

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

*DOL Check # 07921*

|   |  |  |  |
|---|--|--|--|
| Date of Notification (1)<br>11 / 22 / 13  |  | Name of Building Owner / Operator (2)<br>Verizon   |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DOL<br><input type="checkbox"/> DCA |  | Type of Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input type="checkbox"/> Emergency w/ justification<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>100 Greenwood Avenue  |  | City, State, Zip Code<br>Jenkintown, PA. 19046   |  |
| Name of Contact<br>Alex Baylor  |  | Telephone Number<br>301-583-0048   |  |

| FACILITY INFORMATION   |                      |  |   |                                  |   |
|--|----------------------|--|---|----------------------------------|---|
| Name of Facility Where Abatement is Taking Place (3)<br>Verizon Ewing CO   |                      |  | 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>777 Parkway  |                      |  | Building Age<br>50+   |                                  |   |
| City (5)<br>Trenton  | County (6)<br>Mercer | County Code (7)                            | Square Feet<br>N/A  | # Of Floors<br>2                 | Current Use (Prior if being demolished) |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>ESIS Health, Safety and Environmental  |                      |  | Name of Abatement Contractor (9)<br>LVI Environmental Services Inc.   |                                  |   |
| Street Address<br>436 Walnut Street  |                      |  | Street Address<br>32 Williams Parkway   |                                  |   |
| City, State, Zip Code<br>Philadelphia, PA 19106  |                      |  | City, State, Zip Code<br>East Hanover NJ. 07936   |                                  |   |
| Project Mngr. For Monitoring Firm<br>Frank Westfall  |                      |  | Telephone Number<br>215.640.5320  |                                  |   |
| Sched. Start Date (10)<br>12 / 2 / 13  |                      | Sched. Completion Date (11)<br>12 / 6 / 13 |   | Telephone Number<br>973-772-3660 |   |
| Occupancy Status During Abatement (Check Only 1)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:<br><input checked="" type="checkbox"/> Other - Describe: MON-FRI. 7:00AM-3:30PM |                      | License Number<br>00117                    |   |                                  |   |
| Name of OSHA Monitor<br>LVI Environmental Services   |                      |  | Street Address<br>32 Williams Parkway   |                                  |   |
| City, State, Zip Code<br>East Hanover, NJ. 07936   |                      |  |   |                                  |   |

| 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 type="checkbox"/> >3sf or >3lf                  |  | <input type="checkbox"/> Mini - Enclosure                                      |  |
| <input checked="" type="checkbox"/> >160 sf or >260 lf |  | <input type="checkbox"/> Glovebag Procedure                                    |  |
|  |  | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |

| Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff (12)<br>YES NO N/A    | Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|--|---|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  |   |  |                           | R E M O V A L                       | R E P A I R              | E N C A P S U L          | E N C L O S U R          |
| Roof   | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Roof Flashing  | 1,430SF                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |                                     |   |   |
|---|-------------------------------------|---|---|
| Name of Registered Waste Hauler<br>Service Transport Group<br>58 Pyles Lane | NJDEP Waste Hauler ID No.<br>SW2117 | Cubic Yards of Waste                                      | Name of Registered Landfill<br>Minerva Landfill |
| City, State<br>New Castle, DE.  | Disposal Date<br>12/9/2013          | City, State<br>8955 Minerva Poad<br>Waynesburg, OH. 44688 |   |
| Completed by (Print or Type)<br>Terrylyn Iannece                            | Title<br>Project Manager            | Signature<br><i>[Signature]</i>                           | Date<br>11/22/13                                |



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

*DOL Check # 07922*

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| Date of Notification (1)<br><u>11</u> / <u>22</u> / <u>13</u>  |  | Name of Building Owner / Operator (2)<br>Verizon  |  |  |  |
| Agencies Notified  |  | Street Address<br>100 Greenwood Avenue  |  |  |  |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DOL<br><input type="checkbox"/> DCA |  | Type of Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency w/ justification<br><input type="checkbox"/> Cancellation |  | City, State, Zip Code<br>Jenkintown, PA. 19046 |  |
|  |  | Name of Contact<br>Alex Baylor  |  | Telephone Number<br>301-583-0048               |  |

| FACILITY INFORMATION   |                        |  |   |                         |                     |
|--|------------------------|--|---|-------------------------|---------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Verizon Wildwood CO  |                        |  | 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>3500 Pacific Avenue  |                        |  |   |                         |                     |
| City (5)<br>Wildwood   | County (6)<br>Cape May | County Code (7)  | Square Feet<br>N/A  | # Of Floors<br>2        | Building Age<br>50+ |
|  |                        |  | Current Use (Prior if being demolished)   |                         |                     |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>ESIS Health, Safety and Environmental  |                        | ASCM NO.   | Name of Abatement Contractor (9)<br>LVI Environmental Services Inc.   |                         |                     |
| Street Address<br>436 Walnut Street  |                        | Street Address   |   |                         |                     |
| City, State, Zip Code<br>Philadelphia, PA 19106  |                        | 32 Williams Parkway  |   |                         |                     |
| Project Mngr. For Monitoring Firm<br>Frank Westfall  |                        | Telephone Number<br>215.640.5320                                 | City, State, Zip Code   |                         |                     |
| Sched. Start Date (10)<br><u>12</u> / <u>2</u> / <u>13</u>   |                        | Sched. Completion Date (11)<br><u>12</u> / <u>20</u> / <u>13</u> | East Hanover NJ. 07936  |                         |                     |
|  |                        |  | Telephone Number<br>973-772-3660  | License Number<br>00117 |                     |
| Occupancy Status During Abatement (Check Only 1)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility<br>Hours - Describe: _____<br><input checked="" type="checkbox"/> Other - Describe: <u>MON-FRI. 7:00AM-3:30PM</u> |                        |  | Name of OSHA Monitor<br>LVI Environmental Services<br>Street Address<br>32 Williams Parkway<br>City, State, Zip Code<br>East Hanover, NJ. 07936   |                         |                     |

