |                                                                      |                |         |        |           |
|                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                       | Name of Contact<br><b>John EISEMANN</b>                                                                                                                                                                                    | Telephone Number                                                                                                             |                                                                      |                |         |        |           |
| FACILITY INFORMATION                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                            |                                                                                                                              |                                                                      |                |         |        |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>MONMOUTH COUNTY PARK SYSTEM</b>                                                                                                                                                                                                          |                                                                                                                                                                                                                                                       | 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><b>149 BAYSIDE DR</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                       | Square Feet<br><b>1800</b>                                                                                                                                                                                                 | # of Floors<br><b>2</b>                                                                                                      |                                                                      |                |         |        |           |
| City (5)<br><b>ATLANTIC HIGHLANDS</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                       | Bldg. Age<br><b>75</b>                                                                                                                                                                                                     |                                                                                                                              |                                                                      |                |         |        |           |
| County (6)<br><b>MONMOUTH</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                       | County Code (7) (STATE USE ONLY)                                                                                                                                                                                           | Current Use (Prior to being demolished)<br><b>H18082</b>                                                                     |                                                                      |                |         |        |           |
| Name of Monitoring Firm Hired by Building Owner (8)                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                       | Name of Abatement Contractor (9)                                                                                                                                                                                           |                                                                                                                              |                                                                      |                |         |        |           |
| Street Address                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                       | Street Address<br><b>95 MONTROSE RD</b>                                                                                                                                                                                    |                                                                                                                              |                                                                      |                |         |        |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                       | City, State, Zip Code<br><b>COLTS NECK NJ 07722</b>                                                                                                                                                                        |                                                                                                                              |                                                                      |                |         |        |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                       | Telephone No.<br><b>732 294 1757</b>                                                                                                                                                                                       | License No.<br><b>00029</b>                                                                                                  |                                                                      |                |         |        |           |
| Start Date (10)<br><b>11-17-11</b>                                                                                                                                                                                                                                                                  | Scheduled Completion Date (11)<br><b>11-24-11</b>                                                                                                                                                                                                     | Name of OSHA Monitor<br><b>ACC INSULATION CO INC</b>                                                                                                                                                                       |                                                                                                                              |                                                                      |                |         |        |           |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <b>7am - 7pm</b> |                                                                                                                                                                                                                                                       | Street Address<br><b>95 MONTROSE RD</b>                                                                                                                                                                                    |                                                                                                                              |                                                                      |                |         |        |           |
|                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                       | City, State, Zip Code<br><b>COLTS NECK NJ 07722</b>                                                                                                                                                                        |                                                                                                                              |                                                                      |                |         |        |           |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                            |                                                                                                                              |                                                                      |                |         |        |           |
| <input type="checkbox"/> > 25 sf or > 3 ft<br><input checked="" type="checkbox"/> > 160 sf or > 260 ft                                                                                                                                                                                              |                                                                                                                                                                                                                                                       | <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>TO BE ABATED<br>IN Facility<br>(13)<br><br><b>Non<br/>Asbestos<br/>R.I.T.</b>                                                                                                                                                                     | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                                                 |                                                                                                                                                                                                                            | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)<br><br><b>560 SF<br/>560 SF<br/>120 SF</b> | Abatement Type |         |        |           |
|                                                                                                                                                                                                                                                                                                     | Yes                                                                                                                                                                                                                                                   | No                                                                                                                                                                                                                         |                                                                                                                              |                                                                      | N/A            | Removal | Repair | Enclosure |
| Name of Registered Waste Hauler<br><b>ACC INSULATION CO</b>                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                       | RIDEP Waste Hauler ID No.<br><b>12086</b>                                                                                                                                                                                  | Cubic Yards of Waste<br><b>3</b>                                                                                             | Name of Registered Landfill<br><b>GROWS</b>                          |                |         |        |           |
| City, State<br><b>COLTS NECK NJ 07722</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                       | Disposal Date<br><b>11-22-11</b>                                                                                                                                                                                           | City, State<br><b>TULLYTOWN PA</b>                                                                                           |                                                                      |                |         |        |           |
| Completed By<br><b>John GALL</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                       | Title<br><b>OPS MGR</b>                                                                                                                                                                                                    | Signature<br><b>John GALL</b>                                                                                                | Date<br><b>11-2-11</b>                                               |                |         |        |           |



ck# 1248

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

RECEIVED  
NOV 5 4 50 PM  
ASBESTOS CONTROL & LICENSING

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     |                                                                                                                                                                                                                            |                                                           |                                             |                         |          |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------|-------------------------|----------|----------|
| Date of Notification (1)<br><b>10-28-11</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     | Name of Building Owner/Operator (2)<br><b>MONMOUTH COUNTY</b>                                                                                                                                                              |                                                           |                                             |                         |          |          |
| 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                                                                                                                                                                                                                                                                              |                                                                                     | Street Address<br><b>805 NEWMAN SPRINGS RD</b>                                                                                                                                                                             |                                                           |                                             |                         |          |          |
| 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                                                                                                                                                                                                                                                                 |                                                                                     | City, State, Zip Code<br><b>LINCOLN NJ 07733</b>                                                                                                                                                                           |                                                           |                                             |                         |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     | Name of Contact<br><b>John Eismann</b>                                                                                                                                                                                     |                                                           |                                             |                         |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     | Telephone Number<br><b>908-242-5000</b>                                                                                                                                                                                    |                                                           |                                             |                         |          |          |
| FACILITY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                     |                                                                                                                                                                                                                            |                                                           |                                             |                         |          |          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Mon Co PAUC System</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     | 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><b>220 HARTSHORNE ROAD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     | Square Feet<br><b>1500</b>                                                                                                                                                                                                 | # of Floors<br><b>2</b>                                   |                                             |                         |          |          |
| City (5)<br><b>LOCUST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     | Bldg. Age<br><b>80</b>                                                                                                                                                                                                     |                                                           |                                             |                         |          |          |
| County (6)<br><b>MONMOUTH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     | Current Use (Prior if being demolished)<br><b>HOUSE</b>                                                                                                                                                                    |                                                           |                                             |                         |          |          |
| County Code (7) (STATE USE ONLY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     | Name of Abatement Contractor (9)<br><b>ACE INSULATION CO INC</b>                                                                                                                                                           |                                                           |                                             |                         |          |          |
| Name of Monitoring Firm Hired by Building Owner (8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     | Street Address<br><b>95 MONTROSE RD</b>                                                                                                                                                                                    |                                                           |                                             |                         |          |          |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     | City, State, Zip Code<br><b>COLTS NECK NJ 07722</b>                                                                                                                                                                        |                                                           |                                             |                         |          |          |
| City, State, Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     | Telephone No.<br><b>732-294-1757</b>                                                                                                                                                                                       | License No.<br><b>00029</b>                               |                                             |                         |          |          |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     | Name of OSHA Monitor<br><b>ACE INSULATION CO INC</b>                                                                                                                                                                       |                                                           |                                             |                         |          |          |
| Telephone No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     | Street Address<br><b>95 MONTROSE RD</b>                                                                                                                                                                                    |                                                           |                                             |                         |          |          |
| Start Date (10)<br><b>11-14-11</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     | Scheduled Completion Date (11)<br><b>11-19-11</b>                                                                                                                                                                          |                                                           |                                             |                         |          |          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <b>7AM - 7PM</b>                                                                                                                                                                                                                   |                                                                                     |                                                                                                                                                                                                                            |                                                           |                                             |                         |          |          |
| Scope of Work (Check all that apply)<br><input checked="" 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)<br><b>1ST FL Bath</b><br><b>Basement</b>                                                                                                                                                                                                                                                                                                                                                                                                 | 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><b>LINOLEUM</b><br><b>TRANSITE</b>                                                         | Amount (Specify SF or LF)<br><b>40 SF</b><br><b>70 SF</b> | Abatement Type                              |                         |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     |                                                                                                                                                                                                                            |                                                           | Remove                                      | Repair                  | In Place | In Place |
| Name of Registered Waste Hauler<br><b>ACE INSULATION CO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     | NJDEP Waste Hauler ID No.<br><b>12086</b>                                                                                                                                                                                  | Cubic Yards of Waste                                      | Name of Registered Landfill<br><b>GROWS</b> |                         |          |          |
| City, State<br><b>COLTS NECK NJ 07722</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     | Disposal Date                                                                                                                                                                                                              | City, State<br><b>Tullytown PA</b>                        |                                             | Date<br><b>10-28-11</b> |          |          |
| Completed By<br><b>Sacks GALL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     | Title<br><b>OPS mgr</b>                                                                                                                                                                                                    | Signature<br><b>Jack GALL</b>                             |                                             |                         |          |          |

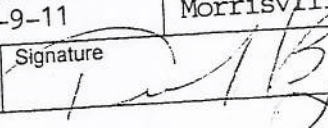
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 12:120)

Check # 7741

|                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                                                  |                                                                                                                             |                                                                                                                                                                                                                                                           |                |                                      |        |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------|--------|-------------|-----------|
| Date of Notification (1)<br>11/1/11                                                                                                                                                                                                                                                |                                                                       | Name of Building Owner/Operator (2)<br>ETHICON INC                                                                                                                                                                                                               |                                                                                                                             |                                                                                                                                                                                                                                                           |                |                                      |        |             |           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DON<br><input checked="" 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>US RT 22 WEST      |        |             |           |
|                                                                                                                                                                                                                                                                                    |                                                                       | City, State, Zip Code<br>SOMERVILLE, NJ 08876                                                                                                                                                                                                                    |                                                                                                                             |                                                                                                                                                                                                                                                           |                | Name of Contact<br>VINCENT MCDONALD  |        |             |           |
|                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                                                  |                                                                                                                             |                                                                                                                                                                                                                                                           |                | Telephone Number<br>[REDACTED]       |        |             |           |
| FACILITY INFORMATION                                                                                                                                                                                                                                                               |                                                                       |                                                                                                                                                                                                                                                                  |                                                                                                                             |                                                                                                                                                                                                                                                           |                |                                      |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>ETHICON INC / G BUILDING                                                                                                                                                                                                   |                                                                       |                                                                                                                                                                                                                                                                  |                                                                                                                             | 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>US RT 22 WEST                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                                                  |                                                                                                                             | Square Feet<br>14000                                                                                                                                                                                                                                      |                |                                      |        |             |           |
| City (5)<br>SOMERVILLE                                                                                                                                                                                                                                                             |                                                                       |                                                                                                                                                                                                                                                                  |                                                                                                                             | # of Floors<br>3                                                                                                                                                                                                                                          |                |                                      |        |             |           |
| County (6)<br>SOMERSET                                                                                                                                                                                                                                                             |                                                                       |                                                                                                                                                                                                                                                                  |                                                                                                                             | Bldg. Age<br>52                                                                                                                                                                                                                                           |                |                                      |        |             |           |
| County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                                                                |                                                                       | Current Use (Prior if being demolished)<br>LAB/OFFICE                                                                                                                                                                                                            |                                                                                                                             |                                                                                                                                                                                                                                                           |                |                                      |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)                                                                                                                                                                                                                                |                                                                       | ASCM No.                                                                                                                                                                                                                                                         |                                                                                                                             | Name of Abatement Contractor (9)<br>A. Mac Contracting Inc.                                                                                                                                                                                               |                |                                      |        |             |           |
| Street Address                                                                                                                                                                                                                                                                     |                                                                       | Street Address<br>105 Lowell Road                                                                                                                                                                                                                                |                                                                                                                             |                                                                                                                                                                                                                                                           |                |                                      |        |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                              |                                                                       | City, State, Zip Code<br>Glen Rock, NJ 07452                                                                                                                                                                                                                     |                                                                                                                             |                                                                                                                                                                                                                                                           |                |                                      |        |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                |                                                                       | Telephone No.                                                                                                                                                                                                                                                    |                                                                                                                             | Telephone No.<br>201-262-5841                                                                                                                                                                                                                             |                |                                      |        |             |           |
| Start Date (10)<br>11/1/11                                                                                                                                                                                                                                                         |                                                                       | Scheduled Completion Date (11)<br>11/2/11                                                                                                                                                                                                                        |                                                                                                                             | License No.<br>00156 A                                                                                                                                                                                                                                    |                |                                      |        |             |           |
| Name of OSHA Monitor<br>Omega Environmental Services Inc.                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                                                  |                                                                                                                             |                                                                                                                                                                                                                                                           |                |                                      |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |                                                                       |                                                                                                                                                                                                                                                                  |                                                                                                                             | Street Address<br>280 Huyler Street                                                                                                                                                                                                                       |                |                                      |        |             |           |
|                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                                                  |                                                                                                                             | City, State, Zip Code<br>Hackensack, NJ 07606                                                                                                                                                                                                             |                |                                      |        |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                               |                                                                       |                                                                                                                                                                                                                                                                  |                                                                                                                             |                                                                                                                                                                                                                                                           |                |                                      |        |             |           |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf<br><input type="checkbox"/> ≥ 160 sf or ≥ 250 lf                                                                                                                                                                              |                                                                       | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                                            |                                                                                                                             | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure |                |                                      |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)                                                                                                                                                                                                       | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                                                                                                                                                                                                                                                  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                                                                                                                                                                                                                                 | Abatement Type |                                      |        |             |           |
|                                                                                                                                                                                                                                                                                    | Yes                                                                   | No                                                                                                                                                                                                                                                               |                                                                                                                             |                                                                                                                                                                                                                                                           | N/A            | Removal                              | Repair | Encapsulate | Enclosure |
| HALL ROOM                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                                                  | X                                                                                                                           | VAT/MASTIC                                                                                                                                                                                                                                                | 62 SF          | X                                    |        |             |           |
|                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                                                  |                                                                                                                             |                                                                                                                                                                                                                                                           |                |                                      |        |             |           |
|                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                                                  |                                                                                                                             |                                                                                                                                                                                                                                                           |                |                                      |        |             |           |
| Name of Registered Waste Hauler<br>FREEMAN CARTAGE INC                                                                                                                                                                                                                             |                                                                       | NJDEP Waste Hauler ID No.<br>15439                                                                                                                                                                                                                               |                                                                                                                             | Cubic Yards of Waste<br>2                                                                                                                                                                                                                                 |                | Name of Registered Landfill<br>GROWL |        |             |           |
| City, State<br>FREEHOLD, NJ                                                                                                                                                                                                                                                        |                                                                       | Disposal Date<br>11/1/11                                                                                                                                                                                                                                         |                                                                                                                             | City, State<br>MORRISVILLE, PA                                                                                                                                                                                                                            |                |                                      |        |             |           |
| Completed by<br>R. McDonald                                                                                                                                                                                                                                                        |                                                                       | Title<br>President                                                                                                                                                                                                                                               |                                                                                                                             | Signature<br>[Signature]                                                                                                                                                                                                                                  |                | Date<br>11/1/11                      |        |             |           |

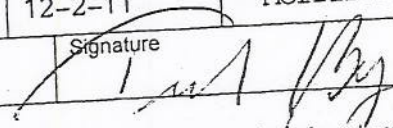
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Check # 7711

