

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

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2012 NOV 16 PM 3:24

ASBESTOS CONTROL  
& LICENSING

| Date of Notification (1)<br>10/29/2012  |  | Name of Building Owner/Operator (2)<br>Township of Livingston   |   |   |  |                    |        |             |           |
|---|--|---|---|---|--|--------------------|--------|-------------|-----------|
| Agencies Notified   | Type Notification  | Street Address<br>333-357 South Livingston Avenue   |   |   |  |                    |        |             |           |
| <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 type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>1</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Livingston, NJ 07039   |   |   |  |                    |        |             |           |
|   |  | Name of Contact   |   |   |  |                    |        |             |           |
| FACILITY INFORMATION  |  |   |   |   |  |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Monmouth Court Community Center   |  | Type of Facility (4)  |   |   |  |                    |        |             |           |
| Street Address<br>26 Monmouth Court   |  | <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>Livingston  |  | Square Feet   | # of Floors   |   |  |                    |        |             |           |
| County (6)<br>Essex   |  | Bldg. Age   |   |   |  |                    |        |             |           |
| County Code (7)<br>(STATE USE ONLY)   |  | Current Use (Prior if being demolished)<br>Community Center   |   |   |  |                    |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Environmental Connection Inc.  |  | ASCM No.  | Name of Abatement Contractor (9)<br>Kielczewski Corporation |   |  |                    |        |             |           |
| Street Address<br>120 N. Warren Street  |  | Street Address<br>235 Watchung Ave  |   |   |  |                    |        |             |           |
| City, State, Zip Code<br>Trenton NJ 08608   |  | City, State, Zip Code<br>West Orange NJ 07052   |   |   |  |                    |        |             |           |
| Project Manager for Monitoring Firm   |  | Telephone No.<br>609-392-4200   | License No.<br>01171  |   |  |                    |        |             |           |
| Start Date (10)<br>ON HOLD  | Scheduled Completion Date (11)<br>12/28/2012   | Name of OSHA Monitor<br>Long Island Analytical  |   |   |  |                    |        |             |           |
| Occupancy Status During Abatement (Check Only One)  |  | Street Address<br>110 Colin Drive   |   |   |  |                    |        |             |           |
| <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: open during business hours 8:00-4:00pm   |  | City, State, Zip Code<br>Holbrook NY 11741  |   |   |  |                    |        |             |           |
| 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<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input 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 |
| 2nd Floor Stair 204   |  | x   |   | VAT & Mastic  | 237sf  | x                  |        |             |           |
| 2nd Floor Room 201  |  | x   |   | VAT & Mastic  | 240sf  | x                  |        |             |           |
| 2nd Floor Room 203  |  | x   |   | VAT & Mastic  | 25sf   | x                  |        |             |           |
| 2nd Floor Room 214  |  | x   |   | VAT & Mastic  | 60sf   | x                  |        |             |           |
| Name of Registered Waste Hauler<br>Circle Rubbish   |  | NJDEP Waste Hauler ID No.<br>18816  |   | Cubic Yards of Waste  | Name of Registered Landfill<br>Tullytown Resource Facility |                    |        |             |           |
| City, State<br>Linden NJ  |  | Disposal Date   |   | City, State<br>Morrisville PA   |  |                    |        |             |           |
| Completed by<br>Slawomir Kielczewski  |  | Title<br>President  |   | Signature<br>Kielczewski  |  | Date<br>11/07/2012 |        |             |           |



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

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Print Form

|  |   |   |   |   |                |         |        |             |
|--|---|---|---|---|----------------|---------|--------|-------------|
| Date of Notification (1)<br>10/29/2012   |   | CONTINUATION SHEET #1   |   | Name of Building Owner/Operator (2)<br>Township of Livingston   |                |         |        |             |
| Agencies Notified  |   | Type Notification   |   | Street Address<br>333-357 South Livingston Avenue   |                |         |        |             |
| <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 checked="" type="checkbox"/> Amended<br>Amendment # <u>1</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | City, State, Zip Code<br>Livingston, NJ 07039   |                |         |        |             |
|  |   |   |   | Name of Contact   |                |         |        |             |
| <b>FACILITY INFORMATION</b>  |   |   |   |   |                |         |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br>Monmouth Court Community Center  |   |   |   | Type of Facility (4)  |                |         |        |             |
| Street Address<br>26 Monmouth Court  |   |   |   | <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>Livingston   |   |   |   | Square Feet   | Bldg. Age      |         |        |             |
| County (6)<br>Essex  |   | County Code (7)<br>(STATE USE ONLY)   |   | Current Use (Prior if being demolished)<br>Community Center   |                |         |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Environmental Connection Inc.   |   |   | ASCM No.  | Name of Abatement Contractor (9)<br>Kielczewski Corporation   |                |         |        |             |
| Street Address<br>120 N. Warren Street   |   |   | Street Address<br>235 Watchung Ave  |   |                |         |        |             |
| City, State, Zip Code<br>Trenton NJ 08608  |   |   | City, State, Zip Code<br>West Orange NJ 07052   |   |                |         |        |             |
| Project Manager for Monitoring Firm  |   | Telephone No.<br>609-392-4200   | Telephone No.<br>973-243-9872   | License No.<br>01171  |                |         |        |             |
| Start Date (10)<br><u>ON HOLD</u>  |   | Scheduled Completion Date (11)<br><u>12/28/2012</u>   |   | Name of OSHA Monitor<br>Long Island Analytical  |                |         |        |             |
| Occupancy Status During Abatement (Check Only One)   |   |   |   | Street Address<br>110 Colin Drive   |                |         |        |             |
| <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>open during business hours 8:00-4:00pm</u> |   |   |   | City, State, Zip Code<br>Holbrook NY 11741  |                |         |        |             |
| 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 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 |
| 2nd Floor Room 217   |   | x   | VAT & Mastic  | 60sf  | x              |         |        |             |
| 2nd Floor Room 219   |   | x   | VAT & Mastic  | 414sf   | x              |         |        |             |
| 2nd Floor Corridor 200   |   | x   | VAT & Mastic  | 530sf   | x              |         |        |             |
| 2nd Floor Room 215   |   | x   | VAT & Mastic  | 81sf  | x              |         |        |             |
| Name of Registered Waste Hauler<br>Circle Rubbish  |   | NJDEP Waste Hauler ID No.<br>18816  | Cubic Yards of Waste  | Name of Registered Landfill<br>Tullytown Resource Facility  |                |         |        |             |
| City, State<br>Linden NJ   |   |   | Disposal Date   | City, State<br>Morrisville PA   |                |         |        |             |
| Completed by<br>Slawomir Kielczewski   |   | Title<br>President  | Signature<br><i>Kielczewski</i>   | Date<br>11/07/2012  |                |         |        |             |



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|---|--|---|--|---|--|--------------------|--------|-------------|-----------|
| Date of Notification (1)<br>10/29/2012  |  | CONTINUATION SHEET #2   |  | Name of Building Owner/Operator (2)<br>Township of Livingston   |  |                    |        |             |           |
| 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 checked="" type="checkbox"/> Amended<br>Amendment # <u>1</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>333-357 South Livingston Avenue<br>City, State, Zip Code<br>Livingston, NJ 07039<br>Name of Contact _____ Telephone Number _____  |  |                    |        |             |           |
| FACILITY INFORMATION  |  |   |  |   |  |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Monmouth Court Community Center   |  |   |  | 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>26 Monmouth Court   |  |   |  | Square Feet   | Bldg. Age  |                    |        |             |           |
| City (5)<br>Livingston  |  |   |  | # of Floors   |  |                    |        |             |           |
| County (6)<br>Essex   |  | County Code (7)<br>(STATE USE ONLY) _____   |  | Current Use (Prior if being demolished)<br>Community Center   |  |                    |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Environmental Connection Inc.  |  | ASCM No. _____  |  | Name of Abatement Contractor (9)<br>Kielczewski Corporation   |  |                    |        |             |           |
| Street Address<br>120 N. Warren Street  |  | Street Address<br>235 Watchung Ave  |  |   |  |                    |        |             |           |
| City, State, Zip Code<br>Trenton NJ 08608   |  | City, State, Zip Code<br>West Orange NJ 07052   |  |   |  |                    |        |             |           |
| Project Manager for Monitoring Firm _____   |  | Telephone No.<br>609-392-4200   |  | Telephone No.<br>973-243-9872   | License No.<br>01171                                       |                    |        |             |           |
| Start Date (10)<br><u>ON HOLD</u>   |  | Scheduled Completion Date (11)<br><u>12/28/2012</u>   |  | Name of OSHA Monitor<br>Long Island Analytical  |  |                    |        |             |           |
| 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>open during business hours 8:00-4:00pm</u>  |  |   |  | Street Address<br>110 Colin Drive<br>City, State, Zip Code<br>Holobrook NY 11741  |  |                    |        |             |           |
| 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 type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |  |   |  |                    |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)   |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A   |  | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  | Amount (Specify SF or LF)                                  | Abatement Type     |        |             |           |
|   |  |   |  |   |  | Removal            | Repair | Encapsulate | Enclosure |
| 1st Floor part of room 103  |  | x   |  | VAT & Mastic  | 250sf  | x                  |        |             |           |
| 1st Stair 104   |  | x   |  | VAT & Mastic  | 237sf  | x                  |        |             |           |
| Part of corridor 112  |  | x   |  | VAT & Mastic  | 125sf  | x                  |        |             |           |
| 1st Fl Stairwell smoke doors  |  | x   |  | lining/ caulking  | 96sf   | x                  |        |             |           |
| Name of Registered Waste Hauler<br>Circle Rubbish   |  | NJDEP Waste Hauler ID No.<br>18816  |  | Cubic Yards of Waste  | Name of Registered Landfill<br>Tullytown Resource Facility |                    |        |             |           |
| City, State<br>Linden NJ  |  |   |  | Disposal Date   | City, State<br>Morrisville PA                              |                    |        |             |           |
| Completed by<br>Slawomir Kielczewski  |  | Title<br>President  |  | Signature<br><i>Kielczewski</i>   |  | Date<br>11/07/2012 |        |             |           |