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 type="checkbox"/> >3sf or >3lf                  |  | <input type="checkbox"/> Mini - Enclosure                                      |
| <input checked="" type="checkbox"/> >160 sf or >260 lf |  | <input type="checkbox"/> Glovebag Procedure                                    |
|  |  | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

| Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff (12)                  | Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                            |                                      |                                      |
|--|---|--|---------------------------|-------------------------------------|----------------------------|--------------------------------------|--------------------------------------|
|  |   |  |                           | 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 |
|  | YES NO N/A  |  |                           |                                     |                            |                                      |                                      |
| Roof Equipment Supports  | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Tar Sealer   | 120SF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Roof Perimeter Cap   | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Tar Sealant  | 3600LF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>             | <input type="checkbox"/>             |
|  | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/>             | <input type="checkbox"/>             |
|  | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/>             | <input type="checkbox"/>             |

|   |  |                                     |   |   |  |
|---|--|-------------------------------------|---|---|--|
| Name of Registered Waste Hauler<br>Service Transport Group<br>58 Pyles Lane |  | NJDEP Waste Hauler ID No.<br>SW2117 | Cubic Yards of Waste                                      | Name of Registered Landfill<br>Minerva Landfill |  |
| City, State<br>New Castle, DE.  |  | Disposal Date<br>#####              | City, State<br>8955 Minerva Poad<br>Waynesburg, OH. 44688 |   |  |

|  |                          |                                      |                  |
|--|--------------------------|--------------------------------------|------------------|
| Completed by (Print or Type)<br>Terrylyn Iannece | Title<br>Project Manager | Signature<br><i>Terrylyn Iannece</i> | Date<br>11/22/13 |
|--|--------------------------|--------------------------------------|------------------|



**STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT**

*DOL check # 07923*

Date of Notification (1)

|  |   |  |  |
|--|---|--|--|
| Date of Notification (1)<br>11 / 22 / 13 |   | Name of Building Owner / Operator (2)<br>Verizon |  |
| Agencies Notified                        |   | Street Address<br>100 Greenwood Avenue           |  |
| <input type="checkbox"/> EPA             | <input checked="" type="checkbox"/> Initial         | City, State, Zip Code<br>Jenkintown, PA. 19046   |  |
| <input type="checkbox"/> DOH             | <input type="checkbox"/> Amended                    | Name of Contact<br>Alex Baylor                   |  |
| <input checked="" type="checkbox"/> DOL  | <input type="checkbox"/> Amendment #                | Telephone Number<br>301-583-0048                 |  |
| <input type="checkbox"/>                 | <input type="checkbox"/> Emergency w/ justification |  |  |
| <input type="checkbox"/>                 | <input type="checkbox"/> Cancellation               |  |  |

**FACILITY INFORMATION**

*NOV 25 2013*

|   |                        |   |   |                                  |  |
|---|------------------------|---|---|----------------------------------|--|
| Name of Facility Where Abatement is Taking Place (3)<br>Verizon Asbury Park CO  |                        |   | 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>507 Bangs Ave   |                        |   | Square Feet<br>N/A  |                                  |  |
| City (5)<br>Asbury Park   | County (6)<br>Monmouth | County Code (7)                             | # Of Floors<br>2  | Building Age<br>50+              |  |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>ESIS Health, Safety and Environmental   |                        |   | Name of Abatement Contractor (9)<br>LVI Environmental Services Inc.   |                                  |  |
| Street Address<br>436 Walnut Street   |                        |   | Street Address<br>32 Williams Parkway   |                                  |  |
| City, State, Zip Code<br>Philadelphia, PA 19106   |                        |   | City, State, Zip Code<br>East Hanover NJ. 07936   |                                  |  |
| Project Mngr. For Monitoring Firm<br>Frank Westfall   |                        |   | Telephone Number<br>215.640.5320  |                                  |  |
| Schedul Start Date (10)<br>12 / 9 / 13  |                        | Sched. Completion Date (11)<br>12 / 30 / 13 |   | Telephone Number<br>973-772-3660 |  |
|   |                        |   |   | License Number<br>00117          |  |
| Occupancy Status During Abatement (Check Only 1)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement |                        |   | Name of OSHA Monitor<br>LVI Environmental Services  |                                  |  |
| <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____   |                        |   | Street Address<br>32 Williams Parkway   |                                  |  |
| <input checked="" type="checkbox"/> Other - Describe: MON-FRI. 7:00AM-3:30PM  |                        |   | City, State, Zip Code<br>East Hanover, NJ. 07936  |                                  |  |

**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 type="checkbox"/> ≥3sf or ≥3lf                  |  | <input type="checkbox"/> Mini - Enclosure                                      |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf |  | <input type="checkbox"/> Glovebag Procedure                                    |
|  |  | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

| Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff (12) | Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)            | Abatement Type  |                            |                                      |                                      |
|--|--|--|--------------------------------------|---|----------------------------|--------------------------------------|--------------------------------------|
|  |  |  |                                      | 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 |
|  | YES NO N/A   |  |                                      |   |                            |                                      |                                      |
| Roof   | <input checked="" type="checkbox"/>                                  | Roof Flashing  | 1,400 SF                             | <input checked="" type="checkbox"/>                       | <input type="checkbox"/>   | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Roof   | <input checked="" type="checkbox"/>                                  | Roof Flashing  | 1,100 SF                             | <input checked="" type="checkbox"/>                       | <input type="checkbox"/>   | <input type="checkbox"/>             | <input type="checkbox"/>             |
|  | <input checked="" type="checkbox"/>                                  |  |                                      | <input type="checkbox"/>                                  | <input type="checkbox"/>   | <input type="checkbox"/>             | <input type="checkbox"/>             |
|  | <input checked="" type="checkbox"/>                                  |  |                                      | <input type="checkbox"/>                                  | <input type="checkbox"/>   | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Name of Registered Waste Hauler<br>Service Transport Group<br>58 Pyles Lane  |  | NJDEP Waste Hauler ID No.<br>SW2117  | Cubic Yards of Waste                 | Name of Registered Landfill<br>Minerva Landfill           |                            |                                      |                                      |
| City, State<br>New Castle, DE.   |  | Disposal Date<br>#####   |                                      | City, State<br>8955 Minerva Poad<br>Waynesburg, OH. 44688 |                            |                                      |                                      |
| Completed by (Print or Type)<br>Terrylyn Iannece                             |  | Title<br>Project Manager   | Signature<br><i>Terrylyn Iannece</i> |   | Date<br>11/22/13           |                                      |                                      |