| Date of Notification (1)<br><b>10-31-11</b>                                                                                                                                                                                                                                              |                                                                       | Name of Building Owner/Operator (2)<br><b>Rutgers-The State University of New Jersey</b>                                                                                                                                                     |                                                                                                   |                                                                                                                                |                           |                |                         |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|-------------------------|-------------|-----------|
| 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 type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>1</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation        |                                                                                                   |                                                                                                                                |                           |                |                         |             |           |
| Street Address<br><b>27 Road 1, Building 4086</b>                                                                                                                                                                                                                                        |                                                                       | City, State, Zip Code<br><b>Piscataway, NJ 08854</b>                                                                                                                                                                                         |                                                                                                   |                                                                                                                                |                           |                |                         |             |           |
| Name of Contact<br><b>Mike Smith</b>                                                                                                                                                                                                                                                     |                                                                       | Telephone Number<br><b>[REDACTED]</b>                                                                                                                                                                                                        |                                                                                                   |                                                                                                                                |                           |                |                         |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                              |                                                                       |                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                                |                           |                |                         |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Blake Hall</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>93 Lipman Drive</b>                                                                                                                                                                                                                                                 |                                                                       | Square Feet<br><b>120,000</b>                                                                                                                                                                                                                | # of Floors<br><b>2</b>                                                                           |                                                                                                                                |                           |                |                         |             |           |
| City (5)<br><b>New Brunswick</b>                                                                                                                                                                                                                                                         |                                                                       | Bldg. Age<br><b>45yrs</b>                                                                                                                                                                                                                    |                                                                                                   |                                                                                                                                |                           |                |                         |             |           |
| County (6)<br><b>Middlesex</b>                                                                                                                                                                                                                                                           |                                                                       | Current Use (Prior if being demolished)<br><b>classrooms/offices</b>                                                                                                                                                                         |                                                                                                   |                                                                                                                                |                           |                |                         |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC Associates, Inc.</b>                                                                                                                                                                                                       |                                                                       | Name of Abatement Contractor (9)<br><b>Plymouth Environmental Co., Inc.</b>                                                                                                                                                                  |                                                                                                   |                                                                                                                                |                           |                |                         |             |           |
| Street Address<br><b>Three Terri Lane</b>                                                                                                                                                                                                                                                |                                                                       | Street Address<br><b>923 Haws Avenue</b>                                                                                                                                                                                                     |                                                                                                   |                                                                                                                                |                           |                |                         |             |           |
| City, State, Zip Code<br><b>Burlington, NJ 08106</b>                                                                                                                                                                                                                                     |                                                                       | City, State, Zip Code<br><b>Norristown, PA 19401</b>                                                                                                                                                                                         |                                                                                                   |                                                                                                                                |                           |                |                         |             |           |
| Project Manager for Monitoring Firm<br><b>Brian Kearney</b>                                                                                                                                                                                                                              |                                                                       | Telephone No.<br><b>610-239-9920</b>                                                                                                                                                                                                         | License No.<br><b>00398</b>                                                                       |                                                                                                                                |                           |                |                         |             |           |
| Start Date (10)<br><b>11-7-11</b>                                                                                                                                                                                                                                                        | Scheduled Completion Date (11)<br><b>12-9-11</b>                      | Name of OSHA Monitor<br><b>Plymouth Environmental Co. Inc.</b>                                                                                                                                                                               |                                                                                                   |                                                                                                                                |                           |                |                         |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |                                                                       | Street Address<br><b>923 Haws Avenue</b>                                                                                                                                                                                                     |                                                                                                   |                                                                                                                                |                           |                |                         |             |           |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                           |                                                                       | City, State, Zip Code<br><b>Norristown, PA 19401</b>                                                                                                                                                                                         |                                                                                                   |                                                                                                                                |                           |                |                         |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                       | <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 windows                                                                                                                                                                                                                                                                         |                                                                       |                                                                                                                                                                                                                                              | x                                                                                                 | window caulking                                                                                                                | 200 SF                    | x              |                         |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                                |                           |                |                         |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                                |                           |                |                         |             |           |
| Name of Registered Waste Hauler<br><b>Newark Carting</b>                                                                                                                                                                                                                                 |                                                                       | NJDEP Waste Hauler ID No.<br><b>4509</b>                                                                                                                                                                                                     | Cubic Yards of Waste<br><b>10</b>                                                                 | Name of Registered Landfill<br><b>GROWS, Inc.</b>                                                                              |                           |                |                         |             |           |
| City, State<br><b>Newark, NJ</b>                                                                                                                                                                                                                                                         |                                                                       | Disposal Date<br><b>12-9-11</b>                                                                                                                                                                                                              | City, State<br><b>Morrisville, PA</b>                                                             |                                                                                                                                |                           |                |                         |             |           |
| Completed by<br><b>Timothy E. Bryan</b>                                                                                                                                                                                                                                                  |                                                                       | Title<br><b>Vice-President</b>                                                                                                                                                                                                               | Signature<br> |                                                                                                                                |                           |                | Date<br><b>10-31-11</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><b>10-24-11</b>                                                                                                                                                                                                                                              |                                                                       | Name of Building Owner/Operator (2)<br><b>Rutgers-The State University of New Jersey</b> |     | <div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b><br/><br/> <b>NOV - 4 2011</b> </div>                                                                                                            |                                                   |                |                         |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------|-------------------------|-------------|-----------|
| Agencies Notified                                                                                                                                                                                                                                                                        |                                                                       | Street Address<br><b>27 Road 1, Building 4086</b>                                        |     |                                                                                                                                                                                                                                              |                                                   |                |                         |             |           |
| <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                                                                                        |                                                                       | City, State, Zip Code<br><b>Piscataway, NJ 08854</b>                                     |     |                                                                                                                                                                                                                                              |                                                   |                |                         |             |           |
| 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                                    |                                                                       | Name of Contact<br><b>Mike Smith</b>                                                     |     |                                                                                                                                                                                                                                              |                                                   |                |                         |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                              |                                                                       |                                                                                          |     |                                                                                                                                                                                                                                              |                                                   |                |                         |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Blake Hall</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>93 Lipman Drive</b>                                                                                                                                                                                                                                                 |                                                                       |                                                                                          |     | Square Feet<br><b>120,000</b>                                                                                                                                                                                                                | # of Floors<br><b>2</b>                           |                |                         |             |           |
| City (5)<br><b>New Brunswick</b>                                                                                                                                                                                                                                                         |                                                                       |                                                                                          |     | Bldg. Age<br><b>45yrs</b>                                                                                                                                                                                                                    |                                                   |                |                         |             |           |
| County (6)<br><b>Middlesex</b>                                                                                                                                                                                                                                                           |                                                                       | County Code (7)<br>(STATE USE ONLY)                                                      |     | Current Use (Prior if being demolished)<br><b>classrooms/offices</b>                                                                                                                                                                         |                                                   |                |                         |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC Associates, Inc.</b>                                                                                                                                                                                                       |                                                                       | ASCM No.                                                                                 |     | Name of Abatement Contractor (9)<br><b>Plymouth Environmental Co., Inc.</b>                                                                                                                                                                  |                                                   |                |                         |             |           |
| Street Address<br><b>Three Terri Lane</b>                                                                                                                                                                                                                                                |                                                                       |                                                                                          |     | Street Address<br><b>923 Haws Avenue</b>                                                                                                                                                                                                     |                                                   |                |                         |             |           |
| City, State, Zip Code<br><b>Burlington, NJ 08106</b>                                                                                                                                                                                                                                     |                                                                       |                                                                                          |     | City, State, Zip Code<br><b>Norristown, PA 19401</b>                                                                                                                                                                                         |                                                   |                |                         |             |           |
| Project Manager for Monitoring Firm<br><b>Brian Kearney</b>                                                                                                                                                                                                                              |                                                                       | Telephone No.<br><b>609-386-8800</b>                                                     |     | Telephone No.<br><b>610-239-9920</b>                                                                                                                                                                                                         | License No.<br><b>00398</b>                       |                |                         |             |           |
| Start Date (10)<br><b>11-2-11</b>                                                                                                                                                                                                                                                        |                                                                       | Scheduled Completion Date (11)<br><b>12-2-11</b>                                         |     | Name of OSHA Monitor<br><b>Plymouth Environmental Co., Inc.</b>                                                                                                                                                                              |                                                   |                |                         |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |                                                                       |                                                                                          |     | Street Address<br><b>923 Haws Avenue</b>                                                                                                                                                                                                     |                                                   |                |                         |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                          |     | City, State, Zip Code<br><b>Norristown, PA 19401</b>                                                                                                                                                                                         |                                                   |                |                         |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                     |                                                                       |                                                                                          |     |                                                                                                                                                                                                                                              |                                                   |                |                         |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf                                                                                                                                                                |                                                                       | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition    |     | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                   |                |                         |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (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 windows                                                                                                                                                                                                                                                                         |                                                                       |                                                                                          | x   | window caulking                                                                                                                                                                                                                              | 200 SF                                            | x              |                         |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                          |     |                                                                                                                                                                                                                                              |                                                   |                |                         |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                          |     |                                                                                                                                                                                                                                              |                                                   |                |                         |             |           |
| Name of Registered Waste Hauler<br><b>Newark Carting</b>                                                                                                                                                                                                                                 |                                                                       | NJDEP Waste Hauler ID No.<br><b>4509</b>                                                 |     | Cubic Yards of Waste<br><b>10</b>                                                                                                                                                                                                            | Name of Registered Landfill<br><b>GROWS, Inc.</b> |                |                         |             |           |
| City, State<br><b>Newark, NJ</b>                                                                                                                                                                                                                                                         |                                                                       | Disposal Date<br><b>12-2-11</b>                                                          |     | City, State<br><b>Morrisville, PA</b>                                                                                                                                                                                                        |                                                   |                |                         |             |           |
| Completed by<br><b>Timothy E. Bryan</b>                                                                                                                                                                                                                                                  |                                                                       | Title<br><b>Vice-President</b>                                                           |     | Signature<br>                                                                                                                                            |                                                   |                | Date<br><b>10-24-11</b> |             |           |

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

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

**RECEIVED**  
NOV - 4 2011

Date of Notification (1) 11/2/11

Name of Building Owner/Operator (2) EARTNTECH CONTRACTING

Agencies Notified: ☒ EPA, ☒ DEP, ☒ DOL, ☐ DOM, ☐ DCA

Type Notification: ☒ Initial, ☐ Amended, ☐ Amendment #, ☐ Emergency (including justification), ☐ Cancellation

Street Address: 155 Rt. 50

City, State, Zip Code: GREENFIELD, N.J.

Name of Contact: BRUCE BREUNIG

Telephone Number: [REDACTED]

**FACILITY INFORMATION**

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

Street Address: 171 9TH ST. SOUTH

City, State, Zip Code: BRIANTIME

County (6): ATLANTIC

County Code (7) (STATE USE ONLY): \_\_\_\_\_

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

Square Feet: \_\_\_\_\_ # of Floors: \_\_\_\_\_ Bldg Age: \_\_\_\_\_

Current Use (Prior to being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner (5): N/A

ASCM No.: \_\_\_\_\_

Name of Abatement Contractor (9): KLEMM INC.

Street Address: 369 S. SPRUCE AVE.

City, State, Zip Code: MAPLE SHADE, N.J. 08052

Telephone No.: 856-779-0472

License No.: 00444

Project Manager for Monitoring Firm: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Start Date (10): 11/14/11

Scheduled Completion Date (11): 11/21/11

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

Name of OSHA Monitor: JOSEPH KLEMM

Street Address: 369 S. SPRUCE AVE.

City, State, Zip Code: MAPLE SHADE, N.J. 08052

Scope of Work (Check all that apply): ☒ 25 SF or less, ☒ 251 SF or 2500 SF

☐ Renovation, ☒ Demolition

☐ Full Containment with Negative Pressure, ☐ Mini-Enclosure, ☐ Glovebag Procedure, ☐ Non-Exempted (\*) and Non-Friable Procedure

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location 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 Method |        |               |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------|----|----------|------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|--------|---------------|
|                                                                              | Yes                                                                   | No | N/A      |                                                                                                                              |                           | Removal          | Repair | Encapsulation |
| <u>SIDING</u>                                                                |                                                                       |    | <u>X</u> | <u>TRANSITE</u>                                                                                                              | <u>1000 LF</u>            | <u>X</u>         |        |               |
|                                                                              |                                                                       |    |          |                                                                                                                              |                           |                  |        |               |
|                                                                              |                                                                       |    |          |                                                                                                                              |                           |                  |        |               |

Name of Registered Waste Hauler: KLEMM INC.

NJDEP Waste Hauler ID No.: 17904

Cubic Yards of Waste: \_\_\_\_\_

Name of Registered Landfill: A.C.U.A.

City, State: PLEASANTVILLE, N.J.

Disposal Date: \_\_\_\_\_

Signature: Joseph Klemm

Date: 11/2/11

Complainant: JOSEPH KLEMM

Title: V/P

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

APPROVED: PAUL HORNER,  
NJDOH

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

C2# 2168

| Date of Notification (1)<br><b>10/31/11</b>                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                           | Name of Building Owner / Operator (2)<br><b>Trenton Board of Education</b>            |                                                                                                                                                                                                                                            | <div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <b>RECEIVED</b><br/><br/> <b>NOV - 4 2011</b><br/><br/> ASBESTOS CONT. LICENSING </div>                                                            |                                                            |                                     |                          |                          |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified                                                                                                                                                                                                                                                                                                                              | Type Notification                                                                                                                                                         | Street Address<br><b>1490 Prospect Street</b>                                         |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                            |                                     |                          |                          |                          |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                             | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input checked="" type="checkbox"/> Emergency<br><input type="checkbox"/> Cancellation | City, State & Zip Code<br><b>Trenton, NJ 08638</b>                                    |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                            |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                           | Name of Contact<br><b>Mr. Everett O. Collins</b>                                      |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                            |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                           |                                                                                       |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                            |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Maintenance Complex, Main Building</b>                                                                                                                                                                                                                                              |                                                                                                                                                                           |                                                                                       | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12) <b>NON SUB 8</b><br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                                                                                                                                                                                                            |                                                            |                                     |                          |                          |                          |
| Street Address<br><b>1490 Prospect Street</b>                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                           |                                                                                       | Square Feet<br><b>3000</b>                                                                                                                                                                                                                 | # of Floors<br><b>1</b>                                                                                                                                                                                                                    | Bldg. Age<br><b>60+</b>                                    |                                     |                          |                          |                          |
| City (5)<br><b>Trenton</b>                                                                                                                                                                                                                                                                                                                     | County (6)<br><b>Mercer</b>                                                                                                                                               | County Code (7)                                                                       | Current Use (Prior if being demolished)<br><b>Maintenance Building</b>                                                                                                                                                                     |                                                                                                                                                                                                                                            |                                                            |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Environmental Connection</b>                                                                                                                                                                                                                                                         |                                                                                                                                                                           | ASCM No.                                                                              | 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 08010</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                           | City, State & Zip Code<br><b>Bristol, PA 19007</b>                                    |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                            |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Jim Frisbee</b>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                           | Telephone Number<br><b>609-392-4200</b>                                               | Telephone Number<br><b>(215)788-6040</b>                                                                                                                                                                                                   | License Number<br><b>00509</b>                                                                                                                                                                                                             |                                                            |                                     |                          |                          |                          |
| Scheduled Start Date (10)<br><b>10/31/11</b>                                                                                                                                                                                                                                                                                                   | Scheduled Completion Date (11)<br><b>10/31/11</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>4:00 PM - 11:59 PM</b><br><input 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 checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf $\geq 260$ lf                                                                                                                                                                                                                         |                                                                                                                                                                           | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition |                                                                                                                                                                                                                                            | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> 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>1<sup>st</sup> Floor Truancy/H&amp;S Grant Area Above the plaster ceiling</b>                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/>                                                                                                                                       | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                                                                                                                                                                                   | <b>Thermal System Insulation</b>                                                                                                                                                                                                           | <b>9 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>Bristol Environmental, Inc.</b>                                                                                                                                                                                                                                                                          |                                                                                                                                                                           | NJDEP Waste Hauler ID No.<br><b>18706</b>                                             |                                                                                                                                                                                                                                            | Cubic Yards of Waste<br><b>2 Cu yd</b>                                                                                                                                                                                                     | Name of Registered Landfill<br><b>GROWS North Landfill</b> |                                     |                          |                          |                          |
| City, State<br><b>Bristol, PA</b>                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                           | Disposal Date                                                                         |                                                                                                                                                                                                                                            | City, State<br><b>Morrisville, PA</b>                                                                                                                                                                                                      |                                                            |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Gino Pizzigoni</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                           | Title<br><b>Project Manager</b>                                                       |                                                                                                                                                                                                                                            | Signature<br><i>Gino Pizzigoni / jk</i>                                                                                                                                                                                                    |                                                            |                                     | Date<br><b>10/28/11</b>  |                          |                          |

Fax:

Nov 1 2011 01:58pm P001/001

RECEIVED

Print Form

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

NOV - 1 2011  
APPROVED  
NJ Dept. of Health & Senior Services  
Date: 11/01/11 Time: 1:53PM

|                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                    |                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Date of Notification (1)<br>11/01/11 Ck: 1605 \$200                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                  | Name of Building Owner/Operator (2)<br>Parish Office                                                                                                                                                                                                               |                                                                                                                             |
| Agencies Notified                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                  | Street Address<br>50 Van Winkle Place                                                                                                                                                                                                                              |                                                                                                                             |
| <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 checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Piscataway, New Jersey 08854                                                                                                                                                                                                              |                                                                                                                             |
|                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                  | Name of Contact<br>Tim Mason                                                                                                                                                                                                                                       |                                                                                                                             |
|                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                  | Telephone Number                                                                                                                                                                                                                                                   |                                                                                                                             |
| FACILITY INFORMATION                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                    |                                                                                                                             |
| Name of Facility Where Abatement is Taking Place (3)<br>Our Lady of Fatima                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                  | 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>501 New Market Road                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                  | Square Feet<br>20,000                                                                                                                                                                                                                                              | # of Floors<br>2                                                                                                            |
| City (5)<br>Piscataway, New Jersey 08854                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                  | Bldg. Age<br>55+                                                                                                                                                                                                                                                   |                                                                                                                             |
| County (6)<br>Middlesex                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                  | Current Use (Prior if being demolished)<br>Church                                                                                                                                                                                                                  |                                                                                                                             |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Birdsall Services Group                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                  | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                                                |                                                                                                                             |
| Street Address<br>65 Jackson Drive                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                  | Name of Abatement Contractor (9)<br>Lilich Corporation                                                                                                                                                                                                             |                                                                                                                             |
| City, State, Zip Code<br>Cranford, New Jersey 07016                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                  | Street Address<br>606 McBride Avenue                                                                                                                                                                                                                               |                                                                                                                             |
| Project Manager for Monitoring Firm<br>Charles Shneekloth                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                  | City, State, Zip Code<br>Woodland Park, New Jersey 07424                                                                                                                                                                                                           |                                                                                                                             |
| Start Date (10)<br>11/02/11                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                  | Telephone No.<br>973-225-8400                                                                                                                                                                                                                                      | License No.<br>01104                                                                                                        |
| Scheduled Completion Date (11)<br>11/04/11                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                  | Name of OSHA Monitor<br>J&S Environmental Labs                                                                                                                                                                                                                     |                                                                                                                             |
| 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: 10 AM - 12 AM |                                                                                                                                                                                                                                                                  | Street Address<br>2333 Route 22 West                                                                                                                                                                                                                               |                                                                                                                             |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> ≥ 3 sf or ≥ 3 lf<br><input checked="" type="checkbox"/> ≥ 180 sf or ≥ 260 lf                                                                                                                                                    |                                                                                                                                                                                                                                                                  | <input checked="" 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) 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) |
|                                                                                                                                                                                                                                                                                                  | Yes                                                                                                                                                                                                                                                              | No                                                                                                                                                                                                                                                                 |                                                                                                                             |
| Basement                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                  | X                                                                                                                                                                                                                                                                  | TSI wrap & Cut                                                                                                              |
|                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                    |                                                                                                                             |
|                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                    |                                                                                                                             |
|                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                    |                                                                                                                             |
| Name of Registered Waste Hauler<br>Lilich Corporation                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                  | NJDEP Waste Hauler ID No.<br>18724                                                                                                                                                                                                                                 | Cubic Yards of Waste<br>4                                                                                                   |
| City, State<br>Woodland Park, New Jersey 07424                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                  | Name of Registered Landfill<br>G.R.O.W.S Landfill                                                                                                                                                                                                                  |                                                                                                                             |
| Completed by<br>Tatiana Kalenikova                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                  | Title<br>Vice President                                                                                                                                                                                                                                            | Signature<br>Tatiana Kalenikova                                                                                             |
|                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                  | Disposal Date<br>11/07/11                                                                                                                                                                                                                                          | Date<br>11/01/11                                                                                                            |