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



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

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& LICENSING

|   |  |  |    |   |  |                |                    |        |             |           |
|---|--|--|----|---|--|----------------|--------------------|--------|-------------|-----------|
| Date of Notification (1)<br>10/29/2012  |  | CONTINUATION SHEET #3  |    | Name of Building Owner/Operator (2)<br>Township of Livingston   |  |                |                    |        |             |           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>1</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |    | Street Address<br>333-357 South Livingston Avenue<br>City, State, Zip Code<br>Livingston, NJ 07039<br>Name of Contact _____ Telephone Number _____  |  |                |                    |        |             |           |
| FACILITY INFORMATION  |  |  |    |   |  |                |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Monmouth Court Community Center   |  |  |    | 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>26 Monmouth Court   |  |  |    | Square Feet _____ # of Floors _____ Bldg. Age _____   |  |                |                    |        |             |           |
| City (5)<br>Livingston  |  |  |    | Current Use (Prior if being demolished)<br>Community Center   |  |                |                    |        |             |           |
| County (6)<br>Essex   |  | County Code (7)<br>(STATE USE ONLY) _____  |    | Name of Monitoring Firm Hired by Building Owner (8)<br>Environmental Connection Inc.  |  |                |                    |        |             |           |
| Street Address<br>120 N. Warren Street  |  | ASCM No. _____   |    | Name of Abatement Contractor (9)<br>Kielczewski Corporation   |  |                |                    |        |             |           |
| City, State, Zip Code<br>Trenton NJ 08608   |  | Street Address<br>235 Watchung Ave   |    | City, State, Zip Code<br>West Orange NJ 07052   |  |                |                    |        |             |           |
| Project Manager for Monitoring Firm _____   |  | Telephone No.<br>609-392-4200  |    | Telephone No.<br>973-243-9872   |  |                |                    |        |             |           |
| Start Date (10)<br>ON HOLD  |  | Scheduled Completion Date (11)<br>12/28/2012   |    | License No.<br>01171  |  |                |                    |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br>Other - Describe: <u>open during business hours 8:00-4:00pm</u> |  |  |    | Name of OSHA Monitor<br>Long Island Analytical  |  |                |                    |        |             |           |
|   |  |  |    | Street Address<br>110 Colin Drive   |  |                |                    |        |             |           |
|   |  |  |    | City, State, Zip Code<br>Holbrook NY 11741  |  |                |                    |        |             |           |
| 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |                |                    |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)  |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |    | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  | Amount (Specify SF or LF)                                  | Abatement Type |                    |        |             |           |
|   |  | Yes  | No |   |  | N/A            | Removal            | Repair | Encapsulate | Enclosure |
| 1st Floor Gymnasium Room 110  |  |  | x  |   | wire insulation  | 361f           | x                  |        |             |           |
| 1st Floor Room 103  |  |  | x  |   | chalkboard mastic  | 150sf          | x                  |        |             |           |
| 1st Floor Room 103  |  |  | x  |   | wood paneling mastic                                       | 1,700sf        | x                  |        |             |           |
| 2nd Fl hallway smoke doors  |  |  | x  |   | lining/caulking  | 96sf           | x                  |        |             |           |
| Name of Registered Waste Hauler<br>Circle Rubbish   |  | NJDEP Waste Hauler ID No.<br>18816   |    | Cubic Yards of Waste  | Name of Registered Landfill<br>Tullytown Resource Facility |                |                    |        |             |           |
| City, State<br>Linden NJ  |  | Disposal Date  |    | City, State<br>Morrisville PA   |  |                |                    |        |             |           |
| Completed by<br>Slawomir Kielczewski  |  | Title<br>President   |    | Signature<br><i>Kielczewski</i>   |  |                | Date<br>11/07/2012 |        |             |           |

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NOTIFICATION OF ASBESTOS ABATEMENT  
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|---|--|--|------------------------------------|---|---------------------------------|--|---------|--------------------|-------------|-----------|
| Date of Notification (1)<br>10/29/2012  |  | CONTINUATION SHEET #1  |                                    | Name of Building Owner/Operator (2)<br>Township of Livingston   |                                 |  |         |                    |             |           |
| Agencies Notified   |  | Type Notification  |                                    | Street Address<br>333-357 South Livingston Avenue   |                                 |  |         |                    |             |           |
| <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 type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                    | City, State, Zip Code<br>Livingston, NJ 07039   |                                 |  |         |                    |             |           |
|   |  |  |                                    | Name of Contact   |                                 |  |         |                    |             |           |
|   |  |  |                                    | Telephone Number  |                                 |  |         |                    |             |           |
| FACILITY INFORMATION  |  |  |                                    |   |                                 |  |         |                    |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Monmouth Court Community Center   |  |  |                                    | Type of Facility (4)  |                                 |  |         |                    |             |           |
| Street Address<br>26 Monmouth Court   |  |  |                                    | <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>Livingston  |  |  |                                    | Square Feet   |                                 |  |         |                    |             |           |
| County (6)<br>Essex   |  |  |                                    | # of Floors   |                                 |  |         |                    |             |           |
| County Code (7)<br>(STATE USE ONLY)   |  |  |                                    | Bldg. Age   |                                 |  |         |                    |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Environmental Connection Inc.  |  |  |                                    | Current Use (Prior if being demolished)<br>Community Center   |                                 |  |         |                    |             |           |
| ASC No.   |  |  |                                    | Name of Abatement Contractor (9)<br>Kielczewski Corporation   |                                 |  |         |                    |             |           |
| Street Address<br>120 N. Warren Street  |  |  |                                    | Street Address<br>235 Watchung Ave  |                                 |  |         |                    |             |           |
| City, State, Zip Code<br>Trenton NJ 08608   |  |  |                                    | City, State, Zip Code<br>West Orange NJ 07052   |                                 |  |         |                    |             |           |
| Project Manager for Monitoring Firm   |  |  |                                    | Telephone No.<br>609-392-4200   |                                 |  |         |                    |             |           |
| Start Date (10)<br>11/08/2012   |  |  |                                    | License No.<br>01171  |                                 |  |         |                    |             |           |
| Scheduled Completion Date (11)<br>11/15/2012  |  |  |                                    | Name of OSHA Monitor<br>Long Island Analytical  |                                 |  |         |                    |             |           |
| Occupancy Status During Abatement (Check Only One)  |  |  |                                    | Street Address<br>110 Colin Drive   |                                 |  |         |                    |             |           |
| <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>open during business hours 8:00-4:00pm</u>  |  |  |                                    | City, State, Zip Code<br>Holbrook NY 11741  |                                 |  |         |                    |             |           |
| Scope of Work (Check All That Apply)  |  |  |                                    |   |                                 |  |         |                    |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |                                    |   |                                 |  |         |                    |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)  |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |                                    | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   | Amount (Specify SF or LF)       | Abatement Type   |         |                    |             |           |
|   |  | Yes  | No                                 |   |                                 | N/A  | Removal | Repair             | Encapsulate | Enclosure |
| 2nd Floor Room 217  |  |  | x                                  |   | VAT & Mastic                    | 60sf   | x       |                    |             |           |
| 2nd Floor Room 219  |  |  | x                                  |   | VAT & Mastic                    | 414sf  | x       |                    |             |           |
| 2nd Floor Corridor 200  |  |  | x                                  |   | VAT & Mastic                    | 530sf  | x       |                    |             |           |
| 2nd Floor Room 215  |  |  | x                                  |   | VAT & Mastic                    | 81sf   | x       |                    |             |           |
| Name of Registered Waste Hauler<br>Circle Rubbish   |  |  | NJDEP Waste Hauler ID No.<br>18816 |   | Cubic Yards of Waste            | Name of Registered Landfill<br>Tullytown Resource Facility |         |                    |             |           |
| City, State<br>Linden NJ  |  |  | Disposal Date                      |   | City, State<br>Morrisville PA   |  |         |                    |             |           |
| Completed by<br>Slawomir Kielczewski  |  |  | Title<br>President                 |   | Signature<br><i>Kielczewski</i> |  |         | Date<br>10/29/2012 |             |           |

\* 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)

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ASBESTOS CONTROL  
& LICENSING

