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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator</th>
<th>Town of Kearny</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-22-11 (1) 9-26-11 (2)</td>
<td>10-03-11</td>
<td></td>
</tr>
</tbody>
</table>

Agencies Notified  
- EPA  
- DOL  
- DOH  
- DCA

Type Notification  
- Initial
- Amended
- Emergency (including justification)

Name of Facility Where Abatement is Taking Place (3)  
Standard Chlorine Chemical Co.

Street Address  
1015-1035 Belleville Turnpike  
Kearney, NJ 07032

Name of Monitoring Firm Hired by Building Owner (8)  
Environmental Tactics, Inc.

Name of Abatement Contractor (9)  
Precision Environmental Co.

Square Feet  
See attached

# of Floors  
See attached

Bidg. Age  
50+

Current Use (Prior if being demolished)  
Chemical plant

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

Consultants  
- Environmental Tactics, Inc

Start Date (10)  
10-11-11

Scheduled Completion Date (11)  
11-18-11

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

Scope of Work (Check All That Apply)  
- 23 sf or 23 y  
- 180 sf or 2260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Frangible Procedure

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

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

See attached

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

Amount (Specify SF or LF)  

Abatement Type  
- Removal
- Repair
- Encapsulation
- End Stage

Name of Registered Waste Hauler  
Freehold Cartage

Cubic Yards of Waste  
974

Name of Registered Landfill  
Envirosafe Services of Ohio

Completed by  
John E. Savage
Title  
Vice President
Signature  
Date  
10-03-11
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**  
9-22-11  (1) 9-26-11

**Name of Building Owner/Operator (2)**  
Standard Chlorine Chemical Co., Inc

**Street Address**  
1015-1035 Belleville Turnpike

**City, State, Zip Code**  
Kearney, NJ 07032

**Name of Contact**  
Margaret Kelly

**Facility Information**

**Type of Facility (4)**

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

**Name of Facility Where Abatement is Taking Place (3)**  
Standard Chlorine Chemical Co.

**Street Address**  
1015-1035 Belleville Turnpike

**City (5)**  
Kearney

**County (6)**  
Hudson

**Name of Monitoring Firm Hired by Building Owner (8)**  
Environmental Tactics, Inc.

**ASCM No.**  
0045

**Name of Abatement Contractor (9)**  
Precision Environmental Co.

**Street Address**  
5500 Old Brecksville Rd

**City, State, Zip Code**  
Independence, Ohio 44131

**Telephone No.**  
216-462-6040

**License No.**  
01143

**Name of OSHA Monitor**  
Environmental Tactics, Inc

**Street Address**  
64 Broad Street

**City, State, Zip Code**  
Matawan, NJ 07747

**Start Date (10)**  
10-10-11

**Scheduled Completion Date (11)**  
11-18-11

**Occupy Status During Abatement (Check Only One)**

- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe:  

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

- [x] ≥ 23 sf or ≥ 23 if
- [x] ≥ 160 sf or ≥ 260 if
- [ ] Renovation
- [x] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

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

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

- [x] Yes
- [ ] No
- [ ] N/A

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

- [ ] Removal
- [ ] Regrout
- [ ] Encapsulate
- [ ] Endurable

**Location of Registered Waste Hauler**

**Cubic Yards of Waste**

- [ ] 31
- [ ] 74
- [x] 974

**City, State**

- [ ] Freehold, New Jersey

**Completed by**  
John E. Savage  
Vice President

**Name of Registered Landfill**

**Disposal Date**  
10-10/11-18-11

**Name of Registered Waste Hauler**

**Cubic Yards of Waste**

- [ ] Freehold, Cartage
- [ ] NJDEP Waste Hauler ID No.  
  NJD051426164
- [ ] 974

**City, State**

- [ ] Oregon, Ohio

**Date**  
09-26-11
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>09-22-11</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Envirosafe Services of Ohio</td>
</tr>
<tr>
<td>Street Address</td>
<td>876 Otter Creek Rd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Oregon, Ohio 43616</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Lisa Humphrey</td>
</tr>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Standard Chlorine Chemical Co.</th>
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</thead>
<tbody>
<tr>
<td>County (5)</td>
<td>Kearny</td>
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<tr>
<td>Hudson County Code</td>
<td>50+</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Omega Environmental Services, Inc</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Precision Environmental Co.</td>
</tr>
<tr>
<td>Street Address</td>
<td>280 Huyler Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>South Hackensack, New Jersey 07606</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-480-8700</td>
</tr>
<tr>
<td>License No.</td>
<td>01143</td>
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</tbody>
</table>

| Start Date (10) | 10-10-11 |
| Scheduled Completion Date (11) | 11-18-11 |
| Name of OSHA Monitor | Geiser Fajardo |
| Street Address | 280 Huyler Street |
| City, State, Zip Code | S. Hackensack, NJ 07606 |

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

- [X] 2 or 3 Stories
- [ ] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
<td></td>
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</table>

**Abatement Type**

<table>
<thead>
<tr>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Endorse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Completed by**

<table>
<thead>
<tr>
<th>John E. Savage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>
STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)  
11/21/2011  
Name of Building Owner/Operator (2)  
67 Whippany Investors, LLC  
Street Address  
49 Bloomfield Avenue  
City, State, Zip Code  
Mountain Lakes, NJ 07046  
Type of Facility (4)  
(Subchapter B (other than K-12))  
Type of Facility (4)  
(Other i.e. private & commercial bldgs., homes, etc.)