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

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

*Check #5951*

|                                                                                                                                                                                    |                                                                                                                                               |                                                                 |                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Date of Notification (1)<br><b>November 2, 2011</b>                                                                                                                                |                                                                                                                                               | Name of Building Owner / Operator (2)<br><b>Bank of America</b> |                                                                                                                                |
| Agencies Notified                                                                                                                                                                  | Type Notification                                                                                                                             | Street Address<br><b>609 Livingston Avenue</b>                  | <div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b><br/> <br/> <b>NOV - 4 2011</b> </div> |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Cancellation | City, State & Zip Code<br><b>New Brunswick, NJ 08901</b>        |                                                                                                                                |
|                                                                                                                                                                                    |                                                                                                                                               | Name of Contact<br><b>Jim Kalafsky</b>                          |                                                                                                                                |
|                                                                                                                                                                                    |                                                                                                                                               | ASBESTOS CONTROL LICENSING                                      | Telephone Number<br><b>908-625-6900</b>                                                                                        |

**FACILITY INFORMATION**

|                                                                                                                                                                                                                                                                                                                                          |                                                            |                                                                                                                                                                                                                           |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Bank of America</b>                                                                                                                                                                                                                                                           |                                                            | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.) |                                |
| Street Address<br><b>609 Livingston Avenue</b>                                                                                                                                                                                                                                                                                           |                                                            | Square Feet<br><b>8,000</b>                                                                                                                                                                                               | # of Floors<br><b>2</b>        |
| City (5)<br><b>New Brunswick</b>                                                                                                                                                                                                                                                                                                         |                                                            | Bldg. Age<br><b>54</b>                                                                                                                                                                                                    |                                |
| County (6)<br><b>Middlesex</b>                                                                                                                                                                                                                                                                                                           |                                                            | Current Use (Prior if being demolished)<br><b>Bank</b>                                                                                                                                                                    |                                |
| County Code (7)<br><b>USE ONLY</b>                                                                                                                                                                                                                                                                                                       |                                                            |                                                                                                                                                                                                                           |                                |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Arcadis US Inc.</b>                                                                                                                                                                                                                                                            |                                                            | ASCM No.                                                                                                                                                                                                                  |                                |
| Street Address<br><b>35 Columbia Road</b>                                                                                                                                                                                                                                                                                                |                                                            | Name of Abatement Contractor (9)<br><b>Synatech, Inc.</b>                                                                                                                                                                 |                                |
| City, State & Zip Code<br><b>Branchburg, NJ 08876</b>                                                                                                                                                                                                                                                                                    |                                                            | Street Address<br><b>829 Radio Road</b>                                                                                                                                                                                   |                                |
| Project Manager for Monitoring Firm<br><b>Jim Kalafsky</b>                                                                                                                                                                                                                                                                               |                                                            | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>                                                                                                                                                              |                                |
| Telephone Number<br><b>908-625-6900</b>                                                                                                                                                                                                                                                                                                  |                                                            | Telephone Number<br><b>609-296-6916</b>                                                                                                                                                                                   | License Number<br><b>00817</b> |
| Scheduled Start Date (10)<br><b>November 11, 2011</b>                                                                                                                                                                                                                                                                                    | Scheduled Completion Date (11)<br><b>November 13, 2011</b> | Name of OSHA Monitor<br><b>Synatech, Inc.</b>                                                                                                                                                                             |                                |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours<br><input type="checkbox"/> Other - Describe:<br><input type="checkbox"/> Facility Occupied During Abatement |                                                            | Street Address<br><b>829 Radio Road</b>                                                                                                                                                                                   |                                |
|                                                                                                                                                                                                                                                                                                                                          |                                                            | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>                                                                                                                                                              |                                |

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

- ☐  $\geq 3$  sf or  $\geq 50$  lf  
☒  $\geq 160$  sf or  $\geq 260$  lf

- ☐ Renovation  
☐ Demolition

- ☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☒ Non-Exempted(\*) and Non-Friable Procedure

| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |                                           |     | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF)                            | Abatement Type |        |             |           |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------|--------|-------------|-----------|
|                                                                                           | Yes                                                                      | No                                        | N/A |                                                                                                                                |                                                      | Removal        | Repair | Encapsulate | Enclosure |
| Kitchen/Break Room                                                                        |                                                                          |                                           | X   | Floor Tile & Mastic                                                                                                            | 320 SF                                               | X              |        |             |           |
| Vault Area                                                                                |                                                                          |                                           | X   | Floor Tile & Mastic                                                                                                            | 200 SF                                               | X              |        |             |           |
| Bathroom Foyer                                                                            |                                                                          |                                           | X   | Floor Tile & Mastic                                                                                                            | 80 SF                                                | X              |        |             |           |
| Name of Registered Waste Hauler<br><b>Synatech, Inc.</b>                                  |                                                                          | NJDEP Waste Hauler ID No.<br><b>27429</b> |     | Cubic Yards of Waste<br><b>10</b>                                                                                              | Name of Registered Landfill<br><b>Grows Landfill</b> |                |        |             |           |
| City, State<br><b>Little Egg Harbor, NJ 08087</b>                                         |                                                                          | Disposal Date<br><b>November 14, 2011</b> |     | City, State<br><b>Morrisville, PA</b>                                                                                          |                                                      |                |        |             |           |
| Completed By<br><b>Diane Aloia</b>                                                        | Title<br><b>Executive Administrator</b>                                  | Signature<br><i>[Signature]</i>           |     |                                                                                                                                | Date<br><b>November 2, 2011</b>                      |                |        |             |           |

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

DO NOT WRITE IN THESE SPACES  
11 MONDAY 4 2011

1427

Date of Notification (1)  
10/30/2011

Name of Building Owner/Operator (2)  
Jeff Agderian

Street Address  
360 East Madison Ave

City, State, Zip Code  
Dumont, NJ 07628

Name of Contact  
Jeff Agderian

Agencies Notified

|                                         |                                                                         |
|-----------------------------------------|-------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> EPA | <input type="checkbox"/> Initial                                        |
| <input checked="" type="checkbox"/> DEP | <input type="checkbox"/> Amended                                        |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Amendment #                                    |
| <input checked="" type="checkbox"/> DOH | <input checked="" type="checkbox"/> Emergency (including justification) |
| <input checked="" type="checkbox"/> DEA | <input type="checkbox"/> Cancellation                                   |

Type Notification

FACILITY INFORMATION

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

Street Address  
360 East Madison Ave

City (5)  
Dumont

County (6)  
Bergen

County Code (7)  
(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No

Type of Facility (4)

☐ School (K-12)

☐ Subchapter 8 (Other than K-2)

☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet  
180'

# of Floors  
2

Bldg Age  
50 +

Current Use Prior if being demolished:

Name of Abatement Contractor (9)  
GL Group, Inc.

Street Address  
140 Hamburg Pike

City, State, Zip Code  
Bloomingtondale NJ 07403

Telephone No.  
201 710 9725

License No.  
01084

Name of OSHA Monitor  
GL Group, Inc.

Street Address  
140 Hamburg Pike

City, State, Zip Code  
Bloomingtondale NJ 07403

Start Date (10)  
11/01/2011

Scheduled Completion Date (11)  
11/02/2011

Occupancy Status During Abatement (Check Only One)

☐ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

☒ Other - Describe 2800 1800 hrs.

Scope of Work (Check All That Apply)

☒ ≥ 3 sf or ≥ 3 lf

☐ ≥ 160 sf or ≥ 260 lf

☒ Renovation

☐ Demolition

☒ Full Containment with Negative Pressure

☒ Mini-Enclosure

☒ Glovebag Procedure

☐ Non-Exempted (\*) and Non-Friction Procedure

| Location of Asbestos-Containing Material (ACM) (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 |                                                                                                                            |                           | Asbestos       | Encapsulated | Encutative |
| Basement                                            | X                                                                     |    |     | Pipe Insulation                                                                                                            | 2011'                     | X              |              |            |

Name of Registered Waste Hauler  
GL Group, Inc.

NJDEP Waste Hauler ID No  
0033034

Cubic Yards of Waste  
180

Name of Registered Landfill  
Cumberland Landfill

City, State  
Bloomingtondale, NJ

Disposal Date  
11/02/2011

City, State  
Newburg Pa

Completed by  
Michael B Solakov

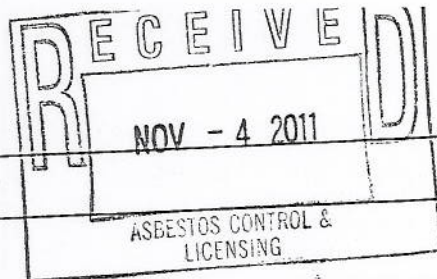
Title  
P.M.

Signature

Date  
10/30/2011

\* Do not use this form for asbestos removal or exempted activities

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



Date of Notification (1)  
11 / 01 / 11

Agencies Notified  
☒ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA  
 Type of Notification  
☒ Initial  
☐ Amended Amendment #  
☐ Emergency (including Justification)  
☐ Cancellation

Name of Building Owner/Operator (2)  
Brenda Rivarola  
 Street Address  
534 Clark Road  
 City, State, Zip Code  
Paramus, NJ  
 Name of Contact  
John Springstead  
 Telephone Number

Name of Facility Where Abatement is Taking Place (3)

Residence  
Street Address

422 East Ridgewood Avenue  
City (5)

County (6)

Bergen

County Code (7)  
(STATE USE ONLY)

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

Enviro Vision Consultants, Inc.

Street Address

20-21 Wagaraw Road

Fairlawn, NJ 07410

Project Manager for Monitoring Firm

Willie Morales

Scheduled State Date (10)

11 / 11 / 11

Month / Day / Year

Scheduled Completion Date (11)

11 / 15 / 11

Month / Day / Year

Occupancy Status During Abatement (Check only one)

- ☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Other - Describe:

Scope of Work (Check all that apply)

- ☐  $\geq 3$  sf or  $\geq 3$  lf  
☒  $\geq 160$  sf or  $\geq 260$  lf

- ☒ Renovation  
☐ Demolition

- ☐ Full Containment With Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☒ Non-Exempted (\*) and Non-Friable Procedure

| Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance / Custodial Staff (12) |    |     | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |   |   |   |  |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------|----|-----|------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|---|---|---|--|
|                                                                                | Yes                                                                    | No | N/A |                                                                                                                              |                           | R              | E | N | E |  |
| Exterior                                                                       |                                                                        |    | X   | Transite Siding                                                                                                              | 1,000 SF                  | X              |   |   |   |  |
|                                                                                |                                                                        |    |     |                                                                                                                              |                           |                |   |   |   |  |
|                                                                                |                                                                        |    |     |                                                                                                                              |                           |                |   |   |   |  |
|                                                                                |                                                                        |    |     |                                                                                                                              |                           |                |   |   |   |  |
|                                                                                |                                                                        |    |     |                                                                                                                              |                           |                |   |   |   |  |
|                                                                                |                                                                        |    |     |                                                                                                                              |                           |                |   |   |   |  |
|                                                                                |                                                                        |    |     |                                                                                                                              |                           |                |   |   |   |  |
|                                                                                |                                                                        |    |     |                                                                                                                              |                           |                |   |   |   |  |
|                                                                                |                                                                        |    |     |                                                                                                                              |                           |                |   |   |   |  |
|                                                                                |                                                                        |    |     |                                                                                                                              |                           |                |   |   |   |  |

Name of Registered Waste Hauler

J.R. Contracting & Environmental Consulting, Inc.

City, State

Wayne NJ 07470

Completed by (Print or Type)

Jerry Bijelonic

NJDEP Waste Hauler ID No. 17819

Cubic Yards of Waste

Disposal Date

Name of Registered Landfill

G.R.O.W.S

City, State

Morrisville PA

Signature

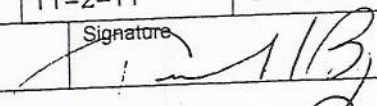
Date

11/1/2011

G4667

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

Check # 1112

|                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                       |     |                                                                                                                                                                                                                                              |                                            |                |                  |             |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------|------------------|-------------|-----------|
| Date of Notification (1)<br>10-31-11                                                                                                                                                                                                                                                              |                                                                       | Name of Building Owner/Operator (2)<br>Mercer Realty Corp.                            |     | <div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b><br/> NOV - 4 2011<br/> Telephone Number<br/> 212-6384-<br/> Licensing </div>                                                                        |                                            |                |                  |             |           |
| Agencies Notified                                                                                                                                                                                                                                                                                 |                                                                       | Street Address<br>700 Joline Avenue                                                   |     |                                                                                                                                                                                                                                              |                                            |                |                  |             |           |
| <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                                                                                                            |                                                                       | City, State, Zip Code<br>Long Branch, NJ 07740<br><br>Name of Contact<br>Todd Katz    |     |                                                                                                                                                                                                                                              |                                            |                |                  |             |           |
| Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation                                             |                                                                       |                                                                                       |     |                                                                                                                                                                                                                                              |                                            |                |                  |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                       |                                                                       |                                                                                       |     |                                                                                                                                                                                                                                              |                                            |                |                  |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Former Siperstein's Paint/Future Walgreen                                                                                                                                                                                                 |                                                                       |                                                                                       |     | 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>2021 Nottingham Way                                                                                                                                                                                                                                                             |                                                                       |                                                                                       |     | Square Feet                                                                                                                                                                                                                                  | # of Floors                                |                |                  |             |           |
| City (5)<br>Hamilton                                                                                                                                                                                                                                                                              |                                                                       |                                                                                       |     | Bldg. Age                                                                                                                                                                                                                                    |                                            |                |                  |             |           |
| County (6)<br>Mercer                                                                                                                                                                                                                                                                              |                                                                       | County Code (7)<br>(STATE USE ONLY)                                                   |     | Current Use (Prior if being demolished)<br>exterior trench                                                                                                                                                                                   |                                            |                |                  |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>EHS Environmental                                                                                                                                                                                                                          |                                                                       | ASCM No.                                                                              |     | Name of Abatement Contractor (9)<br>Plymouth Environmental Co., Inc.                                                                                                                                                                         |                                            |                |                  |             |           |
| Street Address<br>9 South Main Street                                                                                                                                                                                                                                                             |                                                                       |                                                                                       |     | Street Address<br>923 Haws Avenue                                                                                                                                                                                                            |                                            |                |                  |             |           |
| City, State, Zip Code<br>Mullica Hill, NJ 08062                                                                                                                                                                                                                                                   |                                                                       |                                                                                       |     | City, State, Zip Code<br>Norristown, PA 19401                                                                                                                                                                                                |                                            |                |                  |             |           |
| Project Manager for Monitoring Firm<br>Jack Carney                                                                                                                                                                                                                                                |                                                                       | Telephone No.<br>856-223-0080                                                         |     | Telephone No.<br>610-239-9920                                                                                                                                                                                                                | License No.<br>00398                       |                |                  |             |           |
| Start Date (10)<br>11-2-11                                                                                                                                                                                                                                                                        |                                                                       | Scheduled Completion Date (11)<br>11-2-11                                             |     | Name of OSHA Monitor<br>Plymouth Environmental Co., Inc.                                                                                                                                                                                     |                                            |                |                  |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>outside</u> |                                                                       |                                                                                       |     | Street Address<br>923 Haws Avenue                                                                                                                                                                                                            |                                            |                |                  |             |           |
|                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                       |     | City, State, Zip Code<br>Norristown, PA 19401                                                                                                                                                                                                |                                            |                |                  |             |           |
| 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 type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition |     | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input 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)<br>50 LF         | Abatement Type |                  |             |           |
|                                                                                                                                                                                                                                                                                                   | Yes                                                                   | No                                                                                    | N/A |                                                                                                                                                                                                                                              |                                            | Removal        | Repair           | Encapsulate | Enclosure |
| exterior trench                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                       | x   | pipe insulation                                                                                                                                                                                                                              |                                            | x              |                  |             |           |
|                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                       |     |                                                                                                                                                                                                                                              |                                            |                |                  |             |           |
|                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                       |     |                                                                                                                                                                                                                                              |                                            |                |                  |             |           |
| Name of Registered Waste Hauler<br>Robinson Waste                                                                                                                                                                                                                                                 |                                                                       | NJDEP Waste Hauler ID No.<br>17304                                                    |     | Cubic Yards of Waste<br>2                                                                                                                                                                                                                    | Name of Registered Landfill<br>GROWS, Inc. |                |                  |             |           |
| City, State<br>Bellmawr, NJ                                                                                                                                                                                                                                                                       |                                                                       | Disposal Date<br>11-2-11                                                              |     | City, State<br>Morrisville, PA                                                                                                                                                                                                               |                                            |                |                  |             |           |
| Completed by<br>Timothy E. Bryan                                                                                                                                                                                                                                                                  |                                                                       | Title<br>Vice-President                                                               |     | Signature<br>                                                                                                                                            |                                            |                | Date<br>10-31-11 |             |           |