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

|  |  |  |   |                              |                |         |        |             |           |
|--|--|--|---|------------------------------|----------------|---------|--------|-------------|-----------|
| Date of Notification (1)<br>10/22/13   |  | Name of Building Owner/Operator (2)<br>DRA ASIA, LLC   |   |                              |                |         |        |             |           |
| Agencies Notified  | Type Notification  | Street Address<br>47 River Road, Suite 200   |   |                              |                |         |        |             |           |
| <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  | <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>Summit, NJ 07901  |   |                              |                |         |        |             |           |
|  |  | Name of Contact<br>David Clark   | Telephone Number<br>908-273-2400  |                              |                |         |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |  |   |                              |                |         |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Warehouse  |  | 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>35 UPS Drive   |  | Square Feet<br>70,000  | # of Floors<br>2  |                              |                |         |        |             |           |
| City (5)<br>Secaucus   |  | Bldg. Age<br>50+   |   |                              |                |         |        |             |           |
| County (6)<br>Hudson   | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br>Warehouse   |   |                              |                |         |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   | ASCM No.   | Name of Abatement Contractor (9)<br>Stanmark Contractors, LLC  |   |                              |                |         |        |             |           |
| Street Address   |  | Street Address<br>27 Edsall Drive  |   |                              |                |         |        |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>Sussex, NJ 07461  |   |                              |                |         |        |             |           |
| Project Manager for Monitoring Firm  | Telephone No.  | Telephone No.<br>973-864-2022  | License No.<br>01137  |                              |                |         |        |             |           |
| Start Date (10)<br>10/10/13  | Scheduled Completion Date (11)<br>11/10/13   | Name of OSHA Monitor<br>AmeriSci   |   |                              |                |         |        |             |           |
| 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>117 East 30th Street   |   |                              |                |         |        |             |           |
|  |  | City, State, Zip Code<br>New York, NY 10016  |   |                              |                |         |        |             |           |
| Scope of Work (Check All That Apply)   |  |  |   |                              |                |         |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |   |                              |                |         |        |             |           |
|  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |                              |                |         |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)    | Abatement Type |         |        |             |           |
|  | Yes  | No   |   |                              | N/A            | Removal | Repair | Encapsulate | Enclosure |
| AIR DUCT ROOM  |  | X  |   | Friable on Duct              | 440 S.F.       | X       |        |             |           |
| Throughout the warehouse   |  | X  |   | fittings                     | 170            | X       |        |             |           |
| Office Area  |  | X  |   | floor tiles                  | 2,000 S.F.     | X       |        |             |           |
| Exterior   |  | X  |   | window glazing/caulk         | 800 L.F.       | X       |        |             |           |
| Roof   |  | X  |   | flashing & roofing materials | 29,100 S.F.    | X       |        |             |           |
| Name of Registered Waste Hauler<br>Pro-Teck  | NJDEP Waste Hauler ID No.<br>190713  | Cubic Yards of Waste<br>310  | Name of Registered Landfill<br>G.R.O.W.S.   |                              |                |         |        |             |           |
| City, State<br>New Haven, CT   |  | Disposal Date on completion  | City, State<br>Morrisville, PA  |                              |                |         |        |             |           |
| Completed by<br>Marko Stankovic  | Title<br>President   | Signature<br><i>Marko Stankovic</i>  | Date<br>10/22/13  |                              |                |         |        |             |           |



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

B & G proj. #: 2013-97H

Check # 6284

|  |   |   |                                  |
|--|---|---|----------------------------------|
| Date of Notification (1)<br><u>11/12/13</u>  |   | Name of Building Owner/Operator (2)<br>Seminary Urban Renewal |                                  |
| 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"/> Amendment<br><input type="checkbox"/> Cancellation | Street Address<br>120 Albany Street                           |                                  |
|  |   | City, State, Zip Code<br>New Brunswick, NJ 08901              |                                  |
|  |   | Name of Contact<br>Merissa Buczny                             | Telephone Number<br>732-249-2220 |

FACILITY INFORMATION

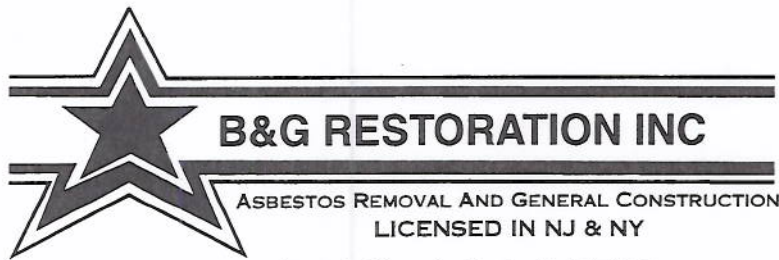
|  |   |                                     |  |  |                         |
|--|---|-------------------------------------|--|--|-------------------------|
| Name of facility where abatement is taking place (3)<br>Vacant Building  |   |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |                         |
| Street Address<br>46 College Avenue  |   |                                     | Square Feet    # of Floors    Bldg. Age  |  |                         |
| City (5)<br>New Brunswick, NJ 08901  | County (6)<br>Middlesex                   | County Code (7)<br>(State use only) | Current Use (Prior if being demolished)<br>residential housing   |  |                         |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>The Louis Berger Group, Inc.   |   | ASCM No.                            | Name of Abatement Contractor (9)<br>B & G Restoration, Inc.  |  |                         |
| Street Address<br>412 Mount Kemble Avenue  |   |                                     | Street Address<br>105 Ryerson Road   |  |                         |
| City, State, Zip Code<br>Morristown, NJ 07960  |   |                                     | City, State, Zip Code<br>Lincoln Park, NJ 07035  |  |                         |
| Project Manager for Monitoring Firm<br>Craig Napolitano  |   | Phone Number<br>973-407-1000        | Telephone Number<br>(973)696-6869  |  | License Number<br>00378 |
| Scheduled Start Date (10)<br>12/05/2013  | Sched. Completion Date (11)<br>12/31/2013 |                                     | Name of OSHA Monitor<br>B & G Restoration, Inc.  |  |                         |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____<br><input type="checkbox"/> Other-Describe: _____ |   |                                     | Street Address<br>105 Ryerson Road   |  |                         |
|  |   |                                     | City, State, Zip Code<br>Lincoln Park, NJ 07035  |  |                         |

Scope of Work (check all that apply)

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Renovation                    | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure    |
| <input type="checkbox"/> >3 sf or >3 lf        | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure            | <input checked="" type="checkbox"/> Non-friable procedure |

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |    |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p | E<br>n<br>c<br>l |
|--|--|----|-----|---|---------------------------|----------------------------|----------------------------|-----------------------|------------------|
|  | Yes  | No | N/A |   |                           |                            |                            |                       |                  |
| SEE ATTACHED SHEET   |  |    |     |   |                           |                            |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |

|  |                                      |                                  |   |
|--|--------------------------------------|----------------------------------|---|
| Registered Waste Hauler<br>B & G Restoration, Inc. | NJDEP Hauler ID#<br>19563            | Cubic Yards of Waste<br>10       | Name of Registered Landfill<br>Tullytown Resource & Recovery Center |
| City, State<br>Lincoln Park, NJ                    | Disposal Date<br>12/05/13 - 12/31/13 |                                  | City, State<br>Tullytown, PA  |
| Completed by (Print or Type)<br>Gordana Luna       | Title<br>Secretary/Treasurer         | Signature<br><i>Gordana Luna</i> | Date<br>11/20/2013  |



105 Ryerson Road, Lincoln Park, NJ 07035

Tel: (973) 696-6869  
 Fax: (973) 696-5929  
 Toll Free: (800) 941-0414  
 bgresto@optonline.net  
 www.bgrestoration.com

NOV 25 2013

November 20, 2013

Re: One page attachment to 10-day notification for asbestos removal at 46 College Avenue, New Brunswick, NJ 08901.