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Commercial Property  
67 Whippany Rd  
City (5)  
Whippany  
County (6)  
Morris  
County Code (7)  (State Use Only)

Name of Monitoring Firm Hired by Bldg. Owner (8)  
ISES, Inc.  
Street Address  
3300 Hudson Avenue  
City, State, Zip Code  
Union City, NJ 07087

Project Manager for Monitoring Firm  
David Camacho  
Telephone Number  
(201) 325-0055  
Occupancy Status During Abatement (Check only one)  
( X ) Facility Closed/Vacated During Entire Period of Abatement  
( ) Abatement Performed Outside of Normal Facility Hours

Source of Work (Check all that apply)  
□ ≥ 3 SF or ≥ 3 LF  
□ ≥ 160 SF or ≥ 260 LF  
□ Renovation  
□ Demolition  
□ Full Containment with Negative Pressure  
□ Mini-Enclosure  
□ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)  
Is Location Normally Used Solely by Maint./Custodial Staff? (12)  
YES  
NO  
NA  
Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  
Amount (Specify SF or LF)  
Abatement Type  

Building A  
X  
VAT  
127,019 SF  
X

Building A  
X  
Mastic  
155,792 SF  
X

Building A  
X  
Baseboard glue  
7286 LF  
X

Building A  
X  
Wall Caulking  
16,083 LF  
X

Building A  
X  
TSI pipe and fittings  
6570 FT  
X

Building A  
X  
TSI air duct  
2060 ST  
X

Building A  
X  
Spray-on fireproofing  
7000 SF  
X

Building A  
X  
Transite panels  
13,064 SF  
X

Building 11A  
X  
Mastic over concrete  
1,006 SQ FT  
X

Name of Reg. Waste Hauler  
Newark Carting  
04509  
Cubic Yards of Waste  
500 (estimated)

Name of Reg. Landfill  
Cumberland County Landfill

City, State  
Newark, NJ 07105  
Completed by (Print or Type)  
David Camacho Walsh  
General Manager  
Signature  
Date  
11/21/2011
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

State of New Jersey

Date of Notification (1) 11/17/11

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

Name of Building Owner/Operator (2)
New Jersey Department of Military Affairs

Street Address
101 Eggerts Crossing Road

City, State, Zip Code
Lawrenceville, NJ 08648

Name of Contact
William McBride

Name of Facility Where Abatement is Taking Place (3)
Somerset Armory

Street Address
1060 Hamilton Street

City (5)
Somerset

County (6)
Somerset

County Code (7)
(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner
Whitman Companies, Inc.

ASCM No.
00110

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

Street Address
3 Lynn Court

City, State, Zip Code
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm
Kevin Lovely

Telephone Number
732-390-5558

License Number
00852

Name of OSHA Monitor
J & S Environmental Laboratories, LLC

Street Address
2333 Route 22W

City, State, Zip Code
Union, NJ 07083

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

Scope of Work (Check all that apply)
[ ] Demolition
[ ] Renovation
[x] ≥3sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

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

In Facility

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

Yes
No
N/A

Amount (Specify SF or LF)

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

Name of Registered Waste Hauler
Jupiter Environmental Services

NJDEP Waste Hauler ID No.
04782

Cubic Yards of Waste
10

Name of Registered Landfill
Minerva Landfill

City, State
Lincoln Park, NJ

Disposal Date
12/28/11

Completed By (Print or Type)
Pane Repic

Title
General Manager

Signature

Date
11/17/11

G4557
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJA 8:60 and 12:120)

Date of Notification (1)  
11-18-2011  
Name of Building Owner/Operator (2)  
JOHN SCRIVANCH

Agencies Notified  
- EPA  
- DEP  
- DOL  
- DOH  
- DCA  
Type Notification  
- Initial  
- Amended  
- Emergency (including justification)  
- Cancellation

Street Address  
560 CHESTNUT STREET  
City, State, Zip Code  
TWP OF WASHINGTON NEW JERSEY 07601

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

Street Address  
560 CHESTNUT STREET

City (5)  
TWP OF WASHINGTON NEW JERSEY

County (6)  
BERGEN  
County Code (7) (STATE USE ONLY)  
N/A

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

Name of Abatement Contractor (9)  
SHARON QUALITY CONSTRUCTION LLC.

Street Address  
22 VAN ORDEN PL

City, State, Zip Code  
HACKENSACK NEW JERSEY 07601

Project Manager for Monitoring Firm  
N/A  
Telephone No.  
201-708-4270

License No.  
01135

Start Date (10)  
11-28-2011  
Scheduled Completion Date (11)  
11-29-2011

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

Scope of Work (Check All That Apply)  
- ≥3 sf or ≥3 ft²  
- ≥160 sf or ≥280 ft²  
- Renovation  
- Demolition

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  
Yes  
No

Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, suracing, VAT, or other miscellaneous)  
VAT FLOOR TILE  
800

Amount (Specify SF or LF)  
800

Abatement Type  
Removal  
Repair  
Encapsulate  
Endorse

Name of Registered Waste Hauler  
DJM TRANSPORT INC.