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

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

NOV 4 2011  
check # 1112

|                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1)<br>10-31-11                                                                                                                                                                                                                                                              |  | Name of Building Owner/Operator (2)<br>Mercer Realty Corp.                                                                                                                                                                                            |  | APPROVED<br>NJ Dept. of Health & Senior Services<br>Paul C. G. Jones<br>(signature)<br>Date: 10/31/11 Time: 2:51 PM                                                                                                                                                                                                                                                                                                                                                                    |  |
| 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 type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>700 Joline Avenue<br>City, State, Zip Code<br>Long Branch, NJ 07740<br>Name of Contact<br>Todd Katz<br>Telephone Number<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                |  |
| FACILITY INFORMATION                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| Name of Facility Where Abatement is Taking Place (3)<br>Former Siperstein's Paint/Future Walgreen<br>Street Address<br>2021 Nottingham Way<br>City (5)<br>Hamilton<br>County (6)<br>Mercer                                                                                                        |  |                                                                                                                                                                                                                                                       |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)<br>Square Feet<br>-<br># of Floors<br>-<br>Bldg. Age<br>-<br>Current Use (Prior if being demolished)<br>exterior trench                                                                                                                                      |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>EHS Environmental<br>Street Address<br>9 South Main Street<br>City, State, Zip Code<br>Mullica Hill, NJ 08062<br>Project Manager for Monitoring Firm<br>Jack Carney                                                                        |  | ASCM No.<br>-<br>Telephone No.<br>856-223-0080                                                                                                                                                                                                        |  | Name of Abatement Contractor (9)<br>Plymouth Environmental Co., Inc.<br>Street Address<br>923 Haws Avenue<br>City, State, Zip Code<br>Norristown, PA 19401<br>Telephone No.<br>610-239-9920<br>License No.<br>00398                                                                                                                                                                                                                                                                    |  |
| Start Date (10)<br>11-2-11                                                                                                                                                                                                                                                                        |  | Scheduled Completion Date (11)<br>11-2-11                                                                                                                                                                                                             |  | Name of OSHA Monitor<br>Plymouth Environmental Co., Inc.<br>Street Address<br>923 Haws Avenue<br>City, State, Zip Code<br>Norristown, PA 19401                                                                                                                                                                                                                                                                                                                                         |  |
| 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>outside</u> |  |                                                                                                                                                                                                                                                       |  | 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 checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)                                                                                                                                                                                                                      |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A                                                                                                                                                                   |  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                                                                                                                                                                                                                                                                            |  |
| exterior trench                                                                                                                                                                                                                                                                                   |  | X                                                                                                                                                                                                                                                     |  | pipe insulation 50 LF                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| Name of Registered Waste Hauler<br>Robinson Waste                                                                                                                                                                                                                                                 |  | NJDEP Waste Hauler ID No.<br>17304                                                                                                                                                                                                                    |  | Cubic Yards of Waste<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| City, State<br>Bellmawr, NJ                                                                                                                                                                                                                                                                       |  | Disposal Date<br>11-2-11                                                                                                                                                                                                                              |  | Name of Registered Landfill<br>GROWS, Inc.<br>City, State<br>Morrisville, PA                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| Completed by<br>Timothy E. Bryan                                                                                                                                                                                                                                                                  |  | Title<br>Vice-President                                                                                                                                                                                                                               |  | Signature<br>[Signature]<br>Date<br>10-31-11                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |

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

|                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1)<br>November 1, 2011                                                                                                                                                                       |  | Name of Building Owner/Operator (2)<br>Scott Seib Plumbing & Heating, Inc.                                                                                                                                                                                      |  |
| 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 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>821 Sherbrooke Drive                                                                                                                                                                             |  | City, State, Zip Code<br>Westfield, New Jersey 07090                                                                                                                                                                                                            |  |
| Name of Contact<br>Scott Seib                                                                                                                                                                                      |  | Telephone Number<br>[REDACTED]                                                                                                                                                                                                                                  |  |

## FACILITY INFORMATION

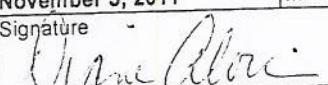
|                                                                                                                                                                                                                                                                                         |  |  |                                                                                                                                                                                                                                              |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 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>415 Wychwood Road                                                                                                                                                                                                                                                     |  |  | Square feet<br>3000 sf                                                                                                                                                                                                                       |  |  |
| City<br>Westfield                                                                                                                                                                                                                                                                       |  |  | # of Floors<br>2                                                                                                                                                                                                                             |  |  |
| County (6)<br>Union                                                                                                                                                                                                                                                                     |  |  | Bldg. Age<br>80                                                                                                                                                                                                                              |  |  |
| 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>Guardian Contracting, Inc.                                                                                                                                                                                                       |  |  | Name of Abatement Contractor (9)<br>Guardian Contracting, Inc.                                                                                                                                                                               |  |  |
| Street Address<br>1889 Route. 9, Unit 61                                                                                                                                                                                                                                                |  |  | Street Address<br>1889 Route 9, Unit 61                                                                                                                                                                                                      |  |  |
| City, State, Zip Code<br>Toms River, New Jersey 08755                                                                                                                                                                                                                                   |  |  | City, State, Zip Code<br>Toms River, New Jersey 08755-1271                                                                                                                                                                                   |  |  |
| Project Manager for Monitoring Firm<br>Nicholas Femicola                                                                                                                                                                                                                                |  |  | Telephone Number<br>732-349-9932                                                                                                                                                                                                             |  |  |
| Scheduled Start Date (10)<br>11/15/11                                                                                                                                                                                                                                                   |  |  | License Number<br>00624                                                                                                                                                                                                                      |  |  |
| Scheduled Completion Date (11)<br>11/18/11                                                                                                                                                                                                                                              |  |  | 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                                                                                                                                                                                                          |  |  |
| Scope of Work (Check all that apply)<br><input 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                                                                 |  |  | City, State, Zip Code<br>Piscataway, New Jersey 08854                                                                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                         |  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |

| Location of Asbestos-Containing Material (ACM)<br><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<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 |
| Basement                                                                                     | X                                                                                  | Asbestos pipe insulation                                                                                                        | 110 lf                                 | 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>11/21/11                                                                                                       | City, State<br>Tullytown, Pennsylvania |                                         | Date<br>11/1/2011          |                                           |                                           |
| Completed by (Print or Type)<br>Nicholas Femicola                                            |                                                                                    | Title<br>Project Manager                                                                                                        |                                        | Signature<br><i>Nicholas Femicola</i>   |                            |                                           |                                           |

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

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

4-5938

| Date of Notification (1)<br><b>October 31, 2011</b>                                                                                                                                                                                                                                |                                                                                                                                                                       | Name of Building Owner / Operator (2)<br><b>Bank of America</b>                                   |                                                                                                                                                                                                   | <div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <b>RECEIVED</b><br/><br/> <b>NOV - 4 2011</b><br/><br/> <b>ASBESTOS CONTROL &amp; LICENSING</b> </div> |                           |                |        |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified                                                                                                                                                                                                                                                                  | Type Notification                                                                                                                                                     | Street Address                                                                                    |                                                                                                                                                                                                   |                                                                                                                                                                                                |                           |                |        |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                 | <b>EMERGENCY</b><br><br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Cancellation | <b>140 Main Street</b><br><br>City, State & Zip Code<br><b>Matawan, NJ 07747</b>                  |                                                                                                                                                                                                   |                                                                                                                                                                                                |                           |                |        |             |           |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                       | Name of Contact<br><b>Jim Kalafsky</b>                                                            |                                                                                                                                                                                                   |                                                                                                                                                                                                |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                        |                                                                                                                                                                       |                                                                                                   |                                                                                                                                                                                                   |                                                                                                                                                                                                |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Bank of America</b>                                                                                                                                                                                                     |                                                                                                                                                                       |                                                                                                   | Type of Facility (4)                                                                                                                                                                              |                                                                                                                                                                                                |                           |                |        |             |           |
| Street Address<br><b>140 Main Street</b>                                                                                                                                                                                                                                           |                                                                                                                                                                       |                                                                                                   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.) |                                                                                                                                                                                                |                           |                |        |             |           |
| City (5)<br><b>Matawan</b>                                                                                                                                                                                                                                                         |                                                                                                                                                                       |                                                                                                   | Square Feet<br><b>4,000</b>                                                                                                                                                                       | # of Floors<br><b>2</b>                                                                                                                                                                        | Bldg. Age<br><b>60</b>    |                |        |             |           |
| County (6)<br><b>Monmouth</b>                                                                                                                                                                                                                                                      |                                                                                                                                                                       |                                                                                                   | Current Use (Prior if being demolished)<br><b>Bank</b>                                                                                                                                            |                                                                                                                                                                                                |                           |                |        |             |           |
| County Code (7)<br><b>USE ONLY</b>                                                                                                                                                                                                                                                 |                                                                                                                                                                       |                                                                                                   |                                                                                                                                                                                                   |                                                                                                                                                                                                |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Arcadis US Inc.</b>                                                                                                                                                                                                      |                                                                                                                                                                       | ASCM No.                                                                                          | Name of Abatement Contractor (9)<br><b>Synatech, Inc.</b>                                                                                                                                         |                                                                                                                                                                                                |                           |                |        |             |           |
| Street Address<br><b>35 Columbia Road</b>                                                                                                                                                                                                                                          |                                                                                                                                                                       |                                                                                                   | Street Address<br><b>829 Radio Road</b>                                                                                                                                                           |                                                                                                                                                                                                |                           |                |        |             |           |
| City, State & Zip Code<br><b>Branchburg, NJ 08876</b>                                                                                                                                                                                                                              |                                                                                                                                                                       |                                                                                                   | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>                                                                                                                                      |                                                                                                                                                                                                |                           |                |        |             |           |
| Project Manager for Monitoring Firm<br><b>Jim Kalafsky</b>                                                                                                                                                                                                                         |                                                                                                                                                                       | Telephone Number<br><b>908-285-9050</b>                                                           | Telephone Number<br><b>609-296-6916</b>                                                                                                                                                           | License Number<br><b>00817</b>                                                                                                                                                                 |                           |                |        |             |           |
| Scheduled Start Date (10)<br><b>November 2, 2011</b>                                                                                                                                                                                                                               | Scheduled Completion Date (11)<br><b>November 2, 2011</b>                                                                                                             |                                                                                                   | Name of OSHA Monitor<br><b>Synatech, Inc.</b>                                                                                                                                                     |                                                                                                                                                                                                |                           |                |        |             |           |
| Occupancy Status During Abatement (Check only one)                                                                                                                                                                                                                                 |                                                                                                                                                                       |                                                                                                   | Street Address<br><b>829 Radio Road</b>                                                                                                                                                           |                                                                                                                                                                                                |                           |                |        |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours<br><input type="checkbox"/> Other - Describe:<br><input type="checkbox"/> Facility Occupied During Abatement |                                                                                                                                                                       |                                                                                                   | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>                                                                                                                                      |                                                                                                                                                                                                |                           |                |        |             |           |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                               |                                                                                                                                                                       |                                                                                                   |                                                                                                                                                                                                   |                                                                                                                                                                                                |                           |                |        |             |           |
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf                                                                                                                                                         |                                                                                                                                                                       |                                                                                                   |                                                                                                                                                                                                   |                                                                                                                                                                                                |                           |                |        |             |           |
| <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                                                                         |                                                                                                                                                                       |                                                                                                   |                                                                                                                                                                                                   |                                                                                                                                                                                                |                           |                |        |             |           |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure                             |                                                                                                                                                                       |                                                                                                   |                                                                                                                                                                                                   |                                                                                                                                                                                                |                           |                |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13)                                                                                                                                                                                          | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)                                                                                              |                                                                                                   |                                                                                                                                                                                                   | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)                                                                 | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|                                                                                                                                                                                                                                                                                    | Yes                                                                                                                                                                   | No                                                                                                | N/A                                                                                                                                                                                               |                                                                                                                                                                                                |                           | Removal        | Repair | Encapsulate | Enclosure |
| <b>Basement</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                       |                                                                                                   | <b>x</b>                                                                                                                                                                                          | <b>Pipe Insulation</b>                                                                                                                                                                         | <b>14 LF</b>              | <b>X</b>       |        |             |           |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                       |                                                                                                   |                                                                                                                                                                                                   |                                                                                                                                                                                                |                           |                |        |             |           |
| Name of Registered Waste Hauler<br><b>Synatech, Inc.</b>                                                                                                                                                                                                                           |                                                                                                                                                                       | NJDEP Waste Hauler ID No.<br><b>27429</b>                                                         | Cubic Yards of Waste<br><b>1</b>                                                                                                                                                                  | Name of Registered Landfill<br><b>Grows Landfill</b>                                                                                                                                           |                           |                |        |             |           |
| City, State<br><b>Little Egg Harbor, NJ 08087</b>                                                                                                                                                                                                                                  |                                                                                                                                                                       | Disposal Date<br><b>November 3, 2011</b>                                                          | City, State<br><b>Morrisville, PA</b>                                                                                                                                                             |                                                                                                                                                                                                |                           |                |        |             |           |
| Completed By<br><b>Diane Aloia</b>                                                                                                                                                                                                                                                 | Title<br><b>Executive Administrator</b>                                                                                                                               | Signature<br> | Date<br><b>October 31, 2011</b>                                                                                                                                                                   |                                                                                                                                                                                                |                           |                |        |             |           |

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

|                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                                                                                                                                                              |                           |                                                      |                          |                          |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>November / 01 / 2011                                                                                                                                                                                   |                                                                       | Name of Building Owner/Operator (2)<br><b>Stephen Ay</b>                                                                                                                                                                                                                                          |                                     | Check #4115                                                                                                                                                                                                                                  |                           |                                                      |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input 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><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation                                             |                                     | Street Address<br><b>69 E. Gloucester Pike</b><br>City, State, Zip Code<br><b>Barrington, NJ 08007</b><br>Name of Contact<br><b>Stephen Ay</b>                                                                                               |                           |                                                      |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                        |                                                                       |                                                                                                                                                                                                                                                                                                   |                                     | Telephone Number<br>ASBESTO 856-453-0401<br>LICENSING                                                                                                                                                                                        |                           |                                                      |                          |                          |                          |
| 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>69 E. Gloucester Pike</b>                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                                                                                   |                                     | Square Feet<br><b>2300</b>                                                                                                                                                                                                                   |                           |                                                      |                          |                          |                          |
| City (5)<br><b>Barrington</b>                                                                                                                                                                                                      |                                                                       |                                                                                                                                                                                                                                                                                                   |                                     | # of Floors<br><b>2</b>                                                                                                                                                                                                                      |                           |                                                      |                          |                          |                          |
| County (6)<br><b>Camden</b>                                                                                                                                                                                                        |                                                                       |                                                                                                                                                                                                                                                                                                   |                                     | Bldg. Age<br><b>75</b>                                                                                                                                                                                                                       |                           |                                                      |                          |                          |                          |
| County Code (7) (STATE USE ONLY)                                                                                                                                                                                                   |                                                                       | Current Use (Prior if being demolished)<br><b>Residence</b>                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                                                              |                           |                                                      |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>MDG Environmental</b>                                                                                                                                                    |                                                                       | ASCM No.                                                                                                                                                                                                                                                                                          |                                     | Name of Abatement Contractor (9)<br><b>Shade Environmental, LLC</b>                                                                                                                                                                          |                           |                                                      |                          |                          |                          |
| Street Address<br><b>1000 Maplewood Drive Suite 207</b>                                                                                                                                                                            |                                                                       | Street Address<br><b>47 S. Lippincott Ave.</b>                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                                                              |                           |                                                      |                          |                          |                          |
| City, State, Zip Code<br><b>Maple Shade, NJ 08052</b>                                                                                                                                                                              |                                                                       | City, State, Zip Code<br><b>Maple Shade, NJ 08052</b>                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                              |                           |                                                      |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Tony Esposito</b>                                                                                                                                                                        |                                                                       | Telephone No.<br><b>856-755-9300</b>                                                                                                                                                                                                                                                              |                                     | Telephone No.<br><b>856-755-0099</b>                                                                                                                                                                                                         |                           |                                                      |                          |                          |                          |
| Start Date (10)<br>November / 12 / 2011                                                                                                                                                                                            |                                                                       | Scheduled Completion Date (11)<br>November / 14 / 2011                                                                                                                                                                                                                                            |                                     | License No.<br><b>00842</b>                                                                                                                                                                                                                  |                           |                                                      |                          |                          |                          |
| Name of OSHA Monitor<br><b>EMSL</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>107 Haddon Ave</b>                                                                                                                                                                                            |                                                                       | City, State, Zip Code<br><b>Westmont, New Jersey 08108</b>                                                                                                                                                                                                                                        |                                     |                                                                                                                                                                                                                                              |                           |                                                      |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                               |                                                                       |                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                                                                                                                                                              |                           |                                                      |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                  |                                                                       | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                                                                             |                                     | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                           |                                                      |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)                                                                                                                                                       | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                                                                                                                                                                                                                                                                                   |                                     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                                 | Amount (Specify SF or LF) | Abatement Type                                       |                          |                          |                          |
|                                                                                                                                                                                                                                    | Yes                                                                   | No                                                                                                                                                                                                                                                                                                | N/A                                 |                                                                                                                                                                                                                                              |                           | Removal                                              | Repair                   | Encapsulate              | Enclosure                |
| Garage Exterior                                                                                                                                                                                                                    | <input type="checkbox"/>                                              | <input type="checkbox"/>                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | Asbestos Siding                                                                                                                                                                                                                              | 600 SF                    | <input checked="" type="checkbox"/>                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                    | <input type="checkbox"/>                                              | <input type="checkbox"/>                                                                                                                                                                                                                                                                          | <input type="checkbox"/>            |                                                                                                                                                                                                                                              |                           | <input type="checkbox"/>                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                    | <input type="checkbox"/>                                              | <input type="checkbox"/>                                                                                                                                                                                                                                                                          | <input type="checkbox"/>            |                                                                                                                                                                                                                                              |                           | <input type="checkbox"/>                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                    | <input type="checkbox"/>                                              | <input type="checkbox"/>                                                                                                                                                                                                                                                                          | <input type="checkbox"/>            |                                                                                                                                                                                                                                              |                           | <input type="checkbox"/>                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Freehold Cartage</b>                                                                                                                                                                         |                                                                       | NJDEP Waste Hauler ID No.<br><b>22253</b>                                                                                                                                                                                                                                                         |                                     | Cubic Yards of Waste                                                                                                                                                                                                                         |                           | Name of Registered Landfill<br><b>Grows Landfill</b> |                          |                          |                          |
| City, State<br><b>Mount Holly, NJ 08060</b>                                                                                                                                                                                        |                                                                       | Disposal Date                                                                                                                                                                                                                                                                                     |                                     | City, State<br><b>Tullytown, PA</b>                                                                                                                                                                                                          |                           |                                                      |                          |                          |                          |
| Completed By (Print or Type)<br><b>William Lynch</b>                                                                                                                                                                               |                                                                       | Title<br><b>Vice President</b>                                                                                                                                                                                                                                                                    |                                     | Signature<br><i>William J. Lynch</i>                                                                                                                                                                                                         |                           | Date<br><b>Nov. 1, 2011</b>                          |                          |                          |                          |

(FURTHER INFORMATION)

|                                                                                                                                                                                     |  |                                                                                                                                                                                                                                         |  |                                                                                                                                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1)<br><b>10/31/11</b>                                                                                                                                         |  | Name of Building Owner/Operator (2)<br><b>St Cecilia's Church</b>                                                                                                                                                                       |  | NOV - 4 2011                                                                                                                                                         |  |
| Agency Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> PCA |  | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification) <b>(X)</b><br><input type="checkbox"/> Cancellation |  | Street Address<br><b>120 Kearny Ave</b><br>City, State, Zip Code<br><b>Kearny NJ</b><br>Name of Contact<br><b>Tom McCue</b><br>Telephone Number<br><b>[REDACTED]</b> |  |