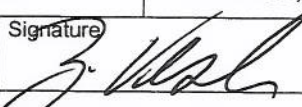
Start date: 12/05/2013

The following materials shall be abated:

| Location of asbestos-containing material to be abated in facility | Is location normally used solely by maintenance / custodial staff | Description of ACM                     | Amount (LF or SF) | Remove | Repair |
|---|---|--|-------------------|--------|--------|
| BSMT & crawl space  | NO  | Pipe insulation & Assoc. mudded joints | 200 LF            | X      |        |
| Basement  | NO  | Scratch coat on brick furnace          | 400 SF            | X      |        |
| Basement  | NO  | Compressed board above furnace         | 50 SF             | X      |        |
| 1 <sup>st</sup> & 2 <sup>nd</sup> fl. restrooms                   | NO  | 12x12 floor tile                       | 72 SF             | X      |        |
| 2 <sup>nd</sup> fl. restroom outside break room                   | NO  | Tub & wall caulking                    | 2 SF              | X      |        |
| 1 <sup>st</sup> fl. Office 104, 104A & 104B                       | NO  | Floor tile & mastic                    | 168 SF            | X      |        |



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

|   |   |  |  |  |   |                                     |                          |                                     |                          |
|---|---|--|--|--|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Date of Notification (1)<br><div style="text-align: center;">11 / 20 / 13</div>   |   |  | Name of Building Owner/Operator (2)<br><b>Matthew Schrieks</b>   |  |   |                                     |                          |                                     |                          |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA (NJAC 5:23-8)   |   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br><b>183 Vreeland Avenue</b><br>City, State, Zip Code<br><b>Nutley, NJ 07110</b><br>Name of Contact<br><b>Matthew Schrieks</b>   |   |                                     |                          |                                     |                          |
|   |   |  |  | Telephone Number<br><b>201-694-5774</b>  |   |                                     |                          |                                     |                          |
| <b>FACILITY INFORMATION</b>   |   |  |  |  |   |                                     |                          |                                     |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>House</b>  |   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |  |   |                                     |                          |                                     |                          |
| Street Address<br><b>183 Vreeland Avenue</b>  |   |  |  |  |   |                                     |                          |                                     |                          |
| City (5)<br><b>Nutley</b>   |   |  | Square Feet  | # of Floors  | Bldg. Age   |                                     |                          |                                     |                          |
| County (6)<br><b>Essex</b>  |   | County Code (7)(STATE USE ONLY)  |  | Current Use (Prior if being demolished)  |   |                                     |                          |                                     |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Bio Terra Solutions</b>   |   | ASCM No.   |  | Name of Abatement Contractor (9)<br><b>ALL PRO MANAGEMENT LLC</b>  |   |                                     |                          |                                     |                          |
| Street Address<br><b>P.O. Box 1224</b>  |   |  |  | Street Address<br><b>27 Outwater Lane</b>  |   |                                     |                          |                                     |                          |
| City, State, Zip Code<br><b>Union, NJ</b>   |   |  |  | City, State, Zip Code<br><b>Garfield, NJ 07026</b>   |   |                                     |                          |                                     |                          |
| Project Manager for Monitoring Firm<br><b>Rick Eustaquio</b>  |   | Telephone No.<br><b>973-494-3762</b>   |  | Telephone No.<br><b>973-928-4888</b>   | License No.<br><b>1188</b>                          |                                     |                          |                                     |                          |
| Start Date (10)<br><div style="text-align: center;">11 / 30 / 13</div>  |   | Scheduled Completion Date (11)<br><div style="text-align: center;">12 / 03 / 13</div>  |  | Name of OSHA Monitor<br><b>ALL PRO MANAGEMENT LLC</b>  |   |                                     |                          |                                     |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____AM-_____PM/_____PM-_____AM |   |  | Street Address<br><b>27 Outwater Lane</b><br>City, State, Zip Code<br><b>Garfield, NJ 07026</b>  |  |   |                                     |                          |                                     |                          |
| Scope of Work (Check all that apply)  |   |  |  |  |   |                                     |                          |                                     |                          |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf   |   | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |                                     |                          |                                     |                          |
| Location of Asbestos-Containing Material (ACM)<br><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 (Specify SF or LF)<br><b>60LF</b>            | Abatement Type                      |                          |                                     |                          |
|   | Yes   | No   | N/A  |  |   | Removal                             | Repair                   | Encapsulate                         | Enclosure                |
| <b>Basement</b>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <b>ACM Pipe Insulation</b>   |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   |  |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   |  |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   |  |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>ALL PRO MANAGEMENT LLC</b>  |   | NJDEP Waste Hauler ID No.<br><b>0034860</b>  |  | Cubic Yards of Waste<br><b>As Needed</b>   | Name of Registered Landfill<br><b>IESI Landfill</b> |                                     |                          |                                     |                          |
| City, State<br><b>Garfield, NJ</b>  |   |  |  | Disposal Date<br><b>TBD</b>  | City, State<br><b>Bethlehem, PA</b>                 |                                     |                          |                                     |                          |
| Completed By (Print or Type)<br><b>Zvonko Veskov</b>  |   | Title<br><b>President</b>  |  | Signature<br>  |   | Date<br><b>11/20/13</b>             |                          |                                     |                          |



## D&amp;S Proj. #: 2013-448

FACILITY INFORMATION

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 w/negative pressure       |
| <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-enclosure                             |
|   |  | <input checked="" type="checkbox"/> Glovebag procedure              |
|   |  | <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure |

|  |                    |           |                  |
|--|--------------------|-----------|------------------|
| Completed by (Print or Type)<br>BOGDAN JOLDZIC | Title<br>PRESIDENT | Signature | Date<br>11/26/13 |
|--|--------------------|-----------|------------------|



Nov 20 2013 02:20pm

P001/002

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

D&amp;S Proj. #: 2013-448

|                                     |         |
|-------------------------------------|---------|
| APPROVED                            |         |
| NJ Dept of Health & Senior Services |         |
| <i>[Signature]</i>                  |         |
| 11/20/13                            | 2:16 PM |
| Date                                | Time    |

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br>11/1/2013   |  | Name of Building Owner/Operator (2)<br>MARY SMILEY  |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #: _____<br><input checked="" type="checkbox"/> Emergency (Including Justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>258 WILLIAMSON AVENUE   |  | City, State, Zip Code<br>HILLSIDE, NJ 07205   |  |
| Name of Contact<br>MARY SMILEY  |  | Telephone Number<br>973-926-3431  |  |