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| Date of Notification (1)<br>10/29/2012  |  | CONTINUATION SHEET #2  |  | Name of Building Owner/Operator (2)<br>Township of Livingston   |  |
| Agencies Notified   |  | Type Notification  |  | Street Address<br>333-357 South Livingston Avenue   |  |
| <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 type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | City, State, Zip Code<br>Livingston, NJ 07039   |  |
|   |  |  |  | Name of Contact   |  |
|   |  |  |  | Telephone Number  |  |
| FACILITY INFORMATION  |  |  |  |   |  |
| Name of Facility Where Abatement is Taking Place (3)<br>Monmouth Court Community Center   |  |  |  | Type of Facility (4)  |  |
| Street Address<br>26 Monmouth Court   |  |  |  | <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>Livingston  |  |  |  | Square Feet   |  |
|   |  |  |  | # of Floors   |  |
|   |  |  |  | Bldg. Age   |  |
| County (6)<br>Essex   |  |  |  | County Code (7)<br>(STATE USE ONLY)   |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Environmental Connection Inc.  |  |  |  | ASCM No.  |  |
| Street Address<br>120 N. Warren Street  |  |  |  | Name of Abatement Contractor (9)<br>Kielczewski Corporation   |  |
| City, State, Zip Code<br>Trenton NJ 08608   |  |  |  | Street Address<br>235 Watchung Ave  |  |
| Project Manager for Monitoring Firm   |  |  |  | City, State, Zip Code<br>West Orange NJ 07052   |  |
| Telephone No.<br>609-392-4200   |  |  |  | Telephone No.<br>973-243-9872   |  |
| License No.<br>01171  |  |  |  |   |  |
| Start Date (10)<br>11/08/2012   |  | Scheduled Completion Date (11)<br>11/15/2012   |  | Name of OSHA Monitor<br>Long Island Analytical  |  |
| Occupancy Status During Abatement (Check Only One)  |  |  |  | Street Address<br>110 Colin Drive   |  |
| <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: open during business hours 8:00-4:00pm |  |  |  | City, State, Zip Code<br>Holbrook NY 11741  |  |
| 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |
| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED<br>In Facility (13)  |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   |  |
|   |  | Yes No N/A   |  |   |  |
| 1st Floor part of room 103  |  | x  |  | VAT & Mastic  |  |
| 1st Stair 104   |  | x  |  | VAT & Mastic  |  |
| Part of corridor 112  |  | x  |  | VAT & Mastic  |  |
| 1st Fl Stairwell smoke doors  |  | x  |  | lining/ caulking  |  |
| Amount (Specify SF or LF)   |  |  |  |   |  |
| 250sf   |  |  |  |   |  |
| 237sf   |  |  |  |   |  |
| 125sf   |  |  |  |   |  |
| 96sf  |  |  |  |   |  |
| Abatement Type  |  |  |  |   |  |
| Removal   |  |  |  |   |  |
| Repair  |  |  |  |   |  |
| Encapsulate   |  |  |  |   |  |
| Enclosure   |  |  |  |   |  |
| x   |  |  |  |   |  |
| x   |  |  |  |   |  |
| x   |  |  |  |   |  |
| x   |  |  |  |   |  |
| Name of Registered Waste Hauler<br>Circle Rubbish   |  | NJDEP Waste Hauler ID No.<br>18816   |  | Cubic Yards of Waste  |  |
| City, State<br>Linden NJ  |  | Disposal Date  |  | Name of Registered Landfill<br>Tullytown Resource Facility  |  |
| City, State<br>Morrisville PA   |  |  |  |   |  |
| Completed by<br>Slawomir Kielczewski  |  | Title<br>President   |  | Signature<br>Kielczewski  |  |
| Date<br>10/29/2012  |  |  |  |   |  |

\* 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)

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2012 NOV 16 PM 3:23  
**ASBESTOS CONTROL & LICENSING**

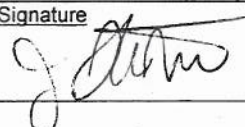
| Date of Notification (1)<br>10/29/2012  |   | CONTINUATION SHEET #4   |   | Name of Building Owner/Operator (2)<br>Township of Livingston   |   |                    |        |             |           |
|---|---|---|---|---|---|--------------------|--------|-------------|-----------|
| Agencies Notified   |   | Type Notification   |   | Street Address<br>333-357 South Livingston Avenue   |   |                    |        |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | City, State, Zip Code<br>Livingston, NJ 07039   |   |                    |        |             |           |
|   |   |   |   | Name of Contact   |   |                    |        |             |           |
| <b>FACILITY INFORMATION</b>   |   |   |   |   |   |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Monmouth Court Community Center   |   |   |   | Type of Facility (4)  |   |                    |        |             |           |
| Street Address<br>26 Monmouth Court   |   |   |   | <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>Livingston  |   |   |   | Square Feet   | # of Floors   |                    |        |             |           |
| County (6)<br>Essex   |   |   |   | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>Community Center |                    |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Environmental Connection Inc.  |   |   | ASCM No.                                      | Name of Abatement Contractor (9)<br>Kielczewski Corporation   |   |                    |        |             |           |
| Street Address<br>120 N. Warren Street  |   |   | Street Address<br>235 Watchung Ave            |   |   |                    |        |             |           |
| City, State, Zip Code<br>Trenton NJ 08608   |   |   | City, State, Zip Code<br>West Orange NJ 07052 |   |   |                    |        |             |           |
| Project Manager for Monitoring Firm   |   | Telephone No.<br>609-392-4200   | Telephone No.<br>973-243-9872                 | License No.<br>01171  |   |                    |        |             |           |
| Start Date (10)<br>11/08/2012   |   | Scheduled Completion Date (11)<br>11/15/2012  |   | Name of OSHA Monitor<br>Long Island Analytical  |   |                    |        |             |           |
| Occupancy Status During Abatement (Check Only One)  |   |   |   | Street Address<br>110 Colin Drive   |   |                    |        |             |           |
| <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: open during business hours 8:00-4:00pm |   |   |   | City, State, Zip Code<br>Holobrook NY 11741   |   |                    |        |             |           |
| 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 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 doors  |   | x   |   | doors caulk   | 3001f   | x                  |        |             |           |
| Exterior windows Room 103   |   | x   |   | window caulk  | 1004f   | x                  |        |             |           |
|   |   |   |   |   |   | x                  |        |             |           |
|   |   |   |   |   |   | x                  |        |             |           |
| Name of Registered Waste Hauler<br>Circle Rubbish   |   | NJDEP Waste Hauler ID No.<br>18816  |   | Cubic Yards of Waste  | Name of Registered Landfill<br>Tullytown Resource Facility  |                    |        |             |           |
| City, State<br>Linden NJ  |   |   |   | Disposal Date   | City, State<br>Morrisville PA                               |                    |        |             |           |
| Completed by<br>Slawomir Kielczewski  |   | Title<br>President  |   | Signature<br><i>Kielczewski</i>   |   | Date<br>10/29/2012 |        |             |           |

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 7:26-2.12)

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**ASBESTOS CONTROL & LICENSING**

|  |  |  |  |
|--|--|--|--|
| <b>Date of Notification (1)</b><br>November 13, 2012   |  | <b>Name of Building Owner/Operator (2)</b><br>ICL Performance Products LP  |  |
| <b>Agencies Notified</b><br>(X) EPA<br>( ) DEP<br>(X) DOL<br>(X) DOH<br>( ) DCA  | <b>Notification Type</b><br>( ) Initial Notification<br>(X) Amended Certification<br>( ) Cancelled | <b>Street Address</b><br>500 Roosevelt Avenue<br><b>City, State, Zip Code</b><br>Carteret, NJ 07008<br><b>Name of Contact</b><br>Jim Sengebush<br><b>Tel. Number</b>   |  |
| <b>FACILITY INFORMATION</b>  |  |  |  |
| <b>Name of Facility Where Abatement is Taking Place (3)</b><br>ICL Performance Products LP<br><b>Street Address</b><br>500 Roosevelt Avenue<br><b>City (5)</b><br>Carteret<br><b>County (6)</b><br>Middlesex<br><b>County Code (7)</b><br>(State Use Only)   |  | <b>Type of Facility (4)</b><br>( ) School (K-12)<br>( ) Subchapter 8 (other than K-12)<br>(X) Other (i.e. private & commercial bldgs., homes, etc.)<br><b>Sq. Feet</b> 53,136 <b># of Floors</b> 3<br><b>Bldg. Age</b> 67 years<br><b>Current Use (prior if being demolished):</b> Manufacturing |  |
| <b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b><br>None<br><b>Street Address</b>   |  | <b>ASCM No.</b>  | <b>Name of Contractor (9)</b><br>Brandenburg Industrial Service Company<br><b>Street Address</b><br>2217 Spillman Drive<br><b>City, State, Zip Code</b><br>Bethlehem, Pennsylvania 18015 |
| <b>Project Manager for Monitoring Firm</b>   |  | <b>Telephone Number</b><br>(610) 691-1800  | <b>License Number</b><br>00721   |
| <b>Scheduled Start Date (10)</b><br>November 26, 2012  |  | <b>Scheduled Completion Date (11)</b><br>December 20, 2012   |  |
| <b>Occupancy Status During Abatement (Check only one)</b><br>(X) Facility Closed/Vacated During Entire Period of Abatement<br>( ) Abatement Performed Outside of Normal Facility Hours -<br><br>Describe _____<br><br>Other - Demo will be performed from 12/03/12 though 01/18/13                     |  | <b>Name of OSHA Monitor</b><br>Brandenburg Industrial Service Company<br><b>Street Address</b><br>2217 Spillman Drive<br><b>City, State, Zip Code</b><br>Bethlehem, Pennsylvania 18015   |  |
| <b>Source of Work (Check all that apply)</b><br>(X) Demolition ( ) Renovation<br>(X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)<br>( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure |  |  |  |
| <b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b>   | <b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b><br>YES NO NA               | <b>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b>   | <b>Amount (Specify SF or LF)</b>   |
| Bldg. 1, 4 & 7   | X  | Floor Tile (non-friable)   | 715 SF   |
| Bldg. 1 & 4 Roof   | X  | Roof Mastic (non-friable)  | 13,880 SF  |
| Bldg 1 & 4   | X  | Transite Panel (non-friable)   | 46 SF  |
| Bldg 1   | X  | Brake Shoes  | 5 SF   |
| <b>Name of Reg. Waste Hauler</b><br>Freehold Cartage, Inc.   |  | <b>NJDEP Waste Hauler ID #</b><br>15939  | <b>Cubic Yards of Waste</b><br>65  |
| <b>City, State</b><br>Freehold, NJ   |  | <b>Name of Reg. Landfill</b><br>G.R.O.W.S., Inc.<br>(Waste Management)   |  |
| <b>Completed by (Print or Type)</b><br>Jennifer Strobel  |  | <b>Title</b><br>Contract Administrator   | <b>Signature</b><br>   |
| <b>Disp. Date</b><br>December 3, 2012  |  | <b>City, State</b><br>Morrisville, PA  |  |
| <b>Date</b><br>November 13, 2012   |  |  |  |