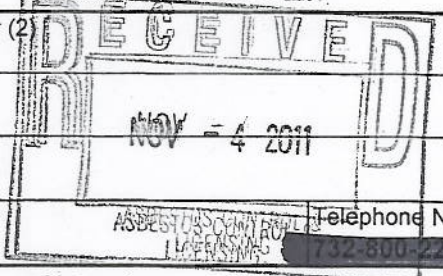
|                                                                                                                                                                                                                                                                                   |  |                                                   |                                                                                                                                                                                                                           |                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| Name of Facility Where Abatement is Taking Place (3)<br><b>St Cecilia School</b>                                                                                                                                                                                                  |  |                                                   | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                                   |  |
| Street Address<br><b>114 Chestnut St</b>                                                                                                                                                                                                                                          |  |                                                   | Square Feet                                                                                                                                                                                                               |                                                                   |  |
| City (5)<br><b>Kearny, NJ</b>                                                                                                                                                                                                                                                     |  |                                                   | # of Floors                                                                                                                                                                                                               |                                                                   |  |
| County (6)<br><b>Hudson</b>                                                                                                                                                                                                                                                       |  |                                                   | Bldg. Age                                                                                                                                                                                                                 |                                                                   |  |
| County Code (7) (STATE USE ONLY)                                                                                                                                                                                                                                                  |  |                                                   | Current Use (Prior if being demolished)                                                                                                                                                                                   |                                                                   |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>McCrone Environ</b>                                                                                                                                                                                                     |  | ASCM No.<br><b>00118</b>                          |                                                                                                                                                                                                                           | Name of Abatement Contractor (9)<br><b>F. Grise &amp; Son Inc</b> |  |
| Street Address<br><b>464 Valley Brook Ave</b>                                                                                                                                                                                                                                     |  | Street Address<br><b>513 E 32nd St</b>            |                                                                                                                                                                                                                           | City, State, Zip Code<br><b>Peterborough, NJ</b>                  |  |
| City, State, Zip Code<br><b>Kearny NJ 07071</b>                                                                                                                                                                                                                                   |  | City, State, Zip Code<br><b>Peterborough, NJ</b>  |                                                                                                                                                                                                                           | License No.<br><b>DOL# 00021</b>                                  |  |
| Project Manager for Monitoring Firm<br><b>Jim Ruff</b>                                                                                                                                                                                                                            |  | Telephone No.<br><b>201 438 4839</b>              |                                                                                                                                                                                                                           | Telephone No.<br><b>913.345.2222</b>                              |  |
| Start Date (10)<br><b>11/3/11</b>                                                                                                                                                                                                                                                 |  | Scheduled Completion Date (11)<br><b>11/21/11</b> |                                                                                                                                                                                                                           | Name of OSHA Monitor<br><b>SAMS</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                                    |                                                                                                                                                                                                                           | City, State, Zip Code                                             |  |

| 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 |                                                                       |                                           |     | <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-Frangible Procedure |        |             |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------|-----------|
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)                                                                                      | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                           |     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                              | Abatement Type                                                                                                                                                                                                                                 |        |             |           |
|                                                                                                                                                                   | Yes                                                                   | No                                        | N/A |                                                                                                                              |                                                        | Removal                                                                                                                                                                                                                                        | Repair | Encapsulate | Enclosure |
| 3rd Floor Class.                                                                                                                                                  |                                                                       | X                                         |     | VAT + Mastic                                                                                                                 | 5250 SF X                                              |                                                                                                                                                                                                                                                |        |             |           |
| 2nd Floor Class.                                                                                                                                                  |                                                                       | X                                         |     | VAT + Mastic                                                                                                                 | 4500 SF X                                              |                                                                                                                                                                                                                                                |        |             |           |
| Front Stairwell                                                                                                                                                   |                                                                       | X                                         |     | VAT + Mastic                                                                                                                 | 540 SF X                                               |                                                                                                                                                                                                                                                |        |             |           |
| Rear Stairwell                                                                                                                                                    |                                                                       | X                                         |     | VAT + Mastic                                                                                                                 | 400 SF X                                               |                                                                                                                                                                                                                                                |        |             |           |
| Name of Registered Waste Hauler<br><b>Eastern Waste</b>                                                                                                           |                                                                       | NJDEP Waste Hauler ID No.<br><b>Repro</b> |     | Cubic Yards of Waste<br><b>40 cu y</b>                                                                                       | Name of Registered Landfill<br><b>Tullytan Recycle</b> |                                                                                                                                                                                                                                                |        |             |           |
| City, State<br><b>Freehold NJ</b>                                                                                                                                 |                                                                       | Disposal Date<br><b>11/25/11</b>          |     | City, State<br><b>Tullytan PA</b>                                                                                            |                                                        | Date<br><b>10/31/11</b>                                                                                                                                                                                                                        |        |             |           |
| Completed by<br><b>Frank Grise</b>                                                                                                                                |                                                                       | Title<br><b>President</b>                 |     | Signature<br><b>[Signature]</b>                                                                                              |                                                        |                                                                                                                                                                                                                                                |        |             |           |

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

CK  
4664

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

|                                                                                                                                                                                                                                                                                       |                                                                          |                                                                                                                             |                                                                                                                                                                          |                                                                                    |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------|
| Date of Notification (1) 10/29/11<br>Type Notification                                                                                                                                                                                                                                |                                                                          | Name of Building Owner / Operator (2)<br><b>Tom Costello</b>                                                                |                                                                                                                                                                          |  |                        |
| Agencies Notified                                                                                                                                                                                                                                                                     | Emergency Notification                                                   | Street Address                                                                                                              |                                                                                                                                                                          |                                                                                    |                        |
| <input checked="" type="checkbox"/> EPA                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> Initial Notification                 | <b>44 Green Street</b>                                                                                                      |                                                                                                                                                                          |                                                                                    |                        |
| <input checked="" type="checkbox"/> DEP                                                                                                                                                                                                                                               | <input type="checkbox"/> Amended Notification                            | City, State & Zip Code                                                                                                      |                                                                                                                                                                          |                                                                                    |                        |
| <input checked="" type="checkbox"/> DOL                                                                                                                                                                                                                                               | <input type="checkbox"/> Cancellation                                    | <b>Woodbridge, NJ 07095</b>                                                                                                 |                                                                                                                                                                          | Telephone Number                                                                   |                        |
| <input checked="" type="checkbox"/> DOH                                                                                                                                                                                                                                               |                                                                          | Name of Contact                                                                                                             |                                                                                                                                                                          | <b>732-605-2217</b>                                                                |                        |
| <input checked="" type="checkbox"/> DCA                                                                                                                                                                                                                                               |                                                                          | <b>Tom Costello</b>                                                                                                         |                                                                                                                                                                          |                                                                                    |                        |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                           |                                                                          |                                                                                                                             |                                                                                                                                                                          |                                                                                    |                        |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Costello Funeral Home</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.) |                                                                                    |                        |
| Street Address<br><b>44 Green Street</b>                                                                                                                                                                                                                                              |                                                                          |                                                                                                                             | Square Feet<br><b>4000</b>                                                                                                                                               | # of Floors<br><b>2</b>                                                            | Bldg. Age<br><b>60</b> |
| City (5)<br><b>Woodbridge</b>                                                                                                                                                                                                                                                         | County (6)<br><b>Middlesex</b>                                           | County Code (7)                                                                                                             | Current Use (Prior if being demolished)<br><b>Funeral Home</b>                                                                                                           |                                                                                    |                        |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Environmental Tactics, Inc</b>                                                                                                                                                                                              |                                                                          | ASCM No.                                                                                                                    | Name of Abatement Contractor (9)<br><b>Global Abatement Services, LLC</b>                                                                                                |                                                                                    |                        |
| Street Address<br><b>64 Broad Street</b>                                                                                                                                                                                                                                              |                                                                          | Street Address<br><b>443 Schoolhouse Road</b>                                                                               |                                                                                                                                                                          |                                                                                    |                        |
| City, State & Zip Code<br><b>Matawan, NJ 07747</b>                                                                                                                                                                                                                                    |                                                                          | City, State & Zip Code<br><b>Monroe Township, NJ 08831</b>                                                                  |                                                                                                                                                                          |                                                                                    |                        |
| Project Manager for Monitoring Firm<br><b>Tom Geiger</b>                                                                                                                                                                                                                              |                                                                          | Telephone Number<br><b>732-290-2217</b>                                                                                     | Telephone Number<br><b>732-605-9062</b>                                                                                                                                  | License Number<br><b>00714</b>                                                     |                        |
| Scheduled Start Date (10)<br><b>11/10/11</b>                                                                                                                                                                                                                                          | Scheduled Completion Date (11)<br><b>11/11/11</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                                                                          |                                                                                                                                                                          |                                                                                    |                        |
| <input checked="" type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM                                                                                                                                                                                                        |                                                                          | <input checked="" type="checkbox"/> Glovebag Procedure                                                                      |                                                                                                                                                                          |                                                                                    |                        |
| Quantity is $\geq 160$ SF or $\geq 260$ LF ACM                                                                                                                                                                                                                                        |                                                                          | Other: <b>Clean up</b>                                                                                                      |                                                                                                                                                                          |                                                                                    |                        |
| 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>Pipe insulation</b>                                                                                                      | <b>100 LF</b>                                                                                                                                                            | <b>Removal</b>                                                                     |                        |
| <b>Basement</b>                                                                                                                                                                                                                                                                       | <b>N/A</b>                                                               | <b>Boiler Insulation</b>                                                                                                    | <b>40 SF</b>                                                                                                                                                             | <b>Removal</b>                                                                     |                        |
| Name of Registered Waste Hauler<br><b>Global Abatement Services, LLC</b>                                                                                                                                                                                                              |                                                                          | NJDEP Waste Hauler ID #<br><b>S32401</b>                                                                                    | Cu. Yds. of Waste<br><b>5</b>                                                                                                                                            | Name of Registered Landfill<br><b>TRRF</b>                                         |                        |
| City, State<br><b>Monroe Twp, NJ 08831</b>                                                                                                                                                                                                                                            |                                                                          | Disposal Date<br><b>11/11/11</b>                                                                                            | City, State<br><b>Tullytown, Pa</b>                                                                                                                                      |                                                                                    |                        |
| Completed By (Print or Type)<br><b>Dominick Tringali</b>                                                                                                                                                                                                                              | Title<br><b>Pres.</b>                                                    | Signature<br><i>Dominick Tringali</i>                                                                                       |                                                                                                                                                                          | Date<br><b>10/29/11</b>                                                            |                        |

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

1485

|                                                                                                                                                                                                                                                         |                                                                       |                                                                                                                                                                                                   |                                                            |                                                                                                                                |                                                            |                |                 |             |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1)<br>11/1/11                                                                                                                                                                                                                     |                                                                       | Name of Building Owner/Operator (2)<br>NJ SDA                                                                                                                                                     |                                                            |                                                                                                                                |                                                            |                |                 |             |           |
| Agencies Notified                                                                                                                                                                                                                                       |                                                                       | Street Address<br>1 West State Street                                                                                                                                                             |                                                            |                                                                                                                                |                                                            |                |                 |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                |                                                                       | City, State, Zip Code<br>Trenton, NJ 08625                                                                                                                                                        |                                                            |                                                                                                                                |                                                            |                |                 |             |           |
| 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   |                                                                       | Name of Contact<br>Bruce Lieblich                                                                                                                                                                 |                                                            |                                                                                                                                |                                                            |                |                 |             |           |
| Telephone Number<br>[REDACTED]                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                   |                                                            |                                                                                                                                |                                                            |                |                 |             |           |
| FACILITY INFORMATION                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                   |                                                            |                                                                                                                                |                                                            |                |                 |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Former Train Station                                                                                                                                                                            |                                                                       | Type of Facility (4)                                                                                                                                                                              |                                                            |                                                                                                                                |                                                            |                |                 |             |           |
| Street Address<br>395-397 MLK Drive                                                                                                                                                                                                                     |                                                                       | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                            |                                                                                                                                |                                                            |                |                 |             |           |
| City (5)<br>Jersey City, NJ 07305                                                                                                                                                                                                                       |                                                                       | Square Feet<br>10000 +                                                                                                                                                                            | # of Floors<br>1                                           |                                                                                                                                |                                                            |                |                 |             |           |
| County (6)<br>Hudson                                                                                                                                                                                                                                    |                                                                       | Bldg. Age<br>55+                                                                                                                                                                                  |                                                            |                                                                                                                                |                                                            |                |                 |             |           |
| County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                                     |                                                                       | Current Use (Prior if being demolished)<br>None                                                                                                                                                   |                                                            |                                                                                                                                |                                                            |                |                 |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Environmental Tactics, Inc.                                                                                                                                                                      |                                                                       | ASCM No.<br>0045                                                                                                                                                                                  | Name of Abatement Contractor (9)<br>ALKAT Construction LLC |                                                                                                                                |                                                            |                |                 |             |           |
| Street Address<br>64 Broad Street                                                                                                                                                                                                                       |                                                                       | Street Address<br>PO Box 603                                                                                                                                                                      |                                                            |                                                                                                                                |                                                            |                |                 |             |           |
| City, State, Zip Code<br>Matawan, NJ 07747                                                                                                                                                                                                              |                                                                       | City, State, Zip Code<br>Woodland Park, NJ 07424                                                                                                                                                  |                                                            |                                                                                                                                |                                                            |                |                 |             |           |
| Project Manager for Monitoring Firm<br>Tom Geiger                                                                                                                                                                                                       |                                                                       | Telephone No.<br>732.290.2217                                                                                                                                                                     | License No.<br>01097                                       |                                                                                                                                |                                                            |                |                 |             |           |
| Start Date (10)<br>11/11/11                                                                                                                                                                                                                             |                                                                       | Scheduled Completion Date (11)<br>12/2/11                                                                                                                                                         |                                                            |                                                                                                                                |                                                            |                |                 |             |           |
| Occupancy Status During Abatement (Check Only One)                                                                                                                                                                                                      |                                                                       | Name of OSHA Monitor<br>Angel Ramov                                                                                                                                                               |                                                            |                                                                                                                                |                                                            |                |                 |             |           |
| <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>428 McBride Ave                                                                                                                                                                 |                                                            |                                                                                                                                |                                                            |                |                 |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                    |                                                                       | City, State, Zip Code<br>Peterson, NJ                                                                                                                                                             |                                                            |                                                                                                                                |                                                            |                |                 |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                  |                                                                       | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition                                                                                                             |                                                            |                                                                                                                                |                                                            |                |                 |             |           |
| <input checked="" 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)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                                  | Abatement Type |                 |             |           |
|                                                                                                                                                                                                                                                         | Yes                                                                   | No                                                                                                                                                                                                | N/A                                                        |                                                                                                                                |                                                            | Removal        | Repair          | Encapsulate | Enclosure |
| Basement, crawl space                                                                                                                                                                                                                                   |                                                                       | X                                                                                                                                                                                                 |                                                            | Pipe insulation                                                                                                                | 270 LF                                                     | X              |                 |             |           |
| Main floor                                                                                                                                                                                                                                              |                                                                       | X                                                                                                                                                                                                 |                                                            | VAT                                                                                                                            | 2700 SF                                                    | X              |                 |             |           |
| Roofing material                                                                                                                                                                                                                                        |                                                                       | X                                                                                                                                                                                                 |                                                            | Roof                                                                                                                           | 2400 SF                                                    | X              |                 |             |           |
| Ceiling, wall plaster                                                                                                                                                                                                                                   |                                                                       | X                                                                                                                                                                                                 |                                                            | Main floor                                                                                                                     | 2950 SF                                                    | X              |                 |             |           |
| Name of Registered Waste Hauler<br>ATLANTIC CARTING LLC                                                                                                                                                                                                 |                                                                       | NJDEP Waste Hauler ID No.<br>26085                                                                                                                                                                |                                                            | Cubic Yards of Waste<br>40                                                                                                     | Name of Registered Landfill<br>WM G.R.O.W.S North Landfill |                |                 |             |           |
| City, State<br>1141 Rout 23 Wayne, NJ                                                                                                                                                                                                                   |                                                                       | Disposal Date                                                                                                                                                                                     |                                                            | City, State<br>Morristown, PA                                                                                                  |                                                            |                |                 |             |           |
| Completed by<br>Uros Spasic                                                                                                                                                                                                                             |                                                                       | Title<br>PM                                                                                                                                                                                       |                                                            | Signature<br>                                                                                                                  |                                                            |                | Date<br>11/1/11 |             |           |