## FACILITY INFORMATION

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| Name of facility where abatement is taking place (3)<br>MARY SMILEY   |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |  |
| Street Address<br>258 WILLIAMSON AVENUE   |  |  | Square Feet # of Floors Bldg. Age  |  |  |
| City (5)<br>HILLSIDE  |  |  | County (6)<br><del>ESSEX</del> Union   |  |  |
| County Code (7)<br>(State use only)   |  |  | Current Use (Prior if being demolished)  |  |  |
| Name of Monitoring Firm Hired by Bldg. Owner (8)  |  |  | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC.  |  |  |
| Street Address  |  |  | Street Address<br>20 California Ave.   |  |  |
| City, State, Zip Code   |  |  | City, State, Zip Code<br>Paterson, NJ 07503  |  |  |
| Project Manager for Monitoring Firm   |  |  | Telephone Number<br>973-345-8020   |  |  |
| Phone Number  |  |  | License Number<br>01169  |  |  |
| Start Date (10)<br>11/21/13   |  |  | Name of OSHA Monitor<br>D & S Restoration, Inc.  |  |  |
| Sched. Completion Date (11)<br>11/30/13   |  |  | Street Address<br>20 California Avenue   |  |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |  |  | City, State, Zip Code<br>Paterson, NJ 07503  |  |  |

## Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation  
☐ ≥180 sf or ≥280 lf ☐ Demolition

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

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |    |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | Remove | Repair | Encap | Encl |
|--|--|----|-----|---|---------------------------|--------|--------|-------|------|
|  | Yes  | No | N/A |   |                           |        |        |       |      |
| BASEMENT   |  | X  |     | PIPE INSULATION                                   | 95 L FT                   | X      |        |       |      |
|  |  |    |     |   |                           |        |        |       |      |
|  |  |    |     |   |                           |        |        |       |      |
|  |  |    |     |   |                           |        |        |       |      |
|  |  |    |     |   |                           |        |        |       |      |

|  |                           |                              |   |
|--|---------------------------|------------------------------|---|
| Registered Waste Hauler<br>D & S RESTORATION, INC. | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>1 yd | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |
| City, State<br>PATERSON, NJ 07503                  | Disposal Date<br>11/25/13 | City, State<br>TULLYTOWN, PA |   |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     | Title<br>PRESIDENT        | Signature                    | Date<br>11/20/13  |

NOV 25 2013

To: NJ Dept. of Labor, NJ Dept. of Health

RE: 258 Williamson avenue, Hillside, New Jersey

The boiler is to be replaced and the pipes are insulated with asbestos at the above referenced address which need to be removed as soon as possible. The plumber is concern about the health hazard that asbestos can create if it is not removed properly.

I would like to request a waiver of the ten day notification period because the plumber is concern about workers exposure to asbestos and might create a health hazard to everyone.

Your consideration is highly appreciated.

Sincerely,

---

Mary Smiley, Homeowner



D&amp;S Proj. #: 2013-449

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

|   |   |   |  |
|---|---|---|--|
| Date of Notification (1)<br>11/12/13    |   | Name of Building Owner/Operator (2)<br>JAMES FURMAN |  |
| Agencies Notified                       | Type Notification   | Street Address<br>9 WALKER AVENUE                   |  |
| <input type="checkbox"/> EPA            | <input type="checkbox"/> Initial  | City, State, Zip Code<br>MORRISTOWN, NJ 07960       |  |
| <input type="checkbox"/> DEP            | <input type="checkbox"/> Amended  | Name of Contact<br>JAMES FURMAN                     |  |
| <input checked="" type="checkbox"/> DOL | Amendment #:  | Telephone Number<br>973-455-0793                    |  |
| <input checked="" type="checkbox"/> DOH | <input checked="" type="checkbox"/> Emergency (including justification) |   |  |
| <input type="checkbox"/> DCA            | <input type="checkbox"/> Cancellation                                   |   |  |

## FACILITY INFORMATION

|  |  |  |  |  |   |
|--|--|--|--|--|---|
| Name of facility where abatement is taking place (3)<br>JAMES FURMAN |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |   |
| Street Address<br>9 WALKER AVENUE                                    |  |  | Square Feet  |  |   |
| City (5)<br>MORRISTOWN,  |  |  | County (6)<br>MORRIS   |  | Bldg. Age                               |
|  |  |  | County Code (7)<br>(State use only)  |  | Current Use (Prior if being demolished) |

|  |  |   |   |  |
|--|--|---|---|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8)   |  | ASCM No.                                | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC. |  |
| Street Address   |  |   | Street Address<br>20 California Ave.                        |  |
| City, State, Zip Code  |  |   | City, State, Zip Code<br>Paterson, NJ 07503                 |  |
| Project Manager for Monitoring Firm  |  | Phone Number                            | Telephone Number<br>973-345-8020                            |  |
|  |  |   | License Number<br>01169                                     |  |
| Start Date (10)<br>11/21/13  |  | Sched. Completion Date (11)<br>11/28/13 |   |  |
| Occupancy Status During Abatement (Check only one)   |  |   |   |  |
| <input type="checkbox"/> Facility closed/vacated during entire period of abatement.            |  |   |   |  |
| <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ |  |   |   |  |
| <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS                               |  |   |   |  |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| Scope of Work (check all that apply)               |  |  |  | <input type="checkbox"/> Full Containment w/negative pressure       |  |  |  |
| <input checked="" type="checkbox"/> >3 sf or >3 lf |  |  |  | <input type="checkbox"/> Mini-enclosure                             |  |  |  |
| <input type="checkbox"/> ≥160 sf or ≥260 lf        |  |  |  | <input checked="" type="checkbox"/> Glovebag procedure              |  |  |  |
| <input checked="" type="checkbox"/> Renovation     |  |  |  | <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure |  |  |  |
| <input type="checkbox"/> Demolition                |  |  |  |   |  |  |  |

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff(12) |                                     |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e          | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p    | E<br>n<br>c<br>l         |
|--|---|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
|  | Yes   | No                                  | N/A |   |                           |                                     |                            |                          |                          |
| BASEMENT   |   | <input checked="" type="checkbox"/> |     | PIPE INSULATION                                   | 34 L FT                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                           |                              |   |
|--|---------------------------|------------------------------|---|
| Registered Waste Hauler<br>D & S RESTORATION, INC. | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>1 yd | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |
| City, State<br>PATERSON, NJ 07503                  | Disposal Date<br>11/22/13 | City, State<br>TULLYTOWN, PA |   |
| Completed by (Print or Type)<br>EOGDAN JCLDZIC     | Title<br>PRESIDENT        | Signature                    | Date<br>11/20/13  |

Do not use this form for asbestos licensure exempt activities.