Disposal Date  
11-18-2011

Name of Registered Lendili  
CUMBERLAND COUNTY LANDFILL

City, State  
KEARNY N J.

Completed by  
CARLOS ESQUIVEL  
Title  
MANAGER

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

Date of Notification (1)
November 17, 2011

Name of Building Owner/Operator (2)
PA of NY & NJ, Newark Liberty International Airport

Agency Notified
☐ EPA ☐ DOL ☐ DOH ☐ DCA
☐ DEP TransporJng Order ☐ Initial ☐ Amended ☐ Amendment #
☐ Emergency (including justification) ☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Terminal B, B2 Elevator Lobby Mid Level

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)
Terminal B, B2 Elevator Lobby Mid Level

Location Normally Used Solely by Maintenance/Custodial Staff? (12)
Yes ☒ No ☐ N/A

FACILITY INFORMATION

Square Feet #: of Floors Bldg. Age
24000 2 40 +/-

Name of Abatement Contractor (9)
B & K Restoration Co., Inc.

Scope of Work (Check all that apply)
☒ Renovation ☐ Demolition

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

Amount (Specify SF or LF)
1,800 sq ft

Location of Registered Waste Hauler

Jimmy Byrne Trucking
NJDEP Waste Hauler ID No. 19555

Name of Registered Landfill
Minerva Enterprises, Inc.

City, State
Bronx, NY

City, State
Waynesburg, OH

Disposal Date
12/10/2011 - 04/15/2012

Completed by
G. Roger Woodman
Project Manager

Check No. No Fee
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:7A16)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>November 17, 2011</th>
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<tbody>
<tr>
<td>Name of Building Owner/Director</td>
<td>Mark Fioretti</td>
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<tr>
<td>Name of Resident</td>
<td></td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>107 Deptford Road</td>
</tr>
<tr>
<td>City</td>
<td>Glassboro</td>
</tr>
<tr>
<td>State</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip Code</td>
<td>08029</td>
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<tr>
<td>County</td>
<td>Gloucester</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>ASCM No</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>Shade Environmental, LLC</td>
</tr>
<tr>
<td>Address</td>
<td>47 S. Lippincott Ave</td>
</tr>
<tr>
<td>City</td>
<td>Maple Shade</td>
</tr>
<tr>
<td>State</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip Code</td>
<td>08052</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Tony Esposito</td>
</tr>
<tr>
<td>Telephone No</td>
<td>856-755-9300</td>
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<tr>
<td>Start Date</td>
<td>November 18, 2011</td>
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<tr>
<td>Scheduled Completion Date</td>
<td>November 22, 2011</td>
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<tr>
<td>Occupancy Status During Abatement</td>
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<tr>
<td>Scope of Work</td>
<td></td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td></td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (as defined in regulation, such as wall covering)</td>
<td></td>
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<tr>
<td>Amount</td>
<td>205 SF</td>
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<td>Abatement Type</td>
<td>Full Containment with Negative Pressure</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>New Jersey Waste Haulers Association</td>
</tr>
<tr>
<td>Quantity of Waste Hauler</td>
<td>22253</td>
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<tr>
<td>Completion Date</td>
<td>November 17, 2011</td>
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</tbody>
</table>

*Do not use this form for asbestos-related exempted activities*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

State of New Jersey

Date of Notification (1)
11 / 18 / 11

Name of Building Owner/Operator (2)
International

Agencies Notified
- EPA
- DOLWD
- DJSS
- DCA (NJAC 5:23-8)

Type Notification
- Initial
- Amended
- Amendment # 3
- Emergency (including justification)
- Cancellation

Street Address
17A Maile St

City, State, Zip Code
Hamilton, NJ 08619

Name of Contact
Dan Summers

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
WARREN GLEW

Street Address
80 LAUCIE RD

City (5)
BLOOMSBUR G

County (6)
HUNTER DON

Square Feet
3,300

# of Floors
2

Bldg. Age
130

Name of Monitoring Firm Hired by Building Owner (8)
MIKE KELL

ASCM No.

Name of Abatement Contractor (9)
K+A ENVIRONMENTAL

Street Address
20 LAUCIE RD

City, State, Zip Code
MONTJOY PA 19540

License No.
01103

Project Manager for Monitoring Firm
DAN SCHLOSSER

Telephone No.
610-856-7700

Start Date (10)
4 / 1 / 2011

Scheduled Completion Date (11)
1 / 30 / 2012

Name of OSHA Monitor
MIKE KELL

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

Time of Abatement:
AM—PM—AM—PM

Scope of Work (Check all that apply)

- ≥30 sf or ≥3 If
- ≥160 sf or ≥260 If
- Renovation
- Demolition
- Full Enclosure with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

IN Facility (13)

- Thermal System 2,700 sf
- Thermal System 1,600 sf
- Thermal System 1,700 sf

Name of Registered Waste Hauler
K+A ENVIRONMENTAL

NUDEP Waste Hauler ID No. 60815

Cubic Yards of Waste
300

Name of Registered Landfill
IMPERIAL 100 DUMP

City, State
MONTJOY PA

Disposal Date
11 / 30 / 2011

Completed By (Print or Type)
ED KELL

Signature

* Do not use this form for asbestos licensure exempted activities.
# State of New Jersey