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

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

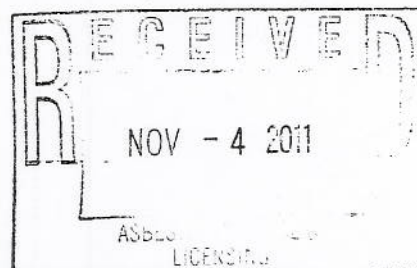
10718  
\* Amended to #1

Ch # 10116

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                                                                                                            |                                  |                |                                              |        |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------|----------------------------------------------|--------|---------------|
| Date of Notification (1)<br>10/30/11                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br>St Philip the Apostle School                                                                                                                                                       |                                                                                                                            |                                  |                |                                              |        |               |
| Agency 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>Initial<br><input checked="" type="checkbox"/> Amended Amendment # 1<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>188 Saddle River Rd<br>City State Zip Code<br>SADDLE BROOK NJ 07663<br>Name of Contact<br>Pat Theresmas Rukst<br>Telephone Number<br>[REDACTED]                                                         |                                                                                                                            |                                  |                |                                              |        |               |
| FACILITY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                                                                                                            |                                  |                |                                              |        |               |
| Name of Facility Where Abatement is Taking Place (3)<br>St Philip the Apostle School                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                    | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter B (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                                                                                            |                                  |                |                                              |        |               |
| Street Address<br>492 Saddle River Rd                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                    | Square Feet                                                                                                                                                                                                               |                                                                                                                            |                                  |                |                                              |        |               |
| City (5)<br>Saddle Brook                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                    | # of Floors                                                                                                                                                                                                               |                                                                                                                            |                                  |                |                                              |        |               |
| County (6)<br>Bergen                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                    | County Code (7) (STATE USE ONLY)                                                                                                                                                                                          |                                                                                                                            |                                  |                |                                              |        |               |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Enviro - Vision                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                    | ASCM No<br>00075                                                                                                                                                                                                          |                                                                                                                            |                                  |                |                                              |        |               |
| Street Address<br>20-21 Wagonaw Rd                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                    | Name of Abatement Contractor (9)<br>F. G. 1524 Sun Inc                                                                                                                                                                    |                                                                                                                            |                                  |                |                                              |        |               |
| City, State Zip Code<br>Fair Lawn, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                    | Street Address<br>513 E 32nd St                                                                                                                                                                                           |                                                                                                                            |                                  |                |                                              |        |               |
| Project Manager for Monitoring Firm<br>Fred Larsen                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                    | City, State Zip Code<br>Parsippany, NJ                                                                                                                                                                                    |                                                                                                                            |                                  |                |                                              |        |               |
| Telephone No<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                    | Telephone No<br>973-345-2222                                                                                                                                                                                              |                                                                                                                            |                                  |                |                                              |        |               |
| Start Date (10)<br>10/1/11                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                    | License No<br>#00021                                                                                                                                                                                                      |                                                                                                                            |                                  |                |                                              |        |               |
| Scheduled Completion Date (11)<br>12/30/11                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                    | Name of OSHA Monitor<br>Same                                                                                                                                                                                              |                                                                                                                            |                                  |                |                                              |        |               |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe<br>church occupied                                                                                                                                                          |                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                                                                                                            |                                  |                |                                              |        |               |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input type="checkbox"/> Renovation<br><input 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 type="checkbox"/> Non-Exempted (*) and Non-Frable 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 | Encapsulation |
| Throughout Facility                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                    | X                                                                                                                                                                                                                         |                                                                                                                            | Floor Tile                       | Approx 16820 X |                                              |        |               |
| Lower Level Tunnels                                                                                                                                                                                                                                                                                                                                                                                                                                                      | X                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                                                                            | pipe Insul                       | Approx 1340 X  |                                              |        |               |
| Some Classrooms                                                                                                                                                                                                                                                                                                                                                                                                                                                          | X                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                                                                            | pipe Insul                       | Approx 309 X   |                                              |        |               |
| Name of Registered Waste Hauler<br>Eastern Waste                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                    | NJDEP Waste Hauler ID No<br>DEP 1120                                                                                                                                                                                      |                                                                                                                            | Cubic Yards of Waste<br>40 cu yd |                | Name of Registered Landfill<br>T22E Landfill |        |               |
| City State<br>Freehold NJ                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                    | Disposal Date<br>11/6/12                                                                                                                                                                                                  |                                                                                                                            | City State<br>Tullytown PA       |                |                                              |        |               |
| Completed by<br>Frank Grist                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                    | Title<br>Pres.                                                                                                                                                                                                            |                                                                                                                            | Signature<br>[Signature]         |                | Date<br>10/30/11                             |        |               |

ASB-4

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

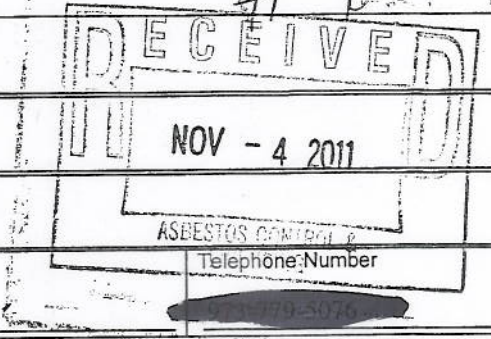


State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: MS 11-440

# 003939

|                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1)<br>11/1/10 11/11                                                                                                                                                               |  | Name of Building Owner/Operator (2)<br>DAVID WEISS                                                                                                                                                                                  |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #: _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>1501 GRAND AVENUE                                                                                                                                                                     |  | City, State, Zip Code<br>ASBURY PARK, NJ                                                                                                                                                                                            |  |
| Name of Contact<br>DAVID WEISS                                                                                                                                                                          |  | Telephone Number<br>[REDACTED]                                                                                                                                                                                                      |  |



FACILITY INFORMATION

|                                                                     |                        |                                     |                                                                                                                                                                                                                  |  |  |
|---------------------------------------------------------------------|------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Name of facility where abatement is taking place (3)<br>DAVID WEISS |                        |                                     | 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>1501 GRAND AVENUE                                 |                        |                                     | Square Feet # of Floors Bldg. Age                                                                                                                                                                                |  |  |
| City (5)<br>ASBURY PARK                                             | County (6)<br>MONMOUTH | County Code (7)<br>(State use only) | Current Use (Prior if being demolished)                                                                                                                                                                          |  |  |

|                                                                                                                                                                                                                                                                                                                 |  |                                             |                                                             |                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|-------------------------------------------------------------|-------------------------|
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>[REDACTED]                                                                                                                                                                                                                                                  |  | ASCM No.<br>[REDACTED]                      | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC. |                         |
| Street Address<br>[REDACTED]                                                                                                                                                                                                                                                                                    |  | Street Address<br>20 California Ave.        |                                                             |                         |
| City, State, Zip Code<br>[REDACTED]                                                                                                                                                                                                                                                                             |  | City, State, Zip Code<br>Paterson, NJ 07503 |                                                             |                         |
| Project Manager for Monitoring Firm<br>[REDACTED]                                                                                                                                                                                                                                                               |  | Phone Number<br>[REDACTED]                  | Telephone Number<br>973-345-8020                            | License Number<br>00159 |
| Start Date (10)<br>11/11/11                                                                                                                                                                                                                                                                                     |  | Sched. Completion Date (11)<br>11/18/11     |                                                             |                         |
| 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 facility hours- Describe: _____<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |  |                                             |                                                             |                         |
| Name of OSHA Monitor<br>D & S Restoration, Inc.                                                                                                                                                                                                                                                                 |  |                                             |                                                             |                         |
| Street Address<br>20 California Avenue                                                                                                                                                                                                                                                                          |  |                                             |                                                             |                         |
| City, State, Zip Code<br>Paterson, NJ 07503                                                                                                                                                                                                                                                                     |  |                                             |                                                             |                         |

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf      ☒ Renovation  
☐ ≥160 sf or ≥260 lf      ☐ Demolition

- ☐ Full Containment w/negative pressure  
☐ Mini-enclosure  
☒ Glovebag procedure  
☐ Non-Exempted (\*) and Non-friable procedure

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |                                     |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e          | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p    | E<br>n<br>c<br>l         |
|------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------|-----|---------------------------------------------------|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
|                                                                              | Yes                                                                  | No                                  | N/A |                                                   |                           |                                     |                            |                          |                          |
| BASEMENT                                                                     |                                                                      | <input checked="" type="checkbox"/> |     | PIPE INSULATION                                   | 105 L FT                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                              |                                                                      |                                     |     |                                                   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                              |                                                                      |                                     |     |                                                   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                              |                                                                      |                                     |     |                                                   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                              |                                                                      |                                     |     |                                                   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

|                                                    |                           |                              |                                                             |
|----------------------------------------------------|---------------------------|------------------------------|-------------------------------------------------------------|
| Registered Waste Hauler<br>D & S RESTORATION, INC. | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>1 YD | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |
| City, State<br>PATERSON, NJ 07503                  | Disposal Date<br>11/14/11 | City, State<br>TULLYTOWN, PA |                                                             |
| Completed by (Print or Type)                       | Title                     | Signature                    | Date                                                        |

GAC Project # 060-11

Client Project #

Date of Notification (1)

November 1, 2011

Agencies Notified

- ☐ EPA  
☐ DCA  
☒ DOL  
☒ DEP- No Longer REQUIRED  
☒ DOH

Notification Type

- ☒ Initial Notification  
☐ Amended Notification  
☐ Emergency (including justification)  
☐ Cancelled

Name of Building Owner/Operator (2)

RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address

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

City, State, Zip Code

PISCATAWAY, NJ 08854

Name of Contact

MICHAEL SMITH, ENV.  
HEALTH & SAFETYTelephone Number  
908-2650

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

BRADLEY HALL, BLDG# 7230

Street Address

NEWARK CAMPUS

City (5)

NEWARK

County (6)

ESSEX

County Code (7)  
(State Use Only)

Name of Monitoring Firm Hired by Bldg. Owner (8)

ATC ASSOCIATES

ASCM No.  
0098

Street Address

3 TERRI LANE

City, State, Zip Code

BURLINGTON, NJ 08016

Project Manager for Monitoring Firm

BRIAN KEARNY

Telephone Number  
609-386-8800Scheduled Start Date (10)  
11/11/11Scheduled Completion Date (11)  
11/14/11

Occupancy Status During Abatement (Check only one)

- ☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours -  
 Describe  
☒ Other - Describe: 5 PM TO MON 5 AM

Type of Facility (4)

- ☐ School (K-12)  
☐ Subchapter 8 (other than K-12)  
☒ Other (i.e. private & commercial buildings, homes, etc.)  
 Sq. Feet: N/A # of Floors: 5 Bldg. Age: 80+ years

Current Use (prior if being demolished): ACADEMIC

Name of Contractor (9)

GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address

268 MAIN STREET

City, State, Zip Code

BUTLER, NJ 07405

Telephone Number

973-492-0477

License Number

00840

Name of OSHA Monitor

1  
ENVIROVISION, INC.

Street Address

20-21 WARGARAW ROAD

City, State, Zip Code

FAIRLAWN, NJ

Scope of Work (Check all that apply)

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

- ☒ Renovation  
☐ Demolition

- ☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☒ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)

4<sup>th</sup> Floor Ladies RoomIs Location Normally Used Solely by Maint./Custodial Staff? (12)  
YES NO NA☒

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

VAT

Amount (Specify SF or LF)

380 SF

Abatement Type

Remove Repair Encap Enclose

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

Cubic Yards of Waste: 10 CY

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

Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405  
 NJDEP # 12561  
 Hauler #2) Newark Carting, Inc., Newark, NJ 04509  
 NJ DEP # 4509

Disposal Date  
11/14/2011

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

Completed by (Print or Type)  
RAYMOND C. PEDALINOTitle  
SENIOR PROJECT  
MANAGER

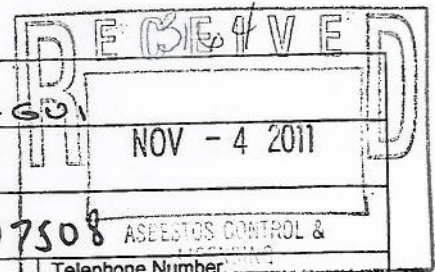
Signature

Date

November 1, 2011

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

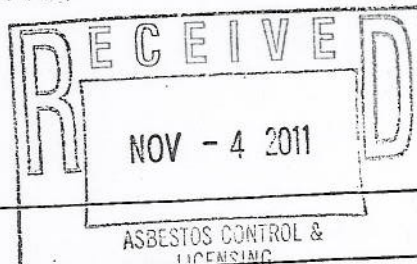
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



| Date of Notification (1)<br><b>10/31/11</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                             | Name of Building Owner/Operator (2)<br><b>MS. JACQUI VELASTEGUI</b>                                                                                                                                                                                                                                                                              |                                                             |                                                                                                                             |                           |                         |        |             |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|--------|-------------|-----------|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                               | Type Notification<br><input 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>205 BURHANS AVE</b>                                                                                                                                                                                                                                                                                                         |                                                             |                                                                                                                             |                           |                         |        |             |           |
|                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                             | City, State, Zip Code<br><b>HALEDON, NJ, 07508</b>                                                                                                                                                                                                                                                                                               |                                                             |                                                                                                                             |                           |                         |        |             |           |
|                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                             | Name of Contact<br><b>MS. VELASTEGUI</b>                                                                                                                                                                                                                                                                                                         |                                                             |                                                                                                                             |                           |                         |        |             |           |
|                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                             | Telephone Number<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                                            |                                                             |                                                                                                                             |                           |                         |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                  |                                                             |                                                                                                                             |                           |                         |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>MS. VELASTEGUI</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>205 BURHANS AVE</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                             | Square Feet<br><b>2200</b>                                                                                                                                                                                                                                                                                                                       | # of Floors<br><b>2</b>                                     |                                                                                                                             |                           |                         |        |             |           |
| City (5)<br><b>HALEDON</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                             | Bldg. Age<br><b>1940</b>                                                                                                                                                                                                                                                                                                                         |                                                             |                                                                                                                             |                           |                         |        |             |           |
| County (6)<br><b>PASSAIC</b>                                                                                                                                                                                                                                                                              | County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                                                                   | Current Use (Prior if being demolished)<br><b>RESIDENCE</b>                                                                                                                                                                                                                                                                                      |                                                             |                                                                                                                             |                           |                         |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                             | ASCM No.                                                                                                                                                                                                                                                                                                                                         | Name of Abatement Contractor (9)<br><b>Best Removal Inc</b> |                                                                                                                             |                           |                         |        |             |           |
| Street Address                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                             | Street Address<br><b>450 South River St</b>                                                                                                                                                                                                                                                                                                      |                                                             |                                                                                                                             |                           |                         |        |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                             | City, State, Zip Code<br><b>Hackensack, N.J. 07601</b>                                                                                                                                                                                                                                                                                           |                                                             |                                                                                                                             |                           |                         |        |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                             | Telephone No.<br><b>201-329-7444</b>                                                                                                                                                                                                                                                                                                             | License No.<br><b>00388</b>                                 |                                                                                                                             |                           |                         |        |             |           |
| Start Date (10)<br><b>11/17/11</b>                                                                                                                                                                                                                                                                        | Scheduled Completion Date (11)<br><b>11/18/11</b>                                                                                                                                                                                                           | Name of OSHA Monitor<br><b>Omega Environmental Services</b>                                                                                                                                                                                                                                                                                      |                                                             |                                                                                                                             |                           |                         |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <b>FROM 7AM TO 5PM</b> |                                                                                                                                                                                                                                                             | Street Address<br><b>280 Huyler St</b>                                                                                                                                                                                                                                                                                                           |                                                             |                                                                                                                             |                           |                         |        |             |           |
|                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                             | City, State, Zip Code<br><b>South Hackensack, N.J. 07606</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<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                             |                                                                                                                             |                           |                         |        |             |           |
| Location of Asbestos-Containing Material (ACM) 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>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                  |                                                             | <b>✓ THERMAL SYSTEM INSULATION</b>                                                                                          | <b>100 LF</b>             | <b>✓</b>                |        |             |           |
| <b>BASEMENT</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                  |                                                             | <b>✓ THERMAL SURFACING</b>                                                                                                  | <b>48 SF</b>              | <b>✓</b>                |        |             |           |
|                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                  |                                                             |                                                                                                                             |                           |                         |        |             |           |
| Name of Registered Waste Hauler<br><b>DJM Transport, Inc</b>                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                             | NJDEP Waste Hauler ID No.<br><b>22393</b>                                                                                                                                                                                                                                                                                                        | Cubic Yards of Waste<br><b>2 cu</b>                         | Name of Registered Landfill<br><b>Cumberland County Landfill</b>                                                            |                           |                         |        |             |           |
| City, State<br><b>South Kearny N.J. 07032</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                             | Disposal Date<br><b>11/18/11</b>                                                                                                                                                                                                                                                                                                                 |                                                             | City, State<br><b>Newburgh PA, 17242</b>                                                                                    |                           |                         |        |             |           |
| Completed by<br><b>J. MAIORANO</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                             | Title<br><b>Estimator</b>                                                                                                                                                                                                                                                                                                                        |                                                             | Signature<br><i>[Signature]</i>                                                                                             |                           | Date<br><b>10/31/11</b> |        |             |           |

3170

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



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                             |                           |                |        |             |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1)<br>11/1/11                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | Name of Building Owner/Operator (2)<br>BASE                                                                                                                                                                                                           |                                                                                                                                                                                                                           | ASBESTOS CONTROL & LICENSING                                                                                                |                           |                |        |             |           |
| 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>25 MIDDLESEX ESSEX TPK                                                                                    |                           |                |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       | City, State, Zip Code<br>ISELIN, N.J. 08930                                                                                                                                                                                                           |                                                                                                                                                                                                                           | Telephone Number<br>32-265-6949                                                                                             |                           |                |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       | Name of Contact<br>U.P. GUPTA                                                                                                                                                                                                                         |                                                                                                                                                                                                                           |                                                                                                                             |                           |                |        |             |           |
| FACILITY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                             |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>BASE                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |                                                                                                                                                                                                                                                       | 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>25 MIDDLESEX ESSEX TPK                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       |                                                                                                                                                                                                                                                       | Square Feet<br>30,000                                                                                                                                                                                                     | # of Floors<br>1                                                                                                            | Bldg. Age<br>55 yrs       |                |        |             |           |
| City (5)<br>ISELIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                                       | Current Use (Prior if being demolished)                                                                                                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| County (6)<br>MIDDLESEX                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                                                                                                                                                                       | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                       |                                                                                                                             |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | ASCM No.                                                                                                                                                                                                                                              | Name of Abatement Contractor (9)<br>Best Removal Inc                                                                                                                                                                      |                                                                                                                             |                           |                |        |             |           |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       | Street Address<br>450 South River St                                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                                                                             |                           |                |        |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       | City, State, Zip Code<br>Hackensack, N.J. 07601                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                             |                           |                |        |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | Telephone No.                                                                                                                                                                                                                                         | Telephone No.<br>201-329-7444                                                                                                                                                                                             | License No.<br>00388                                                                                                        |                           |                |        |             |           |
| Start Date (10)<br>11/14/11                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       | Scheduled Completion Date (11)<br>11/17/11                                                                                                                                                                                                            |                                                                                                                                                                                                                           | Name of OSHA Monitor<br>Omega Environmental Services                                                                        |                           |                |        |             |           |
| 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 TO 5PM                                                                                                                                                                                          |                                                                       | Street Address<br>280 Huyler St                                                                                                                                                                                                                       |                                                                                                                                                                                                                           | City, State, Zip Code<br>South Hackensack, N.J. 07606                                                                       |                           |                |        |             |           |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> ≥ 3 sf or ≥ 3 lf<br><input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                       |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                             |                           |                |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)                                                                                                                                                                                                                                                                                                                                                                                                           | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes                                                                   | No                                                                                                                                                                                                                                                    | N/A                                                                                                                                                                                                                       |                                                                                                                             |                           | Removal        | Repair | Encapsulate | Enclosure |
| GROUND FLOOR OFFICE 27                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                                       | X                                                                                                                                                                                                                         | VAT/MASTIC                                                                                                                  | 980 SF                    | X              |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                             |                           |                |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                             |                           |                |        |             |           |
| Name of Registered Waste Hauler<br>DJM Transport, Inc                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       | NJDEP Waste Hauler ID No.<br>22393                                                                                                                                                                                                                    | Cubic Yards of Waste<br>4 YARDS                                                                                                                                                                                           | Name of Registered Landfill<br>Cumberland County Landfill                                                                   |                           |                |        |             |           |
| City, State<br>South Kearny N.J. 07032                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       | Disposal Date<br>11/17/11                                                                                                                                                                                                                             | City, State<br>Newburgh PA, 17242                                                                                                                                                                                         |                                                                                                                             | Date<br>11/1/11           |                |        |             |           |
| Completed by<br>J. MAIORANO                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       | Title<br>Estimator                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           | Signature<br><i>[Signature]</i>                                                                                             |                           |                |        |             |           |