Nov 20 2013 02:21pm

P002/002

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

D&amp;S Proj. #: 2013-449

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| Date of Notification (1)<br>11/1/12 10/1/13   |  | Name of Building Owner/Operator (2)<br><b>JAMES FURMAN</b>  |  | APPROVED<br>NJ Dept. of Health & Senior Services<br><i>Paul C. Horner</i><br>(signature)<br>Date: 11/20/13 Time: 2:20 PM                    |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #:<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br><b>9 WALKER AVENUE</b><br>City, State, Zip Code<br><b>MORRISTOWN, NJ 07960</b><br>Telephone Number<br><b>973-455-0793</b> |  |
|   |  | Name of Contact<br><b>JAMES FURMAN</b>  |  |   |  |

## FACILITY INFORMATION

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| Name of facility where abatement is taking place (3)<br><b>JAMES FURMAN</b><br>Street Address<br><b>9 WALKER AVENUE</b><br>City (5)<br><b>MORRISTOWN,</b><br>County (6)<br><b>MORRIS</b><br>County Code (7)<br>(State use only)  |  |   | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)<br>Square Feet<br># of Floors<br>Bldg. Age<br>Current Use (Prior if being demolished) |  |  |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>Street Address<br>City, State, Zip Code<br>Project Manager for Monitoring Firm<br>Phone Number<br>Start Date (10)<br>11/21/13<br>Sched. Completion Date (11)<br>11/28/13<br>Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:<br><input checked="" type="checkbox"/> Other-Describe: <b>NORMAL HOURS</b> |  | Name of Abatement Contractor (9)<br><b>D &amp; S RESTORATION, INC.</b><br>Street Address<br><b>20 California Ave.</b><br>City, State, Zip Code<br><b>Paterson, NJ 07503</b><br>Telephone Number<br><b>973-345-8020</b><br>License Number<br><b>01169</b><br>Name of OSHA Monitor<br><b>D &amp; S Restoration, Inc.</b><br>Street Address<br><b>20 California Avenue</b><br>City, State, Zip Code<br><b>Paterson, NJ 07503</b> |  |  |  |

## Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf      ☒ Renovation  
☐ ≥160 sf or ≥280 lf      ☐ Demolition

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

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |                                     |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e          | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>l<br>o<br>p<br>e | E<br>n<br>c<br>l         |
|--|--|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|---------------------------------|--------------------------|
|  | Yes  | No                                  | N/A |   |                           |                                     |                            |                                 |                          |
| <b>BASEMENT</b>  |  | <input checked="" type="checkbox"/> |     | <b>PIPE INSULATION</b>                            | <b>34 L FT</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"/> |

|   |                                  |                                     |  |
|---|----------------------------------|-------------------------------------|--|
| Registered Waste Hauler<br><b>D &amp; S RESTORATION, INC.</b> | NJDEP Hauler ID#<br><b>13506</b> | Cubic Yards of Waste<br><b>1 yd</b> | Name of Registered Landfill<br><b>TULLYTOWN, RESOURCE RECOVERY</b> |
| City, State<br><b>PATERSON, NJ 07503</b>                      | Disposal Date<br><b>11/22/13</b> | City, State<br><b>TULLYTOWN, PA</b> | Date<br><b>11/20/13</b>  |
| Completed by (Print or Type)<br><b>BOGDAN JOLDZIC</b>         | Title<br><b>PRESIDENT</b>        | Signature                           |  |



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

NOV 25 2013

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br><u>11/12/13</u>   |  | Name of Building Owner/Operator (2)<br><b>MARIA SANDBERG</b>  |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #: _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br><b>237 PASSAIC AVENUE</b>   |  | City, State, Zip Code<br><b>HASBROUCK HEIGHTS, NJ</b>   |  |
| Name of Contact<br><b>MARIA SANDBERG</b>  |  | Telephone Number<br><b>201-615-7703</b>   |  |

## FACILITY INFORMATION

|   |                             |                                     |  |             |           |
|---|-----------------------------|-------------------------------------|--|-------------|-----------|
| Name of facility where abatement is taking place (3)<br><b>MARIA SANDBERG</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 (Private/Commercial Bldgs./Homes, etc.) |             |           |
| Street Address<br><b>237 PASSAIC AVENUE</b>                                   |                             |                                     |  |             |           |
| City (5)<br><b>HASBROUCK HEIGHTS</b>  | County (6)<br><b>BERGEN</b> | County Code (7)<br>(State use only) | Square Feet  | # of Floors | Bldg. Age |
| Current Use (Prior if being demolished)                                       |                             |                                     |  |             |           |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8)   |  | ASCM No.                                       |  | Name of Abatement Contractor (9)<br><b>D &amp; S RESTORATION, INC.</b> |  |
| Street Address   |  |  |  | Street Address<br><b>20 California Ave.</b>                            |  |
| City, State, Zip Code  |  |  |  | City, State, Zip Code<br><b>Paterson, NJ 07503</b>                     |  |
| Project Manager for Monitoring Firm  |  | Phone Number                                   |  | Telephone Number<br><b>973-345-8020</b>                                |  |
| Start Date (10)<br><b>11/30/1313</b>   |  | Sched. Completion Date (11)<br><b>12/16/13</b> |  | License Number<br><b>01169</b>   |  |
| Occupancy Status During Abatement (Check only one)   |  |  |  | Name of OSHA Monitor<br><b>D &amp; S Restoration, Inc.</b>             |  |
| <input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____<br><input checked="" type="checkbox"/> Other-Describe: <b>NORMAL HOURS</b> |  |  |  | Street Address<br><b>20 California Avenue</b>                          |  |
|  |  |  |  | City, State, Zip Code<br><b>Paterson, NJ 07503</b>                     |  |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| Scope of Work (check all that apply)   |  |  |  | <input type="checkbox"/> Full Containment w/negative pressure<br><input type="checkbox"/> Mini-enclosure<br><input checked="" type="checkbox"/> Glovebag procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-friable procedure |  |  |  |
| <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition |  |  |  |   |  |  |  |