## NOTIFICATION OF ASBESTOS ABATEMENT

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

**Date of Notification (1)**
11-18-11

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

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

**Street Address**
201 Washington Road

**City, State, Zip Code**
Princeton, NJ 08543

**Square Feet**
100,000

**# of Floors**
5

**Bldg. Age**
65 yrs.

**County Code (7)**
Mercer

**Name of Monitoring Firm Hired by Building Owner (8)**
EHS Environmental Inc.

**ASCM No.**

**Name of Abatement Contractor (9)**
Plymouth Environmental Co., Inc.

**Street Address**
923 Haws Avenue

**City, State, Zip Code**
Norristown, PA 19401

**Telephone No.**
610-239-9920

**License No.**
00398

**Name of OSHA Monitor**
EHS Environmental Inc.

**Street Address**
411 Southgate Court, Suite E

**City, State, Zip Code**
Mickleton, NJ 08056

**Start Date (10)**
12-5-11

**Scheduled Completion Date (11)**
12-12-11

**Occupancy Status During Abatement (Check Only One)**

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

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

- ≥3,000 sq ft or ≥3,000 ft
- ≥1500 sq ft or ≥2500 ft
- Renovation
- Demolition
- x patch and repair work

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

- mechanical room
- tank insulation

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

- Yes
- No
- N/A

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

- Amount (Specify SF or LF)
- 60 LF

**Abatement Type**

- x Removal
- x Encapsulation
- x Endosulf

**Name of Registered Waste Hauler**
Robinson Waste Disposal

**NUDEP Waste Hauler ID No.**
17304

**Name of Registered Landfill**
Tullytown Resource Recovery

**City, State**
Bellmawr, NJ

**Disposal Date**
12-12-11

**City, State**
Tullytown, PA

**Completed by**
James M. Kelly

**Title**
Project Manager

**Signature**

**Date**
11-18-11

---

*Do not use this form for asbestos licensure exempted activities.*
**Date of Notification:** 11-18-11

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>W. McLean</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>54 Chamberlain Ave</td>
<td>LITTLE FERRY</td>
<td>W. McLean</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>W. McLean</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City (S)</th>
<th>County (S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>54 Chamberlain Ave</td>
<td>LITTLE FERRY</td>
<td>BERGEN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omega Environmental Services</td>
<td>201-329-7444</td>
<td>00388</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-29-11</td>
<td>11-30-11</td>
</tr>
</tbody>
</table>

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

- Asbestos-Containing Material (ACM)
- Other - Describe: 7AM - 3PM

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>X</td>
<td>VAT</td>
<td>840 SF X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

DJM Transport, Inc

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumberland County Landfill</td>
<td>Newburgh PA, 17242</td>
</tr>
</tbody>
</table>

**Disposal Date**

(1-301)

**Signatures**

R. Veldran

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 8:50-1.2)

Date of Notification (1)
11/18/2011

Agency Notified
X EPA
☐ DEP
☐ OOL
☐ DOH
☐ DCA

Name of Building Owner/Operator (9)
Jona Shain

Street Address
227 Main Avenue
Passaic, NJ 07055

Name of Contact
John Shain

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Lincro store

Street Address
227 Main Avenue
Passaic, NJ 07055

County Code (7) (STATE USE ONLY)

Square Feet 8 of Floors Bldg. Age

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

County Code (7) (STATE USE ONLY)

Current Use (Prior to being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

Name of Abatement Contractor (5)

Street Address

576 Valley Rd #283
Wayne, NJ 07470

License No.
672-453-1777
01127

Telephone No.

Name of OSHA Monitor
Environvision Consultants, Inc

City, State, Zip Code

20-21 Waggraw Road, Bldg. # 34A
Fair Lawn, NJ 07410

Start Date (13)
11/19/2011

Scheduled Completion Date (11)
11/20/2011

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

Scope of Work (Check all that apply)
☐ eu-3 if or >3 if
☐ 1560 sf or 250 sf
☐ Renovation
☐ Demolition

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

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

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

Amount (Specify SF or LF)

Basement

Yes
No
N/A

Pipe insulation
80 LF

Name of Registered Waste Handler

Gr Tech LLC

NJDEP Waste Handler ID No.
0033785

Cubic Yards of Waste

Disposal Site

T.B.R.I., Inc

Tullytown, PA

Completed by

N.Jevtic

Date
11/18/2011
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 8:62-10)

**Check # 1232**  
**Date of Notification:** 11/18/2011  
**Name of Building Owner/Operator:** Bobbie Persons  
**Address:** 10 Country Club Road, Willingboro, NJ 08046  
**Name of Contact:** Kevin Mathis

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private home</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>10 Country Club Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Willingboro, NJ 08046</td>
</tr>
<tr>
<td>County: Burlington</td>
</tr>
</tbody>
</table>

**Type of Facility (4):**  
- [ ] School (K-12)
- [ ] Supermarket 6 (Other than K-12)
- [ ] Other (e.g., private & commercial buildings, hospitals, etc.)