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

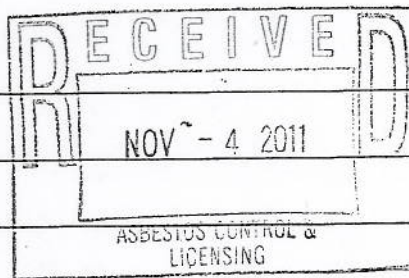


| Date of Notification (1)<br>11/11                                                                                                                                                                                                                         |                                                                       | Name of Building Owner/Operator (2)<br>SoSs / Residence                                                                                                                                                                                                                                                                               |                                     |                                                                                                                             |                           |                |                 |             |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|-----------------|-------------|-----------|
| 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 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>3 East New York Av                                                                                                                                                                                                                      |                                                                       | City, State, Zip Code<br>Long Beach Township NJ 08008                                                                                                                                                                                                                                                                                 |                                     |                                                                                                                             |                           |                |                 |             |           |
| Name of Contact<br>Dom                                                                                                                                                                                                                                    |                                                                       | Telephone Number<br>713-2482                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                             |                           |                |                 |             |           |
| FACILITY INFORMATION                                                                                                                                                                                                                                      |                                                                       |                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                             |                           |                |                 |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>SoSs / 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>3 East New York Av                                                                                                                                                                                                                      |                                                                       | Square Feet<br>1000+                                                                                                                                                                                                                                                                                                                  | # of Floors<br>2                    |                                                                                                                             |                           |                |                 |             |           |
| City (5)<br>Long Beach Township NJ 08008                                                                                                                                                                                                                  |                                                                       | Bldg. Age<br>35+                                                                                                                                                                                                                                                                                                                      |                                     |                                                                                                                             |                           |                |                 |             |           |
| County (6)<br>Ocean                                                                                                                                                                                                                                       | County Code (7)<br>(STATE USE ONLY)                                   | Current Use (Prior if being demolished)<br>Residence                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                             |                           |                |                 |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>n/a                                                                                                                                                                                                |                                                                       | Name of Abatement Contractor (9)<br>Pernaco Inc.                                                                                                                                                                                                                                                                                      |                                     |                                                                                                                             |                           |                |                 |             |           |
| Street Address                                                                                                                                                                                                                                            |                                                                       | Street Address<br>PO Box 329                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                             |                           |                |                 |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                     |                                                                       | City, State, Zip Code<br>West Berlin NJ 08091                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                             |                           |                |                 |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                       |                                                                       | Telephone No.<br>856-753-9800                                                                                                                                                                                                                                                                                                         | License No.<br>00727                |                                                                                                                             |                           |                |                 |             |           |
| Start Date (10)<br>11/14/11                                                                                                                                                                                                                               | Scheduled Completion Date (11)<br>11/18/11                            | Name of OSHA Monitor<br>Pernaco Inc.                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                             |                           |                |                 |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br>Other - Describe: |                                                                       | Street Address<br>PO Box 329                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                             |                           |                |                 |             |           |
|                                                                                                                                                                                                                                                           |                                                                       | City, State, Zip Code<br>West Berlin NJ 08091                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                             |                           |                |                 |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                      |                                                                       |                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                             |                           |                |                 |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf                                                                                                                                 |                                                                       | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                     |                                                                                                                             |                           |                |                 |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)                                                                                                                                                                              | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                                                                                                                                                                                                                                                                                                                       |                                     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                 |             |           |
|                                                                                                                                                                                                                                                           | Yes                                                                   | No                                                                                                                                                                                                                                                                                                                                    | N/A                                 |                                                                                                                             |                           | Removal        | Repair          | Encapsulate | Enclosure |
| Exterior Siding                                                                                                                                                                                                                                           |                                                                       |                                                                                                                                                                                                                                                                                                                                       | X                                   | Exterior Siding                                                                                                             | 1800 sf                   | X              |                 |             |           |
|                                                                                                                                                                                                                                                           |                                                                       |                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                             |                           |                |                 |             |           |
|                                                                                                                                                                                                                                                           |                                                                       |                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                             |                           |                |                 |             |           |
| Name of Registered Waste Hauler<br>United Containers                                                                                                                                                                                                      |                                                                       | NJDEP Waste Hauler ID No.<br>22459                                                                                                                                                                                                                                                                                                    | Cubic Yards of Waste<br>2           | Name of Registered Landfill<br>G.R.O.W.S                                                                                    |                           |                |                 |             |           |
| City, State<br>Elm NJ                                                                                                                                                                                                                                     |                                                                       | Disposal Date<br>11/16/11                                                                                                                                                                                                                                                                                                             | City, State<br>Morrisville PA 19067 |                                                                                                                             |                           |                |                 |             |           |
| Completed by<br>Anthony T Perna                                                                                                                                                                                                                           |                                                                       | Title<br>President                                                                                                                                                                                                                                                                                                                    | Signature<br>                       |                                                                                                                             |                           |                | Date<br>11/1/11 |             |           |

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

2245

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



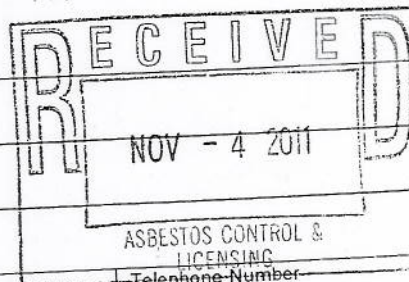
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                       |                                                                      |                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------|
| Date of Notification (1)<br>11/1/11                                                                                                                                                                                                          |                                                                                                                                                                                                                                                       | Name of Building Owner/Operator (2)<br>Edward C Price Jr./ Residence |                                |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" 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>295 B st                                           |                                |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                       | City, State, Zip Code<br>Carneys Point NJ 08069                      |                                |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                       | Name of Contact<br>Rose                                              | Telephone Number<br>[REDACTED] |

| FACILITY INFORMATION                                                                                                                                                                                                                                                                     |                                            |                                                                                                                                                                                                                                              |                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Edward C Price Jr./ 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>295 B st                                                                                                                                                                                                                                                               |                                            | Square Feet<br>1000+                                                                                                                                                                                                                         | # of Floors<br>2                                 |
| City (5)<br>Carneys Point NJ 08069                                                                                                                                                                                                                                                       |                                            | Bldg. Age<br>35+                                                                                                                                                                                                                             |                                                  |
| County (6)<br>Salem                                                                                                                                                                                                                                                                      | County Code (7)<br>(STATE USE ONLY)        | Current Use (Prior if being demolished)                                                                                                                                                                                                      |                                                  |
| Name of Monitoring Firm Hired by Building Owner (8)                                                                                                                                                                                                                                      |                                            | ASCM No.                                                                                                                                                                                                                                     | Name of Abatement Contractor (9)<br>Pernaco Inc. |
| Street Address                                                                                                                                                                                                                                                                           |                                            | Street Address<br>PO Box 329                                                                                                                                                                                                                 |                                                  |
| City, State, Zip Code                                                                                                                                                                                                                                                                    |                                            | City, State, Zip Code<br>West Berlin NJ 08091                                                                                                                                                                                                |                                                  |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                      |                                            | Telephone No.<br>856-753-9800                                                                                                                                                                                                                | License No.<br>00727                             |
| Start Date (10)<br>11/11/11                                                                                                                                                                                                                                                              | Scheduled Completion Date (11)<br>11/16/11 | Name of OSHA Monitor<br>Pernaco Inc.                                                                                                                                                                                                         |                                                  |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |                                            | Street Address<br>PO Box 329                                                                                                                                                                                                                 |                                                  |
|                                                                                                                                                                                                                                                                                          |                                            | City, State, Zip Code<br>West Berlin NJ 08091                                                                                                                                                                                                |                                                  |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                     |                                            |                                                                                                                                                                                                                                              |                                                  |
| <input 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) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------|----|-----|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|-------------|-----------|
|                                                                              | Yes                                                                   | No | N/A |                                                                                                                             |                           | Removal        | Repair | Encapsulate | Enclosure |
| Basement & crawl space                                                       |                                                                       |    | x   | pipe insulation                                                                                                             | 200 LF                    | x              |        |             |           |
|                                                                              |                                                                       |    |     |                                                                                                                             |                           |                |        |             |           |
|                                                                              |                                                                       |    |     |                                                                                                                             |                           |                |        |             |           |
|                                                                              |                                                                       |    |     |                                                                                                                             |                           |                |        |             |           |

|                                                      |                                    |                                     |                                          |
|------------------------------------------------------|------------------------------------|-------------------------------------|------------------------------------------|
| Name of Registered Waste Hauler<br>United Containers | NJDEP Waste Hauler ID No.<br>22459 | Cubic Yards of Waste<br>2           | Name of Registered Landfill<br>G.R.O.W.S |
| City, State<br>Elm NJ                                | Disposal Date<br>11/16/11          | City, State<br>Morrisville PA 19067 |                                          |
| Completed by<br>Anthony T Perna                      | Title<br>President                 | Signature<br>                       | Date<br>11/1/11                          |

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

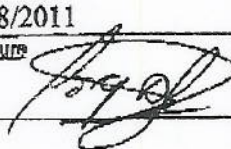


1484

|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                                             |                                                                                                                             |                                                            |                 |         |        |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------|---------|--------|-------------|-----------|
| Date of Notification (1)<br>11/1/11                                                                                                                                                                                                                                                      |                                                                       | Name of Building Owner/Operator (2)<br>NJ SDA                                                                                                                                                                                                               |                                                                                                                             |                                                            |                 |         |        |             |           |
| Agencies Notified                                                                                                                                                                                                                                                                        |                                                                       | Street Address<br>1 West State Street                                                                                                                                                                                                                       |                                                                                                                             |                                                            |                 |         |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                        |                                                                       | 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 |                                                                                                                             |                                                            |                 |         |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                       | City, State, Zip Code<br>Trenton, NJ 08625                                                                                                                                                                                                                  |                                                                                                                             |                                                            |                 |         |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                       | Name of Contact<br>Bruce Lieblch                                                                                                                                                                                                                            |                                                                                                                             |                                                            |                 |         |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                       | Telephone Number<br>[REDACTED]                                                                                                                                                                                                                              |                                                                                                                             |                                                            |                 |         |        |             |           |
| FACILITY INFORMATION                                                                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                                             |                                                                                                                             |                                                            |                 |         |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Former Bank Building                                                                                                                                                                                                             |                                                                       | 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>391 MLK Drive                                                                                                                                                                                                                                                          |                                                                       | Square Feet<br>10000 +                                                                                                                                                                                                                                      | # of Floors<br>1                                                                                                            |                                                            |                 |         |        |             |           |
| City (5)<br>Jersey City, NJ 07305                                                                                                                                                                                                                                                        |                                                                       | Bldg. Age<br>55+                                                                                                                                                                                                                                            |                                                                                                                             |                                                            |                 |         |        |             |           |
| County (6)<br>Hudson                                                                                                                                                                                                                                                                     | County Code (7)<br>(STATE USE ONLY) _____                             | Current Use (Prior if being demolished)<br>None                                                                                                                                                                                                             |                                                                                                                             |                                                            |                 |         |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Environmental Tactics, Inc.                                                                                                                                                                                                       |                                                                       | ASCM No.<br>0045                                                                                                                                                                                                                                            | Name of Abatement Contractor (9)<br>ALKAT Construction LLC                                                                  |                                                            |                 |         |        |             |           |
| Street Address<br>64 Broad Street                                                                                                                                                                                                                                                        |                                                                       | Street Address<br>PO Box 603                                                                                                                                                                                                                                |                                                                                                                             |                                                            |                 |         |        |             |           |
| City, State, Zip Code<br>Matawan, NJ 07747                                                                                                                                                                                                                                               |                                                                       | City, State, Zip Code<br>Woodland Park, NJ 07424                                                                                                                                                                                                            |                                                                                                                             |                                                            |                 |         |        |             |           |
| Project Manager for Monitoring Firm<br>Tom Geiger                                                                                                                                                                                                                                        |                                                                       | Telephone No.<br>732.290.2217                                                                                                                                                                                                                               | Telephone No.<br>973.893.7005                                                                                               |                                                            |                 |         |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                       | License No.<br>01097                                                                                                                                                                                                                                        |                                                                                                                             |                                                            |                 |         |        |             |           |
| Start Date (10)<br>11/11/11                                                                                                                                                                                                                                                              | Scheduled Completion Date (11)<br>12/2/11                             | Name of OSHA Monitor<br>Angel Ramov                                                                                                                                                                                                                         |                                                                                                                             |                                                            |                 |         |        |             |           |
| 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>428 McBride Ave                                                                                                                                                                                                                           |                                                                                                                             |                                                            |                 |         |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                       | City, State, Zip Code<br>Peterson, NJ                                                                                                                                                                                                                       |                                                                                                                             |                                                            |                 |         |        |             |           |
| 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 type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition                                                                                                                                                                       |                                                                                                                             |                                                            |                 |         |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                       | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure     |                                                                                                                             |                                                            |                 |         |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)                                                                                                                                                                                                             | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                                                                                                                                                                                                                                             | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                                  | Abatement Type  |         |        |             |           |
|                                                                                                                                                                                                                                                                                          | Yes                                                                   | No                                                                                                                                                                                                                                                          |                                                                                                                             |                                                            | N/A             | Removal | Repair | Encapsulate | Enclosure |
| Main floor                                                                                                                                                                                                                                                                               |                                                                       | X                                                                                                                                                                                                                                                           |                                                                                                                             | filler paper                                               | 200 SF          | X       |        |             |           |
| Mezzanine/combine area                                                                                                                                                                                                                                                                   |                                                                       | X                                                                                                                                                                                                                                                           |                                                                                                                             | VAT                                                        | 4235SF          | X       |        |             |           |
| Roofing material                                                                                                                                                                                                                                                                         |                                                                       | X                                                                                                                                                                                                                                                           |                                                                                                                             | Roof                                                       | 4000 SF         | X       |        |             |           |
| Ceiling, wall plaster                                                                                                                                                                                                                                                                    |                                                                       | X                                                                                                                                                                                                                                                           |                                                                                                                             | Main floor                                                 | 9900 SF         | X       |        |             |           |
| Name of Registered Waste Hauler<br>ATLANTIC CARTING LLC                                                                                                                                                                                                                                  |                                                                       | NJDEP Waste Hauler ID No.<br>26085                                                                                                                                                                                                                          | Cubic Yards of Waste<br>40                                                                                                  | Name of Registered Landfill<br>WM G.R.O.W.S North Landfill |                 |         |        |             |           |
| City, State<br>1141 Rout 23 Wayne, NJ                                                                                                                                                                                                                                                    |                                                                       | Disposal Date                                                                                                                                                                                                                                               |                                                                                                                             | City, State<br>Morristown, PA                              |                 |         |        |             |           |
| Completed by<br>Uros Spasic                                                                                                                                                                                                                                                              |                                                                       | Title<br>PM                                                                                                                                                                                                                                                 | Signature<br>                                                                                                               |                                                            | Date<br>11/1/11 |         |        |             |           |