Mail to: NJDEP-DSHW-BRRT  
401 E. State St., PO 414  
Trenton, NJ 08625-0414

Telephone 609-984-6620

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9/18/00



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

EMERGENCY  
CLEAN-UP

|   |  |   |                       |
|---|--|---|-----------------------|
| Date of Notification (1)<br><u>10/11/08</u>   |  | Name of Building Owner/Operator (2)<br><u>NEXEO SOLUTIONS</u> |                       |
| Agencies Notified   | Type Notification  | Street Address  | City, State, Zip Code |
| <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 | <input checked="" type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br><input type="checkbox"/> Cancellation | <u>350 Roosevelt Av</u><br><u>CARTER, NJ</u>                  | <u>07001</u>          |
|   |  | Name of Contact   | Telephone Number      |
|   |  | <u>Mike Lynch</u>   |                       |

|  |                                |  |   |
|--|--------------------------------|--|---|
| Name of Facility Where Abatement is Taking Place (3)<br><u>NEXEO SOLUTIONS OFFICE BLDG</u> |                                | Type of Facility (4)   |   |
| Street Address<br><u>350 Roosevelt Av</u>  |                                | <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><u>CARTER</u>  | County (6)<br><u>Middlesex</u> | County Code (7)<br>(STATE USE ONLY)  | Square Feet<br><u>4000</u><br># of Floors<br><u>2</u><br>Bldg. Age<br><u>50</u> |
| Name of Monitoring Firm Hired by Building Owner (8)  |                                | Current Use (Prior if being demolished)<br><u>OFFICE BLDG CITIMENAL FRACON</u>   |   |

|   |                                |
|---|--------------------------------|
| Name of Abatement Contractor (9)<br><u>NEW STATES CONTRACTING</u> |                                |
| Street Address<br><u>2400 Main St Extension, Suite 10</u>         |                                |
| City, State, Zip Code<br><u>SPRINGVILLE, NJ 08872</u>             |                                |
| Telephone Number<br><u>732 525 0100</u>                           | License Number<br><u>00749</u> |

|   |  |
|---|--|
| Scheduled Start Date (10)<br><u>11/11/12</u>  | Sched. Completion Date (11)<br><u>11/11/12</u> |
| Month / Day / Year  | Month / Day / Year                             |
| Occupancy Status During Abatement (Check only one)  |  |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility<br><input checked="" type="checkbox"/> Other - Describe: <u>Construction only</u> |  |

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

| 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 |   |   |   |
|--|--|--|---------------------------|----------------|---|---|---|
|  |  |  |                           | R              | E | N | C |
| 1ST FLOOR Scale Room   | Yes  | VAT  | 150                       | ✓              |   |   |   |
| 2ND FLOOR Mens/Womens Room   | Yes  | VAT  | 150                       | ✓              |   |   |   |

|  |   |                                       |  |
|--|---|---------------------------------------|--|
| Name of Registered Waste Hauler<br><u>Horizon Disposal</u> | NJDEP Waste Hauler ID No.<br><u>22612</u> | Cubic Yards of Waste<br><u>5</u>      | Name of Registered Landfill<br><u>Grows Landfill</u> |
| City, State<br><u>235 Giggis Av Trenton, NJ</u>            | Disposal Date<br><u>11-16-12</u>          | City, State<br><u>Morrisville, PA</u> |  |
| Completed By (Print or Type)<br><u>Rick Baptista</u>       | Title<br><u>Vice President</u>            | Signature<br><u>[Signature]</u>       | Date<br><u>11.8.12</u>                               |



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

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)                |  | Name of Building Owner/Operator (2)<br><b>Paul Pagash</b> |  |
| Agencies Notified                       | Type Notification  | Street Address<br><b>11 Norfolk Ave.</b>                  |  |
| <input type="checkbox"/> EPA            | <input checked="" type="checkbox"/> Initial Notification | City, State, Zip Code<br><b>Maplewood, NJ 07040</b>       |  |
| <input type="checkbox"/> DEP            | <input type="checkbox"/> Amended Notification            | Name of Contact<br><b>Paul Pagash</b>                     |  |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Cancellation                    | Telephone Number  |  |
| <input checked="" type="checkbox"/> DOH |  |   |  |
| <input type="checkbox"/> DCA            |  |   |  |

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2012 NOV 15 PM 5:15

ASBESTOS CONTROL &amp; LICENSING

## FACILITY INFORMATION

|  |            |                                     |  |                        |  |
|--|------------|-------------------------------------|--|------------------------|--|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Private</b> |            |                                     | Type of Facility (4)<br><input type="checkbox"/> Type » School (K-12)<br><input type="checkbox"/> Type » Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |                        |  |
| Street Address<br><b>11 Norfolk Ave.</b>                               |            |                                     | Square Feet<br><b>1500</b>   |                        |  |
| City (5)<br><b>Maplewood</b>   | County (6) | County Code (7)<br>(STATE USE ONLY) | # of Floors<br><b>3</b>  | Bldg. Age<br><b>70</b> |  |
|  |            |                                     | Current Use (Prior if being demolished)<br><b>Residence</b>  |                        |  |

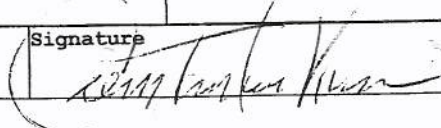
|  |   |   |  |                                |
|--|---|---|--|--------------------------------|
| Name of Monitoring Firm hired by Building Owner (8)<br><b>N/A</b>  |   | ASCM No.<br><b>67</b>                               | Name of Abatement Contractor (9)<br><b>AZTECH MANAGEMENT, Inc.</b> |                                |
| Street Address   |   | Street Address<br><b>86 Christopher St.</b>         |  |                                |
| City, State, Zip Code  |   | City, State, Zip Code<br><b>Montclair, NJ 07042</b> |  |                                |
| Project Manager for Monitoring Firm  | Telephone Number<br><b>N/A</b>                                  | Telephone Number<br><b>(973) 744-8800</b>           |  | License Number<br><b>00371</b> |
| Scheduled Start Date (10)<br><b>Month 11 Day 02 Year 2012</b>  | Sched. Completion Date (11)<br><b>Month 11 Day 05 Year 2012</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"/> Occupancy » Abatement Performed Outside of Normal Facility Hours - Describe:<br><input type="checkbox"/> Other - Describe: |   | Street Address                                      |  |                                |
| Scope of Work (Check all that apply)   |   | City, State, Zip Code                               |  |                                |

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

☒ Renovation  
☐ Demolition

☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glovebag Procedure  
☐ Non-Friable Procedure