**Square Feet**  
- [ ] # of Floors
- [ ] Build. Age

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

**Current Use (prior if being demolished):**

**Start Date:** 11/19/2011  
**Scheduled Completion Date:** 11/20/2011

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

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

<table>
<thead>
<tr>
<th>3' 2&quot; or # of #</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 260 ft</td>
</tr>
<tr>
<td>≥ 160 ft</td>
</tr>
</tbody>
</table>

**Abatement Type:**

- [ ] Removal
- [ ] Exterior
- [ ] Encapsulation
- [ ] Removal
- [ ] Encapsulation

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

<table>
<thead>
<tr>
<th>In Location</th>
<th>Used Solely by</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outside siding</td>
<td>Custodial Staff</td>
<td>(i.e., internal systems insulation, surfacing, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler Id No.</td>
</tr>
<tr>
<td>Public Yards of Waste</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
</tbody>
</table>

**Committed by:** N. Levic  
**Signature:** 
**Date:** 11/18/2011

---

*Do not use this form for asbestos removal exempted services.*
### NOTIFICATION OF ASBESTOS ABATEMENT

<table>
<thead>
<tr>
<th><strong>Date of Notification (1)</strong></th>
<th>11-18-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Building Owner/Operator (2)</strong></td>
<td>S. GIARDINO</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>461 GLEN AVE.</td>
</tr>
<tr>
<td><strong>City (6)</strong></td>
<td>PALISADE PARK</td>
</tr>
<tr>
<td><strong>County (8)</strong></td>
<td>BERGEN</td>
</tr>
<tr>
<td><strong>Name of Monitoring Firm Hired by Building Owner (9)</strong></td>
<td>Best Removal Inc</td>
</tr>
<tr>
<td><strong>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</strong></td>
<td>BASEMENT</td>
</tr>
<tr>
<td><strong>Description of Asbestos-Containing Material (ACM)</strong></td>
<td>THERMAL INSUL, METAL OVERT</td>
</tr>
<tr>
<td><strong>Amount (Square Feet or Linear Feet)</strong></td>
<td>150 LF</td>
</tr>
<tr>
<td><strong>Abatement Type</strong></td>
<td>X</td>
</tr>
<tr>
<td><strong>Name of Registered Waste Hauler</strong></td>
<td>DJM Transport, Inc</td>
</tr>
<tr>
<td><strong>City, State</strong></td>
<td>South Kearny N.J. 07032</td>
</tr>
<tr>
<td><strong>Complanted by</strong></td>
<td>R. Velocan</td>
</tr>
<tr>
<td><strong>Signature</strong></td>
<td>R. Velocan</td>
</tr>
</tbody>
</table>

**Use**
- **Square Feet**: 2100
- **# of Floors**: 2
- **Bldg. Age**: 75 YRS
- **Type of Facility**:
  - Residence

**Completed by**
- **Telephone No.**: 201-329-7444
- **License No.**: 00388

**Notes**
- Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material</th>
<th>Description of Asbestos-Containing Material</th>
<th>Amount (Square Feet of LT)</th>
<th>Asbestos Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td>Transverse Roof</td>
<td>200 sq ft</td>
<td>A</td>
</tr>
<tr>
<td>on Floor</td>
<td>Perpendicular Roof</td>
<td>260 sq ft</td>
<td>A</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos removal activity.*
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:33 and 12:120)

**Date of Notification (1)**  
1-18-2011

**Name of Building Owner/Operator (2)**  
MENNELAS POULTRY CO

**Addressed Notified**
- [ ] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

**Type Notification**  
- [ ] Amendment
- [ ] Cancellation
- [ ] Emergency (including justification)

**Street Address**  
100 GEORGE ST

**City, State, Zip Code**  
PATERSON, NJ 07510

**Name of Person Responsible**  
JON KEITH

**Name of Facility Where Abatement Is Taking Place (3)**  
MENNELAS POULTRY CO

**County Code (6)**
PASSaic

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

**Square Feet**  
3,800

**Number of Floors**  
2

**Bldg Age**  
84 yrs

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

**Name of Abatement Contractor (9)**
Best Removal Inc

**Name of OSHA Monitor**
Omega Environmental Services

**Start Date (10)**
11-30-2011

**Scheduled Completion Date (11)**
12-1-2011

**Project Manager for Monitoring Firm**

**Telephone No.**
Hackensack, N.J. 07601

**Telephone No.**
201-329-7444

**License No.**
00388

**Name of Registered Waste Hauler**

**Name of Registered Landfill**
Cumberland County Landfill

**Cubic Yards of Waste**
1.0

**Disposal Date**
12-1-11

**City, State**
South Kearny, N.J. 07032

**Newburgh, PA, 17242**

**Completed by**

**Title**
Estimator

**Signature**
R. Veloria

**Date**
11-18-2011

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:120):

Date of Notification (1)
11/15/11 CK: 1626 $200

Agency Notified Type Notification
EPA Initial
DEP Amended
COL
DOH
DCA Amended
Emergency (including justification)
Cancellation

Name of Building Owner/Operator (2)
Atlantic Health System

Street Address
100 Madison Avenue

City, State, Zip Code
Morristown, New Jersey 07962

Name of Contact
Peter Palmer

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Newton Medical Center

Street Address
175 High Street

City (5)
Newton, New Jersey 07660

County (6)
Sussex

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Birdsell Services Group

ASCM No

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
606 McBride Avenue

City, State, Zip Code
Cranford, New Jersey 07016

Telephone No.
973-225-8400

Name of OSHA Monitor
J&S Environmental Labs

License No.
01104

Project Manager for Monitoring Firm
Charles Shreekechel

Telephone No.
908-497-8900

Start Date (10)
11/28/11

Scheduled Completion Date (11)
11/29/11

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement
Other - Describe: 7AM - 12 Midnight