REMEMBER - MAIL IN

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

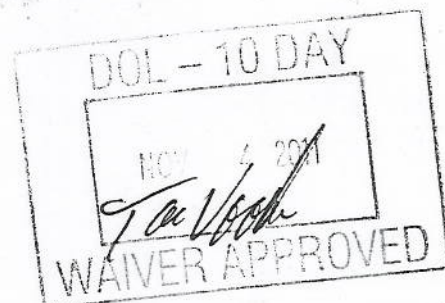
|                                                                                                                                                                                                                                                                                                  |                                                                                        |                                                                                                                                                        |                                                                                               |                                                                                                   |                |                    |               |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------|--------------------|---------------|-----------|
| Date of Notification (1)<br>11/04/2011                                                                                                                                                                                                                                                           |                                                                                        | Name of Building Owner/Operator (2)<br>Jorge Arganca                                                                                                   |                                                                                               |                                                                                                   |                |                    |               |           |
| Agencies Notified<br>(X) EPA<br>(X) NJDEP<br>(X) NJ DOL<br>(X) DOH<br>( ) DCA                                                                                                                                                                                                                    |                                                                                        | Type of Notification<br>(X) Initial Notification<br>( ) Amended<br>Amendment # _____<br>(X) Emergency (Including justification)<br>( ) Cancellation    |                                                                                               |                                                                                                   |                |                    |               |           |
|                                                                                                                                                                                                                                                                                                  |                                                                                        | Street Address<br>1301 Bergenline Ave. Apt #2<br>City, State, Zip Code<br>Union City, NJ, 07087<br>Name of Contact<br>Jorge Arganca<br>Tel. Number<br> |                                                                                               |                                                                                                   |                |                    |               |           |
| FACILITY INFORMATION                                                                                                                                                                                                                                                                             |                                                                                        |                                                                                                                                                        |                                                                                               |                                                                                                   |                |                    |               |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential Property                                                                                                                                                                                                                     |                                                                                        | Type of Facility (4)<br>( ) School (K-12)<br>( ) Subchapter B (other than K-12)<br>(X) Other (i.e. private & commercial bldgs., homes, etc.)           |                                                                                               |                                                                                                   |                |                    |               |           |
| Street Address<br>1301 Bergenline Ave                                                                                                                                                                                                                                                            |                                                                                        | Sq. Feet: 5000 # of Floors 2 Bldg. Age 60                                                                                                              |                                                                                               |                                                                                                   |                |                    |               |           |
| City (5)<br>Union City                                                                                                                                                                                                                                                                           | County (6)<br>Hudson                                                                   | County Code (7)<br>(State Use Only)                                                                                                                    |                                                                                               |                                                                                                   |                |                    |               |           |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>N/A                                                                                                                                                                                                                                          |                                                                                        | Name of Contractor (9)<br>ISES, Inc.                                                                                                                   |                                                                                               |                                                                                                   |                |                    |               |           |
| Street Address<br>N/A                                                                                                                                                                                                                                                                            |                                                                                        | Street Address<br>3300 Hudson Avenue                                                                                                                   |                                                                                               |                                                                                                   |                |                    |               |           |
| City, State, Zip Code<br>N/A                                                                                                                                                                                                                                                                     |                                                                                        | City, State, Zip Code<br>Union City, NJ                                                                                                                |                                                                                               |                                                                                                   |                |                    |               |           |
| Project Manager for Monitoring Firm<br>N/A                                                                                                                                                                                                                                                       | Telephone Number                                                                       | Telephone Number<br>(201) 325-0055                                                                                                                     | License Number<br>01124                                                                       |                                                                                                   |                |                    |               |           |
| Scheduled Start Date (10)<br>11/08/2011                                                                                                                                                                                                                                                          | Scheduled Completion Date (11)<br>11/08/2011                                           | Name of OSHA Monitor<br>ISES, Inc.                                                                                                                     |                                                                                               |                                                                                                   |                |                    |               |           |
| Occupancy Status During Abatement (Check only one)<br>( ) Facility Closed/Vacated During Entire Period of Abatement<br>( ) Abatement Performed Outside of Normal Facility Hours -<br>(X) Other - Describe: Unoccupied during abatement                                                           |                                                                                        | Street Address<br>3300 Hudson Avenue                                                                                                                   |                                                                                               |                                                                                                   |                |                    |               |           |
|                                                                                                                                                                                                                                                                                                  |                                                                                        | City, State, Zip Code<br>Union City, NJ 07087                                                                                                          |                                                                                               |                                                                                                   |                |                    |               |           |
| Source of Work (Check all that apply) ( ) Demolition (X) Renovation                                                                                                                                                                                                                              |                                                                                        |                                                                                                                                                        |                                                                                               |                                                                                                   |                |                    |               |           |
| ( ) Minor Project (< 25 SF or < 10 LF ACM)<br>(X) Small Project (>25 <160 SF or >10 <260 LF ACM)<br>( ) Large Project (>160 SF or > 260 LF ACM)<br>(X) Full Containment with Negative Pressure<br>( ) Mini-Enclosure<br>( ) Glovebag Procedure<br>( ) 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)<br>YES NO N/A |                                                                                                                                                        | Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.) | Amount (Specify SF or LF)                                                                         | Abatement Type |                    |               |           |
|                                                                                                                                                                                                                                                                                                  |                                                                                        |                                                                                                                                                        |                                                                                               |                                                                                                   | Removal        | Repair             | Encapsulation | Enclosure |
| Basement                                                                                                                                                                                                                                                                                         |                                                                                        |                                                                                                                                                        | X TSI Pipe Insulation                                                                         | 70 LFT                                                                                            | X              |                    |               |           |
|                                                                                                                                                                                                                                                                                                  |                                                                                        |                                                                                                                                                        | TSI Boiler Insulation                                                                         | 10 SFI                                                                                            | X              |                    |               |           |
|                                                                                                                                                                                                                                                                                                  |                                                                                        |                                                                                                                                                        |                                                                                               |                                                                                                   |                |                    |               |           |
|                                                                                                                                                                                                                                                                                                  |                                                                                        |                                                                                                                                                        |                                                                                               |                                                                                                   |                |                    |               |           |
| Name of Reg. Waste Hauler<br>Vision Transport                                                                                                                                                                                                                                                    |                                                                                        | NJDEP Waste Hauler ID #<br>22393                                                                                                                       | Cubic Yards of Waste<br>1                                                                     | Name of Reg. Landfill<br>Cumberland County Landfill                                               |                |                    |               |           |
| City, State<br>2 Fish House Road, Kearny, NJ 07032                                                                                                                                                                                                                                               |                                                                                        | Date<br>11/08/2011                                                                                                                                     |                                                                                               | City, State<br>Newburg, PA 17242                                                                  |                |                    |               |           |
| Completed by (Print or Type)<br>Jorge Delgado                                                                                                                                                                                                                                                    |                                                                                        | Title<br>Project Supervisor                                                                                                                            |                                                                                               | Signature<br> |                | Date<br>11/04/2011 |               |           |

REMEMBER - MAIL IN HARD COPY

November 4, 2011

Jorge Arganca  
1301 Bergenline Ave., Apt #2  
Union City, NJ 07087

Tom Voorhees  
New Jersey Department of Labor  
Office of Asbestos Control and Licensing  
1 John Fitch Plaza 3<sup>rd</sup> Floor  
P.O. BOX 949  
Trenton, NJ 08625



Re: Request for emergency asbestos notification project for property located on  
1301 Bergenline Avenue, Apt #2  
Union City, NJ 07087

Dear Mr. Voorhees:

I hereby request emergency notification of asbestos abatement at my property located on 1301 Bergenline Avenue, Apt #2 Union City, NJ 07087 due to boiler repairs, which we need completed as soon as possible to provide us with heat during the already cold weather.

Please approve the attached abatement notification form as drawn by our contractor Industrial Safety and Environmental Solution, LLC.

Thank you very much for your assistance in this matter.

Sincerely yours,

Jorge Arganca  
(201) 328-2789

Print Form

**REMEMBER - MAIL IN HARD COPY**

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:50 and 12:120)

DOL - 10 DAY

WAIVER APPROVED

Date of Notification (1)  
 11/04/11 OK: 1611 \$200

Name of Building Owner/Operator (2)  
 Livingston Public Schools

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOI  
☒ DOH  
☐ DCA

Type Notification

☒ Initial  
☐ Amended  
☐ Amendment #  
☒ Emergency (including justification)  
☐ Cancellation

Street Address  
 11 Foxcroft Drive

City, State, Zip Code  
 Livingston, New Jersey 07039

Name of Contact  
 Paul Ko

Telephone Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
 Harrison School

Street Address  
 148 North Livingston Avenue

City (5)  
 Livingston, New Jersey 07039

County (6)  
 Essex

County Code (7)  
 (STATE USE ONLY)

Type of Facility (4)

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

Square Feet  
 20,000

# of Floors  
 2

Bldg. Age  
 55+

Current Use (Prior if being demolished)  
 School

Name of Monitoring Firm Hired by Building Owner (8)  
 Horizon Environmental Group

ASCM No.

Name of Abatement Contractor (9)  
 Lilich Corporation

Street Address  
 PO Box 316

Street Address  
 606 McBride Avenue

City, State, Zip Code  
 Thorofare, New Jersey 08086

City, State, Zip Code  
 Woodland Park, New Jersey 07424

Project Manager for Monitoring Firm  
 Steve Flannigan

Telephone No.  
 856-848-0800

Telephone No.  
 973-225-8400

License No.  
 01104

Start Date (10)  
 11/04/11

Scheduled Completion Date (11)  
 11/06/11

Name of OSHA Monitor  
 J&S Environmental Labs

Occupancy Status During Abatement (Check Only One)

☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☒ Other - Describe: 4PM Start

Street Address  
 2333 Route 22 West

City, State, Zip Code  
 Union, New Jersey 07083

Scope of Work (Check All That Apply)

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

☒ Renovation  
☐ Demolition

☐ Full Containment with Negative Pressure  
☒ Mini-Enclosure  
☒ Glovebag Procedure  
☐ Non-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 |
| K-1                                                                          |                                                                       | X  |     | Wrap ends                                                                                                                   | 2 LF                      | X              |        |             |
| K-2                                                                          |                                                                       | X  |     | Wrap ends                                                                                                                   | 2 LF                      | X              |        |             |
| K-3                                                                          |                                                                       | X  |     | Wrap ends                                                                                                                   | 2 LF                      | X              |        |             |
| K-4                                                                          |                                                                       | X  |     | Wrap ends                                                                                                                   | 2 LF                      |                |        |             |

Name of Registered Waste Hauler  
 Lilich Corporation

NJDEP Waste Hauler ID No.  
 18724

Cubic Yards of Waste  
 1

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

City, State  
 Woodland Park, New Jersey 07424

Disposal Date  
 11/07/11

City, State  
 Morrisville, Pennsylvania

Completed by  
 Tatiana Kalonikova

Title  
 Vice President

Signature  
*Tatiana Kalonikova*

Date  
 11/04/11



# Livingston

PUBLIC SCHOOLS

REMEMBER - MAIL IN HARD COPY

Paul Ko  
Manager of Buildings and Grounds

11 Foxcroft Drive  
Livingston, New Jersey 07039  
Telephone: (973) 535-8000 ext. 8033  
Fax: (973) 535-1254  
E-mail: [pkc@livingston.org](mailto:pkc@livingston.org)  
Website: [www.livingston.org](http://www.livingston.org)

November 3, 2001

Mr. Tom Voorhees  
New Jersey Dept. of Labor & Workforce Development  
Asbestos Control & Licensing

Re: Harrison School

Dear Sir,

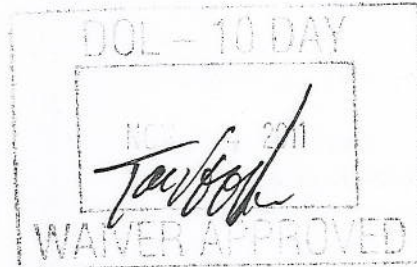
I am sending this letter requesting a waiver of the 10 day notification requirement in order to expedite the vinyl asbestos tile removal at the Harrison School in room K-1 long with repairs asbestos insulation ends via wrap and cure in rooms K-1, K-2, K-3, K-4 that needs to be completed.

Your consideration of this request is greatly appreciated.

Sincerely,

Paul Ko  
Manager of Buildings and Grounds

Cc. Steven Robinson - Business Administrator







# ENVIRONMENTAL CONNECTION INC

A Vertical Technologies Corporation

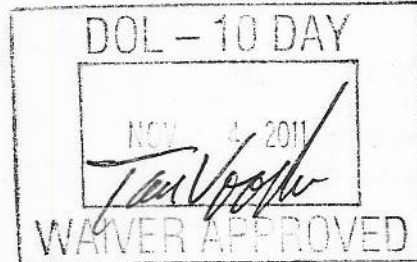
REMEMBER - MAIL IN HARD COPY

November 4, 2011

Via Telefax: (215) 788-6141

Mr. Gino Pizzigoni  
Bristol Environmental, Inc.  
1123 Beaver Street  
Bristol, PA 19007

Re: Emergency Notification  
Trenton Public Schools  
Maintenance Complex, Main Building  
Truancy/H&S Grant Area



Dear Mr. Pizzigoni:

A leak in the hot water system above the plaster ceiling requires the non-friable wrap and cut removal of approximately five (5) linear feet of ACM Thermal System Insulation to allow for the plumbers to tie in a new pipe section above the Truancy/H&S Grant Area at the Maintenance Building located at 1490 Prospect Street, Trenton, New Jersey.

Due to the immediate need for heating at the site and required repair to the mechanical system, this project is being declared an emergency by the Owner. Please proceed with all required notifications so that this project can commence on November 4, 2011.

If you have any questions regarding this project, please contact the undersigned at your convenience.

Respectfully,

ENVIRONMENTAL CONNECTION, INC.

James Frisbee, CIH  
Operations Manager

Print Form

**REMEMBER - MAIL IN HARD COPY**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:69 and 12:120)

DOL - 10 DAY

|                                                                                                                                                                                        |                                                                                                                                                                                                                    |                                                         |                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------|
| Date of Notification (1)<br>11/04/11 CK.1606 \$200                                                                                                                                     |                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br>Elena Candelario |                                |
| Agencies Notified                                                                                                                                                                      | Type Notification                                                                                                                                                                                                  | Street Address<br>708 West Street                       |                                |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Union City, New Jersey 07807   |                                |
|                                                                                                                                                                                        |                                                                                                                                                                                                                    | Name of Contact:<br>Elena Candelario                    | Telephone Number<br>[REDACTED] |

WAIVER APPROVED

## FACILITY INFORMATION

|                                                                                                                                                                                                                                                                                             |                                            |                                                                                                                                                                                                                           |                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Angel's World Day Care                                                                                                                                                                                                              |                                            | 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>708 West Street                                                                                                                                                                                                                                                           |                                            | Square Feet:<br>10,000                                                                                                                                                                                                    | # of Floors<br>2     |
| City (5)<br>Union City, New Jersey 07807                                                                                                                                                                                                                                                    |                                            | Bldg. Age<br>55+                                                                                                                                                                                                          |                      |
| County (6)<br>Hudson                                                                                                                                                                                                                                                                        | County Code (7)<br>(STATE USE ONLY)        | Current Use (Prior if being demolished)<br>Day Care Center                                                                                                                                                                |                      |
| Name of Monitoring Firm Hired by Building Owner (8)<br>J&S Environmental Labs                                                                                                                                                                                                               |                                            | Name of Abatement Contractor (9)<br>Lilich Corporation                                                                                                                                                                    |                      |
| Street Address<br>2333 Route 22 West                                                                                                                                                                                                                                                        |                                            | Street Address<br>606 McBride Avenue                                                                                                                                                                                      |                      |
| City, State, Zip Code<br>Union, New Jersey 07083                                                                                                                                                                                                                                            |                                            | City, State, Zip Code<br>Woodland Park, New Jersey 07424                                                                                                                                                                  |                      |
| Project Manager for Monitoring Firm<br>Cheryl                                                                                                                                                                                                                                               |                                            | Telephone No.<br>908-206-0073                                                                                                                                                                                             | License No.<br>01104 |
| Start Date (10)<br>11/08/11                                                                                                                                                                                                                                                                 | Scheduled Completion Date (11)<br>11/09/11 | Name of OSHA Monitor<br>J&S Environmental Labs                                                                                                                                                                            |                      |
| 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 1PM Start |                                            | Street Address<br>2333 Route 22 West                                                                                                                                                                                      |                      |
|                                                                                                                                                                                                                                                                                             |                                            | City, State, Zip Code<br>Union, New Jersey 07083                                                                                                                                                                          |                      |

## Scope of Work (Check All That Apply)

- |                                                          |                                                |                                                                     |
|----------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf                | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure    |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition            | <input checked="" 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>TO BE ABATED<br>In Facility<br>(13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----|-----|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|-------------|-----------|
|                                                                                       | Yes                                                                   | No | N/A |                                                                                                                                |                           | Removal        | Repair | Encapsulate | Enclosure |
| Girls Restroom                                                                        |                                                                       | X  |     | ACM Debris Ceiling Tile                                                                                                        | 16 SF                     | X              |        |             |           |
|                                                                                       |                                                                       |    |     |                                                                                                                                |                           |                |        |             |           |
|                                                                                       |                                                                       |    |     |                                                                                                                                |                           |                |        |             |           |

|                                                       |                                    |                                 |                                                   |
|-------------------------------------------------------|------------------------------------|---------------------------------|---------------------------------------------------|
| Name of Registered Waste Hauler<br>Lilich Corporation | NJDEP Waste Hauler ID No.<br>18724 | Cubic Yards of Waste<br>1       | Name of Registered Landfill<br>G.R.O.W.S Landfill |
| City, State<br>Woodland Park, New Jersey 07424        |                                    | Disposal Date<br>11/09/11       | City, State<br>Morrisville, Pennsylvania          |
| Completed by<br>Tatiana Kalanikova                    | Title<br>Vice President            | Signature<br>Tatiana Kalanikova | Date<br>11/04/11                                  |

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

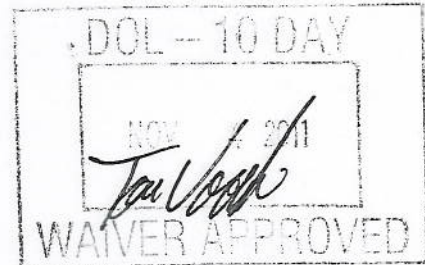
11/03/2011 14:50 FAX 2018685583

EASY-CONSULTING-INC

002

REMEMBER - MAIL IN HARD COPY

**ANGEL'S WORLD DAY CARE CENTER**  
**708 WEST STREET**  
**UNION CITY, N.J. 07087**  
**TEL: (201) 325-0024**  
**FAX: 9201) 325-0373**



**RE: ANGEL'S WORLD DAY CARE CENTER**  
**708 WEST STREET**  
**UNION CITY, N.J. 07087**  
**REMOVAL OF ASBESTOS AND LEAD PARTICALS IN**  
**STUDENT'S BATHROOMS.**

November 2, 2011

To Whom It May Concern:

I am writing to request your assistance with emergency removal of asbestos and lead contaminants in the girl's and boy's bathrooms at our center. Unfortunately, we only have until Saturday, November 12<sup>th</sup> to rectify this urgent matter. Without these repairs our center will not be allowed to renew our license and the center will be shut down until further repairs are completed. We are an UNION CITY ABBOTT PROGRAM participant since 2000 with a extremely highly recommended service to our community. Our students need an education and their parent's need our services as educators.

It is urgent that you contact me at the above number as soon as possible in order for your company to fix this problem.

Sincerely,

Mr. Carlos Vincent,  
DIRECTOR