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13) | Is Location Normally Used Solely By Maintenance/Custodial Staff (12) |    |     | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                                 |                            |   |   |   |
|---|--|----|-----|---|---------------------------|--|----------------------------|---|---|---|
|   | Yes  | No | N/A |   |                           | R<br>E<br>M<br>O<br>V<br>E<br>M<br>E<br>N<br>T | 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 | E |
| Basement  |  |    | X   | boiler  | 35 sq ft                  | X  |                            |   |   |   |
| Basement  |  |    | x   | Piping  | 85 LF                     | X  |                            |   |   |   |
|   |  |    |     |   |                           |  |                            |   |   |   |

|   |                           |   |   |  |  |
|---|---------------------------|---|---|--|--|
| Name of Registered Waste Hauler<br><b>AZTECH MANAGEMENT, INC.</b> |                           | NJDEP Waste Hauler ID No.<br><b>17040</b>   | Cubic Yards of Waste                        | Name of Registered Landfill<br><b>G.R.O.W.S.</b> |  |
| City, State<br><b>Montclair, NJ 07042</b>                         |                           | Disposal Date<br><b>10/6/2012</b>   | City, State<br><b>Morrisville, PA 19067</b> |  |  |
| Completed By (Print or Type)<br><b>Constantine Vivian</b>         | Title<br><b>President</b> | Signature<br> |   | Date<br><b>11/2/2012</b>                         |  |



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

|  |   |   |   |   |                                  |  |        |             |           |
|--|---|---|---|---|----------------------------------|--|--------|-------------|-----------|
| Date of Notification (1)<br><b>11/13/12</b>  |   | Name of Building Owner/Operator (2)<br><b>PSE &amp; G</b>   |   | RECEIVED<br>2012 NOV 16 PM 3:10   |                                  |  |        |             |           |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA   |   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   |   |                                  | Street Address<br><b>150 CIRCLE AVE.</b> |        |             |           |
|  |   | City, State, Zip Code<br><b>CLIFTON, NJ 07011</b>   |   | ASBESTOS CONTROL  |                                  |  |        |             |           |
|  |   | Name of Contact<br><b>CRAIG O'CONNELL</b>   |   | Telephone Number  |                                  |  |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |   |   |                                  |  |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PSE &amp; G</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>938 CLINTON AVE.</b>  |   |   |   |   |                                  |  |        |             |           |
| City (5)<br><b>IRVINGTON</b>   |   |   | Square Feet<br><b>88,300</b>  | # of Floors<br><b>4</b>   | Bldg. Age<br><b>APX. 71 YRS.</b> |  |        |             |           |
| County (6)<br><b>ESSEX</b>   |   | County Code (7)<br>(STATE USE ONLY)   |   | Current Use (Prior if being demolished)<br><b>ELECTRIC SUB HEADQUARTERS</b>   |                                  |  |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Environmental Tactics</b>  |   | ASCM No.<br><b>0045</b>   | Name of Abatement Contractor (9)<br><b>UNIQUE SYSTEMS OF AMERICA</b>  |   |                                  |  |        |             |           |
| Street Address<br><b>64 Broad St</b>   |   | Street Address<br><b>396 WHITEHEAD AVE</b>  |   |   |                                  |  |        |             |           |
| City, State, Zip Code<br><b>Matawan, NJ 07747</b>  |   | City, State, Zip Code<br><b>SOUTH RIVER, NJ 08882</b>   |   |   |                                  |  |        |             |           |
| Project Manager for Monitoring Firm<br><b>Tom Geiger</b>   |   | Telephone No.<br><b>732-290-2217</b>  | Telephone No.<br><b>732-432-8350</b>  | License No.<br><b>01111</b>   |                                  |  |        |             |           |
| Start Date (10)<br><b>12/3/12</b>  |   | Scheduled Completion Date (11)<br><b>12/14/12</b>   |   | Name of OSHA Monitor<br><b>UNIQUE SYSTEMS OF AMERICA</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>396 WHITEHEAD AVE.</b>   |   |                                  |  |        |             |           |
|  |   |   | City, State, Zip Code<br><b>SOUTH RIVER, NJ 08882</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 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><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)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  | Amount<br>(Specify SF or LF)     | Abatement Type                           |        |             |           |
|  | Yes   | No  | N/A   |   |                                  | Removal                                  | Repair | Encapsulate | Enclosure |
| <b>4TH FIR.</b>  |   | <b>X</b>  |   | <b>THERMAL SYSTEMS INS.</b>   | <b>550 LF</b>                    | <b>X</b>                                 |        |             |           |
|  |   |   |   | <b>ACM DUCTS</b>  | <b>270 SF</b>                    | <b>X</b>                                 |        |             |           |
|  |   |   |   |   |                                  |  |        |             |           |
| Name of Registered Waste Hauler<br><b>WASTE MANAGEMENT</b>   |   | NJDEP Waste Hauler ID No.<br><b>1125</b>  | Cubic Yards of Waste<br><b>30</b>   | Name of Registered Landfill<br><b>GROWS</b>   |                                  |  |        |             |           |
| City, State<br><b>ELIZABETH, NJ</b>  |   | Disposal Date<br><b>12/14/12</b>  |   | City, State<br><b>MORRISVILLE, PA</b>   |                                  |  |        |             |           |
| Completed by<br><b>Laral Lains</b>   |   | Title<br><b>Officer Mgr</b>   | Signature<br><b>Laral Lains</b>   | Date<br><b>11/13/12</b>   |                                  |  |        |             |           |



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

1211-4569  
Check #4654

**RECEIVED**

2012 NOV 16 PM 3:06

ASBESTOS CONTROL  
& LICENSING

|  |   |  |  |
|--|---|--|--|
| Date of Notification (1)<br><b>11/13/12</b>  |   | Name of Building Owner / Operator (2)<br><b>Township of Hamilton</b> |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification   |  |  |
|  | <input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended #1<br><input checked="" type="checkbox"/> Emergency<br><input type="checkbox"/> Cancellation |  |  |
|  | Street Address<br><b>240 Tampa Ave.</b>   |  |  |
|  | City, State & Zip Code<br><b>Hamilton, NJ 08610</b>   |  |  |
|  | Name of Contact<br><b>Charles Thomas</b>  |  |  |
| Telephone Number   |   |  |  |

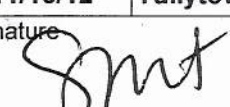
**FACILITY INFORMATION**

|   |   |  |   |                                |           |
|---|---|--|---|--------------------------------|-----------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Hamilton Municipal Building</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>2090 Greenwood Ave.</b>  |   |  | Square Feet   | # of Floors                    | Bldg. Age |
| City (5)<br><b>Hamilton</b>   | County (6)<br><b>Mercer</b>                       | County Code (7)                                      | Current Use (Prior if being demolished)<br><b>Municipal Building</b>  |                                |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>PARS Environmental</b>  |   | ASCM No.   | Name of Abatement Contractor (9)<br><b>AbateTech, Inc.</b>  |                                |           |
| Street Address<br><b>500 Horizon Drive Suite 540</b>  |   | Street Address<br><b>PO Box 25</b>                   |   |                                |           |
| City, State & Zip Code<br><b>Robbinsville, NJ 08691</b>   |   | City, State & Zip Code<br><b>Lumberton, NJ 08048</b> |   |                                |           |
| Project Manager for Monitoring Firm<br><b>Margaret Halasnik</b>   |   | Telephone Number<br><b>609-890-7277</b>              | Telephone Number<br><b>609-265-2107</b>   | License Number<br><b>00529</b> |           |
| Scheduled Start Date (10)<br><b>11/13/12</b>  | Scheduled Completion Date (11)<br><b>11/16/12</b> |  | Name of OSHA Monitor<br><b>EMSL Analytical</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 – Describe: <b>5PM start</b><br><input type="checkbox"/> Facility Occupied During Abatement |   |  | Street Address<br><b>108 Haddon Ave.</b>  |                                |           |
|   |   |  | City, State & Zip Code<br><b>Westmont, NJ 08108</b>   |                                |           |

Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |                                     |                          | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                                     |                          |                          |
|--|--|-------------------------------------|--------------------------|---|---------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Yes  | No                                  | N/A                      |   |                           | Removal                             | Repair                              | Encapsulate              | Enclosure                |
| Storage Area   | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe joint insulation   | 6 LF                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Storage Area   | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation   | 15 LF                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <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>1</b>  | Name of Registered Landfill<br><b>TRRF Landfill</b> |                         |
| City, State<br><b>Lumberton, NJ</b>                       |  | Disposal Date<br><b>11/16/12</b>          |   | City, State<br><b>Tullytown, PA</b>                 |                         |
| Completed By (Print or Type)<br><b>Gwen Trumbetti</b>     |  | Title<br><b>Office Coord.</b>             | Signature<br> |   | Date<br><b>11/13/12</b> |



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

1210-4565  
Check #4610

RECEIVED

|  |  |   |  |
|--|--|---|--|
| Date of Notification (1)<br><b>11/7/12</b>   |  | Name of Building Owner / Operator (2)<br><b>Gary Diratsaglu</b> |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended #2<br><input type="checkbox"/> Emergency<br><input type="checkbox"/> Cancellation | Street Address<br><b>68 West South Orange Avenue</b>            |  |
|  |  | City, State & Zip Code<br><b>South Orange, NJ</b>               |  |
|  |  | Name of Contact<br><b>Gary Diratsaglu</b>                       |  |
|  |  | Telephone Number  |  |
|  |  |   |  |