Scope of Work (Check All That Apply)

x 3 sf or x 2 sf
x 160 sf or x 2260 sf

Removal
Dismantling

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

In Facility

Medical Records Room

Medical Records Room

Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)
Yes
No
N/A

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

Plaster Ceiling

Air Cell Pipe Insulation

Amount (Specify SF or LF)
130 SF

Abatement Type
Removal
Repair
Encapsulate

Name of Registered Waste Hauler
Lilich Corporation

Disposal Date
11/30/11

City, State
Woodland Park, New Jersey 07424

G.R.O.W.S Landfill

City, State
Morrisville, Pennsylvania

Completed by
Tatiana Kalenikova

Title
Vice President

Signature

Date
11/15/11

* Do not use this form for asbestos license exempted activities.
**EMERGENCY REQUEST WAIVER**

**Date of Notification (1)**: 11/16/11

**Name of Building Owner/Operator (2)**: B. EDDY

**Street Address**

321 CLEVELAND AVE.

**City**: HASBROUCK HEIGHTS

**County**: BERGEN

**Type of Facility (4)**: Residential Home

**Name of Monitoring Firm Hired by Building Owner (6)**: Best Removal Inc.

**Telephone No.**

450 South River St

**City, State, Zip Code**

Hackensack, N.J. 07601

**Name of Asbestos Abatement Contractor (9)**: Omega Environmental Services

**Telephone No.**

280 Hayler St

**City, State, Zip Code**

South Hackensack, N.J. 07606

**Location of Asbestos-Containing Material (ACM) TO BE REMOVED in Facility (10)**

**Type of Material Removed**: Asbestos Containing Material (ACM)

**Location Normally Used Solely by Maintenance/Custodial Staff**

Yes

**In 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 (Capacity SF or LFT)**: 425 SF

**Abatement Type**

**Preparation**

**Removal**

**In-Place Encapsulation**

**Disposal/Incineration**

**Name of Registered Waste Handler**

DJM Transport, Inc.

**Waste Handler ID No.**

22393

**Disposal Data**

Cumberland County Landfill

South Kearny, N.J. 07032

11/25/11

**Name of Registered Landfill**

Cumberland County Landfill

South Kearny, N.J. 07032

11/25/11

**Newburgh, PA. 17242**

**Consented by**

P. Velerian

Estimator

11/16/11

*Do not use this form for asbestos removal exempted activities.*
**State of New Jersey**

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

**Date of Notification (1)**
11 / 8 / 11

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

**Street Address**
#27 Road 1 Bldg 4086
City, State, Zip Code
Piscataway, NJ 08854

**Name of Contact**
Mike Smith

**FACILITY INFORMATION**

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

**Street Address**
311 N. 5th Street Bldg 7036

**City (5)**
Camden

**County (6)**
Camden

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

**ASCM No.**
00098

**Name of Abatement Contractor (9)**
BRISTOL ENVIRONMENTAL, INC.

**Street Address**
1123 BEAVER STREET

**City, State, Zip Code**
BRISTOL, PA 19007

**Project Manager for Monitoring Firm**
Brian Kearney

**Telephone No.**
609-366-9800

**License No.**
00509

**Start Date (10)**
11 / 22 / 11

**Scheduled Completion Date (11)**
11 / 29 / 11

**Name of OSHA Monitor**
BRISTOL ENVIRONMENTAL, INC.

**Street Address**
1123 BEAVER STREET

**City, State, Zip Code**
BRISTOL, PA 19007

**Occupancy Status During Abatement (Check only one)**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ______AM-______PM/5:00PM-5:00AM

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

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

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

**IN Facility (13)**

| Offices 349-356 | Yes | No | N/A | accoustical texture ceiling finish | 1,000 |
| Offices 349-356 | Yes | No | N/A | floor tile | 1,000 |

**Name of Registered Waste Hauler**
SERVICE TRANSPORT GROUP, INC.

**NJDEP Waste Hauler ID No.**
20999

**Cubic Yards of Waste**
30 Cu Yds

**Name of Registered Landfill**
MINERVA LANDFILL

**City, State**
NEW CASTLE, DE 19720

**Disposal Date**
11/29/11

**City, State**
WAYNESBURG, OH 44688

**Completed By (Print or Type)**
Gino Pizzigoni

**Title**
General Manager

**Signature**

**Date**
11/15/11
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Name of Building Owner/Operator
NJ Turnpike Authority

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

Street Address
231 Bordentown Crosswicks Road
Chesterfield

County (6)
Burlington

Name of Monitoring Firm Hired by Building Owner (8)
Envirospection Consultants, Inc

Name of Abatement Contractor (9)
Diamond Huntbach Construction Corporation

Street Address
20-21 Wagaraw Road, Bldg. 34A
Fairlawn, NJ 07410

Project Manager for Monitoring Firm
Guillermo M. Morales

Telephone No.
973-636-9144

License No.
00646

Start Date (10)
11 / 15 / 11

Completed Completion Date (11)
11 / 30 / 11

Occupancy Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: 7AM-5PM/ PM- 11 AM

Scope of Work (Check all that apply)
23 sf or 23 sf
230 sf or 230 sf
Removal
Demolition
Non-Exempted (*) and Non-Frigible Procedure

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>joint compound, walls and ceilings</td>
<td>5290 SF</td>
</tr>
<tr>
<td>floor tile and mastic</td>
<td>18 SF</td>
</tr>
<tr>
<td>exterior transite siding</td>
<td>1970 SF</td>
</tr>
<tr>
<td>Window Caulking</td>
<td>158 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Freehold Cartage, Inc.