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |    |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p | E<br>n<br>c<br>l |
|--|--|----|-----|---|---------------------------|----------------------------|----------------------------|-----------------------|------------------|
|  | Yes  | No | N/A |   |                           |                            |                            |                       |                  |
| BASEMENT   |  | X  |     | PIPE INSULATION                                   | 75 L FT                   | X                          |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |

|   |  |                                  |  |                                     |  |  |  |
|---|--|----------------------------------|--|-------------------------------------|--|--|--|
| Registered Waste Hauler<br><b>D &amp; S RESTORATION, INC.</b> |  | NJDEP Hauler ID#<br><b>13506</b> |  | Cubic Yards of Waste<br><b>1 yd</b> |  | Name of Registered Landfill<br><b>TULLYTOWN, RESOURCE RECOVERY</b> |  |
| City, State<br><b>PATERSON, NJ 07503</b>                      |  | Disposal Date<br><b>12/02/13</b> |  | City, State<br><b>TULLYTOWN, PA</b> |  |  |  |
| Completed by (Print or Type)<br><b>BOGDAN GOLDZIC</b>         |  | Title<br><b>PRESIDENT</b>        |  | Signature                           |  | Date<br><b>11/20/132013</b>  |  |

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

B & G proj. #: 2013-233

\*\*\*\*\* EMERGENCY \*\*\*\*\*

Check #6281

|   |   |   |   |
|---|---|---|---|
| Date of Notification (1)<br><u>11/20/13</u>   |   | Name of Building Owner/Operator (2)<br>Albert Sofia |   |
| 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                           | Street Address                                      |   |
|   | <input checked="" type="checkbox"/> Initial | 526 Twin Oaks Road                                  |   |
|   | <input type="checkbox"/> Amendment          | City, State, Zip Code                               |   |
|   | <input type="checkbox"/> Cancellation       | Union, NJ 07083                                     |   |
|   |   | Name of Contact                                     | Telephone Number  |
|   |   | Albert Sofia  | 908-347-7437 <span style="float: right;">NOV 25 2013</span> |

FACILITY INFORMATION

|  |                     |   |  |  |                        |
|--|---------------------|---|--|--|------------------------|
| Name of facility where abatement is taking place (3)<br>Albert Sofia   |                     |   | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |                        |
| Street Address<br>526 Twin Oaks Road   |                     |   | Square Feet    # of Floors    Bldg. Age  |  |                        |
| City (5)<br>Union  | County (6)<br>Union | County Code (7)<br>(State use only)       | Current Use (Prior if being demolished)<br>residential   |  |                        |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>N/A  |                     | ASCM No.                                  | Name of Abatement Contractor (9)<br>B & G Restoration, Inc.  |  |                        |
| Street Address   |                     |   | Street Address<br>105 Ryerson Road   |  |                        |
| City, State, Zip Code  |                     |   | City, State, Zip Code<br>Lincoln Park, NJ 07035  |  |                        |
| Project Manager for Monitoring Firm  |                     | Phone Number                              | Telephone Number<br>973-696-6869   |  | License Number<br>0378 |
| Scheduled Start Date (10)<br>11/21/2013  |                     | Sched. Completion Date (11)<br>11/22/2013 | Name of OSHA Monitor<br>B & G Restoration, Inc.  |  |                        |
| Occupancy Status During Abatement (Check only one)   |                     |   | Street Address<br>105 Ryerson Road   |  |                        |
| <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____<br><input type="checkbox"/> Other-Describe: _____ |                     |   | City, State, Zip Code<br>Lincoln Park, NJ 07035  |  |                        |

Scope of Work (check all that apply)

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Demolition                | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> wrap & cut                    |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf    | <input checked="" type="checkbox"/> Mini-enclosure            | <input checked="" type="checkbox"/> Glovebag procedure |
|  |  |   | <input type="checkbox"/> Non-friable procedure         |

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff(12) |    |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e          | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p    | E<br>n<br>c<br>l         |
|--|---|----|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
|  | Yes   | No | N/A |   |                           |                                     |                            |                          |                          |
| basement boiler room   |   |    | X   | pipe insulation                                   | 92 lf                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| main room & closet   |   |    | X   | pipe insulation                                   | 10 lf                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| laundry room   |   |    | X   | pipe insulation                                   | 54 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"/> |

|  |                              |                                  |   |
|--|------------------------------|----------------------------------|---|
| Registered Waste Hauler<br>B & G Restoration, Inc. | NJDEP Hauler ID#<br>19563    | Cubic Yards of Waste<br>2 yards  | Name of Registered Landfill<br>Tullytown Resource & Recovery Center |
| City, State<br>Lincoln Park, NJ 07035              | Disposal Date<br>11/22/2013  | City, State<br>Tullytown, PA     |   |
| Completed by (Print or Type)<br>Gordana Luna       | Title<br>Secretary/Treasurer | Signature<br><i>Gordana Luna</i> | Date<br>11/20/2013  |



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

B &amp; G proj. #: 2013-233

Check #6281

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| Date of Notification (1)<br>11/1/2013  |  | Name of Building Owner/Operator (2)<br>Albert Sofia |  | APPROVED<br>NJ Dept. of Health & Senior Services<br><i>(Signature)</i><br>Date: 11/20/13 Time: 11:30 AM |  |
| Agencies Notified  |  | Street Address<br>526 Twin Oaks Road                |  |   |  |
| <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 |  | City, State, Zip Code<br>Union, NJ 07083            |  |   |  |
| Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amendment<br><input type="checkbox"/> Cancellation                                    |  | Name of Contact<br>Albert Sofia                     |  | Telephone Number<br>908-347-7437  |  |

## FACILITY INFORMATION


|  |                     |   |  |  |                        |
|--|---------------------|---|--|--|------------------------|
| Name of facility where abatement is taking place (3)<br>Albert Sofia   |                     |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |                        |
| Street Address<br>526 Twin Oaks Road   |                     |   | Square Feet # of Floors Bldg. Age  |  |                        |
| City (5)<br>Union  | County (6)<br>Union | County Code (7)<br>(State use only)       | Current Use (Prior if being demolished)<br>residential   |  |                        |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>N/A  |                     | ASCM No.                                  | Name of Abatement Contractor (9)<br>B & G Restoration, Inc.  |  |                        |
| Street Address   |                     |   | Street Address<br>105 Ryerson Road   |  |                        |
| City, State, Zip Code  |                     |   | City, State, Zip Code<br>Lincoln Park, NJ 07035  |  |                        |
| Project Manager for Monitoring Firm  |                     | Phone Number                              | Telephone Number<br>973-696-6869   |  | License Number<br>0378 |
| Scheduled Start Date (10)<br>11/21/2013  |                     | Sched. Completion Date (11)<br>11/22/2013 | Name of OSHA Monitor<br>B & G Restoration, Inc.  |  |                        |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:<br><input type="checkbox"/> Other-Describe: |                     |   | Street Address<br>105 Ryerson Road   |  |                        |
|  |                     |   | City, State, Zip Code<br>Lincoln Park, NJ 07035  |  |                        |