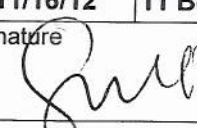
**FACILITY INFORMATION**

|   |   |  |   |                                |           |
|---|---|--|---|--------------------------------|-----------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Exxon 30189</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>68 West South Orange Avenue</b>  |   |  | Square Feet   | # of Floors                    | Bldg. Age |
| City (5)<br><b>South Orange</b>   | County (6)<br><b>Essex</b>                        | County Code (7)                                      | Current Use (Prior if being demolished)<br><b>Service station</b>   |                                |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Kleinfelder</b>   |   | ASCM No.   | Name of Abatement Contractor (9)<br><b>AbateTech, Inc.</b>  |                                |           |
| Street Address<br><b>3 AAA Drive First Floor</b>  |   | Street Address<br><b>PO Box 25</b>                   |   |                                |           |
| City, State & Zip Code<br><b>Hamilton, NJ 08691</b>   |   | City, State & Zip Code<br><b>Lumberton, NJ 08048</b> |   |                                |           |
| Project Manager for Monitoring Firm<br><b>Ray Aponte</b>  |   | Telephone Number<br><b>609-584-5271</b>              | Telephone Number<br><b>609-265-2107</b>   | License Number<br><b>00529</b> |           |
| Scheduled Start Date (10)<br><b>10/29/12</b>  | Scheduled Completion Date (11)<br><b>11/16/12</b> |  | Name of OSHA Monitor<br><b>EMSL Analytical</b>  |                                |           |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Hours<br>Describe:<br><input type="checkbox"/> Facility Occupied During Abatement |   |  | Street Address<br><b>108 Haddon Ave.</b>  |                                |           |
|   |   |  | City, State & Zip Code<br><b>Westmont, NJ 08108</b>   |                                |           |

Scope of Work (Check all that apply)

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf | <input type="checkbox"/> Renovation            | <input type="checkbox"/> Full Containment with Negative Pressure           |
| <input type="checkbox"/> $\geq 160$ sf $\geq 260$ lf           | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure                                    |
|  |  | <input type="checkbox"/> Glove Bag Procedures                              |
|  |  | <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                   | Encapsulate              | Enclosure                |
| Exterior   | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | A-Beam Support Flashing   | 8 SF                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior   | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Steam Tar Flashing  | 7 SF                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior   | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Parapet Caulking  | 10 SF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior   | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Flashing behind parapet panels  | 10 SF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |  |   |   |   |                        |
|---|--|---|---|---|------------------------|
| Name of Registered Waste Hauler<br><b>AbateTech, Inc.</b> |  | NJDEP Waste Hauler ID No.<br><b>18750</b> | Cubic Yards of Waste<br><b>4</b>  | Name of Registered Landfill<br><b>Imperial Landfill</b> |                        |
| City, State<br><b>Lumberton, NJ</b>                       |  | Disposal Date<br><b>11/16/12</b>          | City, State<br><b>11 Boggs Rd., Imperial PA 15126</b>   |   |                        |
| Completed By (Print or Type)<br><b>Gwen Trumbetti</b>     |  | Title<br><b>Office Coord.</b>             | Signature<br> |   | Date<br><b>11/7/12</b> |



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

**1211-4569**  
**Check #4654**

**RECEIVED**

**2012 NOV 16 PM 3:05**

**ASBESTOS CONTROL  
& LICENSING**

|   |   |  |  |
|---|---|--|--|
| Date of Notification (1)<br><b>11/13/12</b> |   | Name of Building Owner / Operator (2)<br><b>Township of Hamilton</b> |  |
| Agencies Notified                           | Type Notification                           | Street Address<br><b>240 Tampa Ave.</b>                              |  |
| <input checked="" type="checkbox"/> EPA     | <input checked="" type="checkbox"/> Initial | City, State & Zip Code<br><b>Hamilton, NJ 08610</b>                  |  |
| <input type="checkbox"/> DEP                | <input type="checkbox"/> Amended            | Name of Contact<br><b>Charles Thomas</b>                             |  |
| <input checked="" type="checkbox"/> DOL     | <input type="checkbox"/> Emergency          | Telephone Number   |  |
| <input checked="" type="checkbox"/> DOH     | <input type="checkbox"/> Cancellation       |  |  |
| <input type="checkbox"/> DCA                |   |  |  |

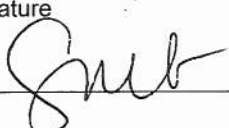
**FACILITY INFORMATION**

|   |   |  |   |                                |           |
|---|---|--|---|--------------------------------|-----------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Hamilton Municipal Building</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>2090 Greenwood Ave.</b>  |   |  | Square Feet   | # of Floors                    | Bldg. Age |
| City (5)<br><b>Hamilton</b>   | County (6)<br><b>Mercer</b>                       | County Code (7)                                      | Current Use (Prior if being demolished)<br><b>Municipal Building</b>  |                                |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>PARS Environmental</b>  |   | ASCM No.   | Name of Abatement Contractor (9)<br><b>AbateTech, Inc.</b>  |                                |           |
| Street Address<br><b>500 Horizon Drive Suite 540</b>  |   | Street Address<br><b>PO Box 25</b>                   |   |                                |           |
| City, State & Zip Code<br><b>Robbinsville, NJ 08691</b>   |   | City, State & Zip Code<br><b>Lumberton, NJ 08048</b> |   |                                |           |
| Project Manager for Monitoring Firm<br><b>Margaret Halasnik</b>   |   | Telephone Number<br><b>609-890-7277</b>              | Telephone Number<br><b>609-265-2107</b>   | License Number<br><b>00529</b> |           |
| Scheduled Start Date (10)<br><b>11/13/12</b>  | Scheduled Completion Date (11)<br><b>11/14/12</b> |  | Name of OSHA Monitor<br><b>EMSL Analytical</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 – Describe: <b>5PM start</b><br><input type="checkbox"/> Facility Occupied During Abatement |   |  | Street Address<br><b>108 Haddon Ave.</b>  |                                |           |
|   |   |  | City, State & Zip Code<br><b>Westmont, NJ 08108</b>   |                                |           |

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

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |                                     |                          | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                                     |                          |                          |
|--|--|-------------------------------------|--------------------------|---|---------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Yes  | No                                  | N/A                      |   |                           | Removal                             | Repair                              | Encapsulate              | Enclosure                |
| Storage Area   | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe joint insulation   | 6 LF                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Storage Area   | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation   | 15 LF                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <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>1</b>  | Name of Registered Landfill<br><b>TRRF Landfill</b> |                         |
| City, State<br><b>Lumberton, NJ</b>                       |  | Disposal Date<br><b>11/14/12</b>          |   | City, State<br><b>Tullytown, PA</b>                 |                         |
| Completed By (Print or Type)<br><b>Gwen Trumbetti</b>     |  | Title<br><b>Office Coord.</b>             | Signature<br> |   | Date<br><b>11/13/12</b> |



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT** Check #4655  
(Pursuant to N.J.A.C. 8:60 and 12:120)

1211-4571

RECEIVED  
NOV 16 PM 3:05

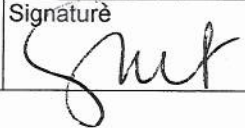
|  |   |  |  |
|--|---|--|--|
| Date of Notification (1)<br><b>11/13/12</b>  |   | Name of Building Owner / Operator<br><b>Cherry Hill B.O.E.</b> |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended #<br><input type="checkbox"/> Emergency<br><input type="checkbox"/> Cancellation |  | Street Address<br><b>45 Rinaldo Terrace</b>            |
|  |   |  | City, State & Zip Code<br><b>Cherry Hill, NJ 08034</b> |
|  |   | Name of Contact<br><b>Tom Carter</b>                           | Telephone Number                                       |

| FACILITY INFORMATION  |   |   |                                |
|---|---|---|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Rosa International School</b>  |   | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<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>485 Browning Lane</b>  |   | Square Feet   | # of Floors                    |
| City (5)<br><b>Cherry Hill</b>  | County (6)<br><b>Camden</b>                       | Bldg. Age   |                                |
| County Code (7)   |   | Current Use (Prior if being demolished)<br><b>School</b>  |                                |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>TTI Environmental</b>   |   | Name of Abatement Contractor (9)<br><b>AbateTech, Inc.</b>  |                                |
| Street Address<br><b>1253 North Church Street</b>   |   | Street Address<br><b>PO Box 25</b>  |                                |
| City, State & Zip Code<br><b>Moorestown, NJ 08057</b>   |   | City, State & Zip Code<br><b>Lumberton, NJ 08048</b>  |                                |
| Project Manager for Monitoring Firm<br><b>Jim Guillard</b>  |   | Telephone Number<br><b>856-840-8800</b>   | License Number<br><b>00529</b> |
| Scheduled Start Date (10)<br><b>11/23/12</b>  | Scheduled Completion Date (11)<br><b>12/28/12</b> | Name of OSHA Monitor<br><b>EMSL Analytical</b>  |                                |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Hours<br>Describe:<br><input type="checkbox"/> Facility Occupied During Abatement |   | Street Address<br><b>108 Haddon Ave.</b>  |                                |
|   |   | City, State & Zip Code<br><b>Westmont, NJ 08108</b>   |                                |

Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>in Facility<br>(13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |                                     |                          | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|--|--|-------------------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Yes  | No                                  | N/A                      |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>10 Locations</b>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Plaster</b>   | <b>15 SF Total</b>        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |  |   |   |   |                         |
|---|--|---|---|---|-------------------------|
| Name of Registered Waste Hauler<br><b>AbateTech, Inc.</b> |  | NJDEP Waste Hauler ID No.<br><b>18750</b> | Cubic Yards of Waste<br><b>1</b>  | Name of Registered Landfill<br><b>TRRF Landfill</b> |                         |
| City, State<br><b>Lumberton, NJ</b>                       |  | Disposal Date<br><b>12/28/12</b>          |   | City, State<br><b>Tullytown, PA</b>                 |                         |
| Completed By (Print or Type)<br><b>Gwen Trumbetti</b>     |  | Title<br><b>Office Coord.</b>             | Signature<br> |   | Date<br><b>11/13/12</b> |



State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT CHECK #4653  
(Pursuant to N.J.A.C. 8:60 and 12:120)

1208-4536

CHECK #4653

RECEIVED

2012 NOV 16 PM 3:04

ASBESTOS CONTROL  
& LICENSING

|  |  |  |  |
|--|--|--|--|
| Date of Notification (1)<br><b>11/7/12</b>   |  | Name of Building Owner / Operator (2)<br><b>The College of New Jersey</b>  |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended #<br><input checked="" type="checkbox"/> Emergency<br><input type="checkbox"/> Cancellation | Street Address<br><b>PO Box 7718</b><br>City, State & Zip Code<br><b>Ewing, NJ 08628</b><br>Name of Contact<br><b>Amanda Radosti</b><br>Telephone Number |  |

**FACILITY INFORMATION**

|   |                             |  |   |  |                                |
|---|-----------------------------|--|---|--|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>The College of New Jersey</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>2000 Pennington Road</b>   |                             |  | Square Feet      # of Floors      Bldg. Age   |  |                                |
| City (5)<br><b>Ewing</b>  | County (6)<br><b>Mercer</b> | County Code (7)                                      | Current Use (Prior if being demolished)<br><b>Manhole</b>   |  |                                |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>TTI Environmental</b>   |                             | ASCM No.   | Name of Abatement Contractor (9)<br><b>AbateTech, Inc.</b>  |  |                                |
| Street Address<br><b>1253 North Church Street</b>   |                             | Street Address<br><b>30 Maple Ave</b>                |   |  |                                |
| City, State & Zip Code<br><b>Moorestown, NJ 08057</b>   |                             | City, State & Zip Code<br><b>Lumberton, NJ 08048</b> |   |  |                                |
| Project Manager for Monitoring Firm<br><b>Jim Guilardi</b>  |                             | Telephone Number<br><b>856-840-8800</b>              | Telephone Number<br><b>609-265-2107</b>   |  | License Number<br><b>00529</b> |
| Scheduled Start Date (10)<br><b>11/8/12</b>   |                             | Scheduled Completion Date (11)<br><b>11/30/12</b>    |   | Name of OSHA Monitor<br><b>EMSL Analytical</b> |                                |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Hours<br>Describe:<br><input checked="" type="checkbox"/> Facility Occupied During Abatement |                             |  | Street Address<br><b>107 Haddon Ave.</b><br>City, State & Zip Code<br><b>Westmont, NJ 08108</b>   |  |                                |

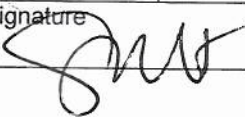
Scope of Work (Check all that apply)

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

- ☒ Renovation  
☐ Demolition

- ☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glove Bag Procedures  
☐ 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                |
| Manholes #3 & #4   | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation   | 160 LF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <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>15</b>   | Name of Registered Landfill<br><b>T.R.R.F. Landfill</b> |                        |
| City, State<br><b>Lumberton, NJ</b>                       |  | Disposal Date<br><b>11/30/12</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>11/7/12</b> |



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

Check # 8019

RECEIVED

|  |   |   |                                     |  |                           |
|--|---|---|-------------------------------------|--|---------------------------|
| Date of Notification (1)<br><u>11/13/12</u>  |   | Name of Building Owner/Operator (2)<br><u>250 JAMES STREET, LLC</u>   |                                     | 2012 NOV 16 PM 3: 03   |                           |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   |   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                     | Street Address<br><u>250 JAMES ST</u><br>City, State, Zip Code<br><u>MORRISTOWN NJ</u><br>Name of Contact<br><u>LARRY / DOM</u><br>Telephone Number  |                           |
| FACILITY INFORMATION   |   |   |                                     |  |                           |
| Name of Facility Where Abatement is Taking Place (3)<br><u>250 JAMES ST. LLC</u>   |   |   |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |                           |
| Street Address<br><u>250 JAMES ST.</u>   |   |   |                                     | Square Feet<br><u>80,000</u>   |                           |
| City (5)<br><u>MORRISTOWN</u>  |   |   |                                     | # of Floors<br><u>1</u>  |                           |
| County (6)<br><u>MORRIS</u>  |   |   |                                     | Bldg. Age<br><u>60</u>   |                           |
| County Code (7)<br>(STATE USE ONLY)  |   |   |                                     | Current Use (Prior if being demolished)<br><u>OFFICE WAREHOUSE / DEMO</u>  |                           |
| Name of Monitoring Firm Hired by Building Owner (8)  |   | ASCM No.  |                                     | Name of Abatement Contractor (9)<br><u>A. Mac Contracting Inc.</u>   |                           |
| Street Address   |   |   |                                     | Street Address<br><u>105 Lowell Road</u>   |                           |
| City, State, Zip Code  |   |   |                                     | City, State, Zip Code<br><u>Glen Rock, N.J. 07452</u>  |                           |
| Project Manager for Monitoring Firm  |   | Telephone No.   |                                     | Telephone No.<br><u>201-262-5841</u>   |                           |
| Start Date (10)<br><u>11/22/12</u>   |   | Scheduled Completion Date (11)<br><u>11/26/12</u>   |                                     | License No.<br><u>00156</u>  |                           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   |   |                                     | Name of OSHA Monitor<br><u>Omega Environmental Services Inc.</u>   |                           |
|  |   |   |                                     | Street Address<br><u>280 Huyler Street</u>   |                           |
|  |   |   |                                     | City, State, Zip Code<br><u>Hackensack, NJ 07606</u>   |                           |
| Scope of Work (Check All That Apply)   |   |   |                                     |  |                           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   |                                     | <input 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) |
|  | Yes   | No  | N/A                                 |  |                           |
| <u>ROOF</u>  |   |   | <input checked="" type="checkbox"/> | <u>FLASHING</u>  | <u>1400 LF</u>            |
|  |   |   |                                     |  |                           |
|  |   |   |                                     |  |                           |
|  |   |   |                                     |  |                           |
| Name of Registered Waste Hauler<br><u>Rovic Transport</u>  |   | NJDEP Waste Hauler ID No.<br><u>20785</u>   |                                     | Cubic Yards of Waste<br><u>15</u>  |                           |
| City, State<br><u>Riverdale, New Jersey 07457</u>  |   | Disposal Date<br><u>11/22/12</u>  |                                     | Name of Registered Landfill<br><u>IESI PA Bethlehem Landfill Corp.</u>   |                           |
| Completed by<br><u>R. McDonald</u>   |   | Title<br><u>President</u>   |                                     | Signature<br><u>[Signature]</u>  |                           |
|  |   |   |                                     | Date<br><u>11/13/12</u>  |                           |



CK 22045

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

RECEIVED

2012 NOV 16 PM 2:52

ASBESTOS CONTROL  
& LICENSING

|   |  |  |   |  |                           |                                     |                          |                          |                          |
|---|--|--|---|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>11 / 14 / 12  |  | Name of Building Owner/Operator (2)<br>Verizon   |   |  |                           |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>1095 6 <sup>th</sup> Avenue<br>City, State, Zip Code<br>New York, NY 10036   |   |  |                           |                                     |                          |                          |                          |
|   |  | Name of Contact<br>Alex Baylor   | Telephone Number  |  |                           |                                     |                          |                          |                          |
| FACILITY INFORMATION  |  |  |   |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Verizon Hopatcong Central Office  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |   |  |                           |                                     |                          |                          |                          |
| Street Address<br>1 Lakeside Blvd   |  |  |   |  |                           |                                     |                          |                          |                          |
| City (5)<br>Landing, NJ   |  | Square Feet<br>10000   | # of Floors<br>2  |  |                           |                                     |                          |                          |                          |
|   |  | Bldg. Age<br>40  |   |  |                           |                                     |                          |                          |                          |
| County (6)<br>Morris  | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)  |   |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>TTI Environmental, Inc.  |  | ASCM No.<br>29717  | Name of Abatement Contractor (9)<br>JVN Restoration Inc |  |                           |                                     |                          |                          |                          |
| Street Address<br>1253 North Church Street  |  | Street Address<br>47 Foster Road   |   |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br>Moorestown, NJ   |  | City, State, Zip Code<br>Staten Island NY 10309  |   |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br>Harold Balwin  |  | Telephone No.<br>856-840-8800  | License No.<br>00774                                    |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br>11 / 26 / 12   | Scheduled Completion Date (11)<br>11 / 29 / 12   | Name of OSHA Monitor<br>Testor Tech  |   |  |                           |                                     |                          |                          |                          |
| 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: 8AM-____PM/4:00PM-____AM  |  | Street Address<br>10 59 Jackson Avenue<br>City, State, Zip Code<br>LIC, NY 11101   |   |  |                           |                                     |                          |                          |                          |
| 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<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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |   |  |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility<br>(13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |   | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|   | Yes  | No   | N/A   |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Basement Stairwell  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>                                | VAT  | 56 SF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Storage Room   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>                                | VAT  | 140 SF                    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                                |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <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>Global Waste Industries Inc  |  | NJDEP Waste Hauler ID No.<br>NJ-22171  | Cubic Yards of Waste<br>2                               | Name of Registered Landfill<br>Minerva Enterprises Inc   |                           |                                     |                          |                          |                          |
| City, State<br>Hackettstown, NJ   |  | Disposal Date<br>11/29/2012  |   | City, State<br>Waynesburg, OH  |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>John Tardy  | Title<br>Senior Project Manager  |  | Signature<br><i>John Tardy</i>                          |  |                           | Date<br>11/14/12                    |                          |                          |                          |



**STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7  
ANNUAL NOTIFICATION**

*Check # 2794*

|   |  |  |  |
|---|--|--|--|
| Date of Notification (1)<br>11 / 15 / 12  |  | Name of Building Owner / Operator (2)<br>Sears Holding Corporation   |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DOL<br><input type="checkbox"/> |  | Type of Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency w/ justification<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>3333 Beverly Road   |  | City, State, Zip Code<br>Hoffman Estates, Illinois   |  |
| Name of Contact<br>Gerald Jacobs  |  | Telephone Number<br>84   |  |

**RECEIVED**

**2012 NOV 16 PM 2:50**

**CONTROL**

**FACILITY INFORMATION**

|  |                         |                 |   |                     |  |
|--|-------------------------|-----------------|---|---------------------|--|
| Name of Facility Where Abatement is Taking Place (3)<br>K-Mart   |                         |                 | 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 bldgs., homes, etc.) |                     |  |
| Street Address<br>3010 Highway 35  |                         |                 | Square Feet<br>N/A  |                     |  |
| City (5)<br>Hazlet   | County (6)<br>MIDDLESEX | County Code (7) | # Of Floors<br>N/A  | Building Age<br>N/A |  |
| Current Use (Prior if being demolished)<br>Retail  |                         |                 |   |                     |  |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>Watterson Environmental  |                         |                 | Name of Abatement Contractor (9)<br>LVI Environmental Services Inc.   |                     |  |
| Street Address<br>138 Main Street  |                         |                 | Street Address<br>462 Getty Avenue  |                     |  |
| City, State, Zip Code<br>Aberdeen, NJ 07747  |                         |                 | City, State, Zip Code<br>Clifton, NJ 07011  |                     |  |
| Project Mngr. For Monitoring Firm<br>Brian Rolston   |                         |                 | Telephone Number<br>908-218-1108  |                     |  |
| Schedul Start Date (10)<br>11 / 16 / 12  |                         |                 | Sched. Completion Date (11)<br>11 / 18 / 12   |                     |  |
| Occupancy Status During Abatement (Check Only 1)<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: 10:00 PM to 7:00 AM |                         |                 | Name of OSHA Monitor<br>LVI Environmental Services Inc.   |                     |  |
|  |                         |                 | Street Address<br>462 Getty Avenue  |                     |  |
|  |                         |                 | City, State, Zip Code<br>CLIFTON, NJ 07011  |                     |  |

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Demolition              | <input checked="" type="checkbox"/> Renovation                                 | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> >3sf or >3lf | <input type="checkbox"/> Mini - Enclosure                                      | <input type="checkbox"/> Glovebag Procedure                      |
| <input type="checkbox"/> >160 sf or >260 lf      | <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                      |                            |                                      |                                      |
|--|--|--|---------------------------|-------------------------------------|----------------------------|--------------------------------------|--------------------------------------|
|  |  |  |                           | R<br>E<br>M<br>O<br>V<br>A<br>L     | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R |
| Sales Floor  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | Floor Tiles  | 130                       | <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"/>             |

|   |                                   |                            |                                     |
|---|-----------------------------------|----------------------------|-------------------------------------|
| Name of Registered Waste Hauler<br>Newark Carting | NJDEP Waste Hauler ID No.<br>4509 | Cubic Yards of Waste       | Name of Registered Landfill<br>IESI |
| City, State<br>Newark, NJ                         | Disposal Date                     | City, State<br>Bethlem, PA |                                     |
| Completed by (Print or Type)<br>Ralph Barnhardt   | Title<br>Operation Manager        | Signature<br>              | Date<br>11/15/12                    |



CK

29641

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

RECEIVED

2012 NOV 16 PM 2:49

ASBESTOS CONTROL  
& LICENSING

|  |   |   |                  |
|--|---|---|------------------|
| Date of Notification (1)<br>11/15/12<br>Month/Day/Year |   | Name of Building Owner/Operator (2)<br>Princeton University |                  |
| Agency Notified  | Type Notification                           | Street Address  |                  |
| EPA  | <input checked="" type="checkbox"/> Initial | P.O. box 2158   |                  |
| DEP  | <input type="checkbox"/> Notification       | City, State, Zip Code                                       |                  |
| DCA  | <input type="checkbox"/> Amended            | Princeton NJ 08543  |                  |
| DOH  | <input type="checkbox"/> Notification       | Name of Contact   | Telephone Number |
|  | <input type="checkbox"/> Cancellation       | Robert Otego  |                  |

## FACILITY INFORMATION

|  |  |   |  |  |                        |
|--|--|---|--|--|------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Princeton University -- Firestone Library - Level 1 former circulation area  |  |   | Type of Facility (4)<br>School (K12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K12)<br><input type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.) |  |                        |
| Street Address<br>Firestone Library  |  |   | Square Feet<br>100000  |  |                        |
| City (5)<br>Princeton  |  |   | County (6)   | County Code (7)<br>(STATE USE ONLY)                                  | # of Floors<br>4       |
|  |  |   | Bldg. Age<br>50+   |  |                        |
| Name of Monitoring Firm Hired by Building Owner (8)<br>ATC Associates, Inc   |  |   | ASCM No.   | Name of Abatement Contractor (9)<br>Associated Specialty Contracting |                        |
| Street Address<br>3 Terri Lane   |  |   | Street Address<br>98 LaCrue Avenue   |  |                        |
| City, State, Zip Code<br>Burlington NJ 08016   |  |   | City, State, Zip Code<br>Glen Mills, PA 19342  |  |                        |
| Project Manager of Monitoring Firm<br>Mike Keehn   |  | Telephone Number<br>609-386-8800                          | Telephone Number<br>610-364-9622   |  | Licence Number<br>1103 |
| Scheduled Start Date (10)<br>12/10/12<br>Month/Day/Year  |  | Sched. Completion Date (11)<br>12/30/12<br>Month/Day/Year |  | Name of OSHA Monitor<br>Criterion Labs                               |                        |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility<br>Hours - Describe: 7:00 AM - 3:30 PM<br>Other - Describe: |  |   | Street Address<br>3370 Progressive Drive   |  |                        |
|  |  |   | City, State, Zip Code<br>Bensalem PA 19020   |  |                        |

## Scope of work (Check all that apply)

- ☐ Demolition  
☒ >3 sf or >3 if  
☒ >160 sf or >260 lf
- ☒ Renovation
- ☒ Full Containment with Negative Pressure  
☐ Mini - Enclosure  
☒ Glovebag Procedure  
☐ Non-Friable Procedure

| Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff (12) |                                     |     | Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                            |                                      |   |  |
|--|--|-------------------------------------|-----|--|---------------------------|-------------------------------------|----------------------------|--------------------------------------|---|--|
|  | Yes  | No                                  | N/A |  |                           | R<br>E<br>M<br>O<br>V<br>A<br>L     | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |  |
| Level 1 former circulation area  |  | <input checked="" type="checkbox"/> |     | pipe insulation  | 80 LF                     | <input checked="" type="checkbox"/> |                            |                                      |   |  |
|  |  |                                     |     |  |                           |                                     |                            |                                      |   |  |
|  |  |                                     |     |  |                           |                                     |                            |                                      |   |  |
|  |  |                                     |     |  |                           |                                     |                            |                                      |   |  |

|   |                            |                                 |                                      |
|---|----------------------------|---------------------------------|--------------------------------------|
| Name of Registered Waste Hauler<br>Horizon Disposal | NJDEP Waste Hauler ID No.  | Cubic Yards of Waste<br>5       | Name of Registered Landfill<br>GROWS |
| City, State<br>Trenton NJ                           | Disposal Date<br>As needed | City, State<br>Morrisville PA   |                                      |
| Completed By (Print or Type)<br>Mark Goshow         | Title<br>Project Manager   | Signature<br><i>Mark Goshow</i> | Date<br>11-15-12                     |