Disposal Date
11/30/11

City, State
Freehold, NJ 07728

Name of Registered Landfill
GROWS North Landfill

City, State
Tullytown, PA

Completed By (Print or Type)
Charles Imblom

Title
Project Manager

Signature

Date
11/14/11

* Do not use this form for asbestos licensed exempted activities
# State of New Jersey
## Notification of Asbestos Abatement
### (Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>EPA</th>
<th>DEP</th>
<th>DCA (NJAC 8:16)</th>
<th>DHSS</th>
<th>DCA (NJAC 5:23-8)</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 / 14 / 11</td>
<td>NJ Turnpike Authority</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>581 Main Street</td>
<td>Woodbridge, NJ 08863</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential</td>
<td></td>
<td>2000</td>
<td>2</td>
<td>40+</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code</th>
<th>Current Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>231 Bordentown Crosswicks Road, Chesterfield, Burlington</td>
<td></td>
<td>Roadway</td>
</tr>
<tr>
<td>20-21 Wagawar Road, Bldg. 34A, Fairlawn, NJ 07410</td>
<td>71410</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Envirovision Consultants, Inc</td>
<td>03681</td>
<td>Diamond Huntbach Construction Corporation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>500 East Luzerne Street, Philadelphia, PA 19124</td>
<td>215-739-8166</td>
<td>00646</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guillermo M. Morales</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 / 15 / 11</td>
<td>11 / 30 / 11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Scope of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check all that apply</td>
<td></td>
</tr>
<tr>
<td>☑ Facility Closed/ Vacated During Entire Period of Abatement</td>
<td>☑ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-5PM/8AM-5PM</td>
<td>☑ Mini-Enclosure</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Floor/ Nursery Bedroom</td>
<td>☑ ☑ ☑</td>
<td>9&quot; x 9&quot; White Floor Tile</td>
<td>50 SF</td>
<td>☑ ☑ ☑ ☑ ☑</td>
</tr>
<tr>
<td>First Floor/ Kitchen</td>
<td>☑ ☑ ☑</td>
<td>9&quot; x 9&quot; Green Floor Tile</td>
<td>225 SF</td>
<td>☑ ☑ ☑ ☑ ☑</td>
</tr>
<tr>
<td>First Floor/ Hallway</td>
<td>☑ ☑ ☑</td>
<td>9&quot; x 9&quot; Beige Floor Tile</td>
<td>225 SF</td>
<td>☑ ☑ ☑ ☑ ☑</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold Cartage, Inc.</td>
<td>15939</td>
<td>40 c.y.</td>
<td>GROWS North Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/30/11</td>
<td>Tullytown, PA</td>
</tr>
</tbody>
</table>

### Completed By (Print or Type) | Title |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles Imbimbo</td>
<td>Project Manager</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos license-exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
11 / 14 / 11

Name of Building Owner/Operator (2)
Redco Engineering

Agencies Notified
- EPA
- DEP
- DCA (NJAC 5:15)
- DHSS
- DCA (NJAC 5:23-8)

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

Street Address
137 Elmer Street

City, State, Zip Code
Westfield, NJ 07091

Name of Contact
Will Jess

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Courier News

Street Address
1201 US Highway 22 West

City (5)
Bridgewater

County (5)
Somerset

County Code (?)

Vacant

Name of Monitoring Firm Hired by Building Owner (8)
National Monitoring Labs

ASCM No.

Name of Abatement Contractor (9)
Diamond Huntbach Construction Corporation

Street Address
500 East Luzerne Street

City, State, Zip Code
Philadelphia, PA 19124

Project Manager for Monitoring Firm
Ronen Bakshi

Telephone No.
856-663-9077

Telephone No.
215-739-8166

License No.
00646

Start Date (10)
11 / 28 / 11

Scheduled Completion Date (11)
12 / 02 / 11

Name of OSHA Monitor
SAME AS ABOVE

Occupancy Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-5PM/ AM-AM

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 l
- ≥160 sf or ≥260 sf

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility
- N/A

Yes
No

Renovation
Demolition

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

Amount (Specify SF or LF)
275 SF

Abatement Type

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Mechanical Room</td>
<td></td>
<td>Spray-on Fire Proofing</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Diamond Huntbach Construction

NJDEP Waste Hauler ID No.
19689

Cubic Yards of Waste
2.0 yd

Name of Registered Landfill
Minerva Landfill

City, State
Philadelphia, PA 19124

Disposal Date
12/02/11

City, State
Waynesburg, OH 44688

Completed By (Print or Type)
Charles F. Imbimbo

Title
Project Manager

Signature

Date
11/14/11

* Do not use this form for asbestos-laced repair activity.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)
November 15, 2011

Name of Building Owner/Operator (2)
Roger Hamrah

Address
935 Somerset St. / Rt 27
Somerset, NJ 08876

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

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

Business

Name of Monitoring Firm Hired by Building Owner (5)
AET, Inc.

Asbestos No.
0021

License No.
00781

Name of Abatement Contractor (9)
The MACK Group, LLC.

Street Address
1500 Kings HWY N, STE 209

City, State, Zip Code
Cherry Hill, NJ 08034

Telephone No.
(973) 759 - 5000

Name of OSHA Monitor
The MACK Group, LLC.

Street Address
1500 Kings HWY N, STE 209

City, State, Zip Code
Cherry Hill, NJ 08034

Start Date (10)
11/14/11

Scheduled Completion Date (11)
11/25/11

Occupy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Other - Describe:

Scope of Work (Check All That Apply)

<3 sf or <3 m²

≥160 sf or ≥160 m²

Renovation

Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

Yes No N/A

tile/ceramic tile & mastic

4800 s/f

Amount (Specify SF or LF)

Asbestos Containing Material (ACM)

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

Abatement Type

Removal

Encapsulation

Endorse

Name of Registered Waste Hauler
Freehold / Newark Carting

City, State

Freehold / Newark, NJ

Cubic Yards of Waste

48

Disposal Date

11/25/11

Name of Registered Landfill
GROWS

City, State

Morrisville, PA

Completed by
Mike Cooper

Title
President

Signed

Date
11/15/11

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)
11/18/11

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

Name of Building Owner/Operator (2)
Kevin Engelken / Residence

Street Address
11 Hudson Ave

City, State, Zip Code
Harvey Cedars NJ 08008

Name of Contact
Anthony

FACILITY INFORMATION

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

Street Address
11 Hudson Ave

City (5)
Harvey Cedars NJ 08008

County (6)
Ocean

County Code (7)__________________________ (STATE USE ONLY)

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

Name of Abatement Contractor (9)
Pernaco Inc.

Type of Facility (4)

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

Square Feet
1000+

# of Floors
2

Bldg. Age
35+

Current Use (Prior if being demolished)
Residence

Name of OSHA Monitor
Pernaco Inc

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
11/28/11

Scheduled Completion Date (11)
12/2/11

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours

Other – Describe:

Scope of Work (Check All That Apply)

■ 23 sf or < 23 sf
■ 2160 sf or > 2160 sf

□ Renovation
□ Demolition

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

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

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

Yes No N/A

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

Amount (Specify SF or LF)
1000 SF

Abatement Type

Removal
Repair
Encapsulate
Endorse

Exterior Siding
x
Exterior Siding

Name of Registered Waste Hauler
United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
2

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

City, State
Elm NJ

Disposal Date
12/2/11

City, State
Morrisville PA 19067

Completed by
Anthony T Perna
Title
President

Signature
Date
11/18/11

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1)
11/19/11

Name of Building Owner/Operator (2)
Ted Fleuhr / Residence

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amended</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address
104 East 110th Street
City, State, Zip Code
Beach Haven Terrace NJ 08008

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

Square Feet
1000+ 

County (6)
Ocean
County Code (7) (STATE USE ONLY) 

Type of Facility (4)

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

Current Use (Prior if being demolished)
Residence

Name of Monitoring Firm Hired by Building Owner (8)
n/a

Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Siding</td>
<td>2600 SF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Abatement Contractor (9)
Pernaco Inc.

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

License No.
00727

Name of OSHA Monitor
Pernaco Inc

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

Scope of Work (Check All That Apply)

- Renovation
- Demolition

Full Containment with Negative Pressure
Glovebag Procedure
Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler
United Containers

City, State
Elm NJ

Cubic Yards of Waste
3

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

Disposal Date
12/12/11
City, State
Morrisville PA 19067

Completed by
Anthony T Perna
Title
President
Signature
Date
11/18/11

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11/18/2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
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<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>NYCB</td>
</tr>
<tr>
<td>Street Address</td>
<td>615 MERRICK AVENUE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>WESTBURY, NY 11568</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>DAN GEORGIE</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | GARDEN STATE COMMUNITY BANK |
| City (5)                                             | MONTCLAIR |
| County (6)                                           | ESSEX |

| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. |
| N/A                                                 | TWO BROTHERS CONTRACTING, INC. |

| Start Date (10)            | 12/1/11 Weather Permitting |
| Scheduled Completion Date (11) | 12/10/11 |

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 ft</td>
</tr>
<tr>
<td>≥150 sf or ≥1280 ft</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (13)</td>
</tr>
</tbody>
</table>

<p>| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |
|                                                                     |</p>
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transite Roof Siding</td>
</tr>
</tbody>
</table>

| Name of Registered Waste Hauler |
| TWIN BROTHERS CONTRACTING |

| City, State |
| CLifton, NJ |

| Name of Registered Landfill |
| WASTE MANAGEMENT G.R.O.W.S. |

| Disposal Date (14) |
| 12/10/11 |

| City, State |
| MORRISVILLE, PA |

| Completed by |
| ELIZABETH MLADENOViC |
| Title |
| SECRETARY |

| Signature |
| [Signature] |
| Date |
| 11/18/11 |

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