| Scope of Work (check all that apply)   |  |                              |     |   |                           | <input type="checkbox"/> wrap & cut<br><input checked="" type="checkbox"/> Glovebag procedure<br><input type="checkbox"/> Non-friable procedure |                            |                          |                          |  |  |
|--|--|------------------------------|-----|---|---------------------------|---|----------------------------|--------------------------|--------------------------|--|--|
| <input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> >3 sf or >3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf |  |                              |     |   |                           | <input type="checkbox"/> Full Containment w/negative pressure<br><input checked="" type="checkbox"/> Mini-enclosure                             |                            |                          |                          |  |  |
| Location of asbestos-containing material to be abated in facility (13)   | Is location normally used solely by maintenance/custodial staff (12) |                              |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e  | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p    | E<br>n<br>c<br>l         |  |  |
|  | Yes  | No                           | N/A |   |                           |   |                            |                          |                          |  |  |
| basement boiler room   |  |                              | X   | pipe insulation                                   | 82 lf                     | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| main room & closet   |  |                              | X   | pipe insulation                                   | 10 lf                     | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| laundry room   |  |                              | X   | pipe insulation                                   | 54 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"/> |  |  |
| Registered Waste Hauler<br>B & G Restoration, Inc.   |  | NJDEP Hauler ID#<br>19563    |     | Cubic Yards of Waste<br>2 yards                   |                           | Name of Registered Landfill<br>Tullytown Resource & Recovery Center   |                            |                          |                          |  |  |
| City, State<br>Lincoln Park, NJ 07035  |  | Disposal Date<br>11/22/2013  |     | City, State<br>Tullytown, PA                      |                           |   |                            |                          |                          |  |  |
| Completed by (Print or Type)<br>Gordana Luna   |  | Title<br>Secretary/Treasurer |     | Signature<br><i>Gordana Luna</i>                  |                           | Date<br>11/20/2013  |                            |                          |                          |  |  |



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

**JOB IN HOLD**

|  |  |  |   |   |                           |   |        |             |           |
|--|--|--|---|---|---------------------------|---|--------|-------------|-----------|
| Date of Notification (1)<br>11/20/2013   |  | Name of Building Owner/Operator (2)<br>Crystal Powell  |   |   |                           |   |        |             |           |
| 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  | Notification Type<br><input type="checkbox"/> Initial Notification 11/12/13<br><input checked="" type="checkbox"/> Amended<br>Amendment # 1<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>167 Osborne Terrace     |   |                           |   |        |             |           |
|  |  |  | City, State, Zip Code<br>Newark, NJ 07112 |   |                           |   |        |             |           |
|  |  |  | Name of Contact<br>Robert                 |   |                           |   |        |             |           |
|  |  | Tel. Number<br>(908)436-8403   |   |   |                           |   |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |  |   |   |                           |   |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Newark Residence   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc. |   |   |                           |   |        |             |           |
| Street Address<br>167 Osborn Terrace - Basement  |  |  |   |   |                           |   |        |             |           |
| City (5)<br>Newark   |  | Square Feet  | # of Floors                               |   |                           |   |        |             |           |
|  |  | Bldg. Age  |   |   |                           |   |        |             |           |
| County (6)<br>Essex  |  | County Code (7) (STATE USE ONLY)   |   |   |                           |   |        |             |           |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>GL Environmental Services  |  | Name of Contractor (9)<br>CID & SONS, LLC  |   |   |                           |   |        |             |           |
| Street Address<br>PO Box 753042  |  | Street Address<br>365 River Drive  |   |   |                           |   |        |             |           |
| City, State, Zip Code<br>Bronx, NY 10475   |  | City State, Zip Code<br>Garfield, NJ 07026   |   |   |                           |   |        |             |           |
| Project Manager for Monitoring Firm<br>Greg Brown  |  | Telephone Number<br>(347)307-1145  |   |   |                           |   |        |             |           |
|  |  | Telephone Number<br>(973)685-9791  |   |   |                           |   |        |             |           |
| Scheduled Start Date (10)<br>11/22/2013 <b>JOB IN HOLD</b>   |  | Scheduled Completion Date (11)<br>11/28/2013   |   |   |                           |   |        |             |           |
| 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>Testor Tech  |   |   |                           |   |        |             |           |
|  |  | Street Address<br>10-59 Jackson Avenue   |   |   |                           |   |        |             |           |
|  |  | City, State, Zip Code<br>Long Island City, NY 11101  |   |   |                           |   |        |             |           |
| Source of Work (Check all that apply)<br><input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf<br><input type="checkbox"/> ≥ 160 sf or ≥ 260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glove bag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |   |   |                           |   |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>in Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type  |        |             |           |
|  | Yes  | No   | N/A                                       |   |                           | Removal   | Repair | Encapsulate | Enclosure |
| Basement   |  |  | X   | Pipe Insulation   | 120 LF                    | X   |        |             |           |
|  |  |  |   |   |                           |   |        |             |           |
|  |  |  |   |   |                           |   |        |             |           |
| Name of Reg. Waste Hauler<br>CID & SONS, LLC   |  | NJDEP Waste Hauler ID #<br>32905   |   | Cubic Yards of Waste<br>TBD   |                           | Name of Reg. Landfill<br>G.R.O.W.S., Waste Management |        |             |           |
| City, State<br>Garfield, NJ  |  |  |   | Disposal Date<br>TBD  |                           | City, State<br>Morrisville, PA                        |        |             |           |
| Completed by<br>Roque Schipilliti Jr   |  | Title<br>Project Manager   |   | Signature<br>                           |                           | Date<br>11/20/2013                                    |        |             |           |



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

**DOL - 10 DAY IN HOLD**

|  |  |   |   |  |                           |   |        |               |           |
|--|--|---|---|--|---------------------------|---|--------|---------------|-----------|
| Date of Notification (1)<br>11/20/2013   |  | Name of Building Owner/Operator (2)<br>Crystal Powell   |   | <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>20 2013</p> <p><i>[Signature]</i></p> <p><b>WAIVER APPROVED</b></p> </div> |                           |   |        |               |           |
| Agencies Notified<br>( ) EPA<br>( ) DEP<br>(X) DOL<br>(X) DOH<br>( ) DCA   | Notification Type<br>( ) Initial Notification<br>(X) Amended<br>Amendment # 1<br>( ) Emergency (including justification)<br>( ) Cancellation | Street Address<br>167 Osborne Terrace   |   |  |                           |   |        |               |           |
|  |  | City, State, Zip Code<br>Newark, NJ 07112   |   |  |                           |   |        |               |           |
|  |  | Name of Contact<br>Robert   |   | Tel. Number<br>(908)436-8403   |                           |   |        |               |           |
| <b>FACILITY INFORMATION</b>  |  |   |   |  |                           |   |        |               |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Newark Residence<br>Street Address<br>167 Osborn Terrace - Basement  |  |   | Type of Facility (4)<br>( ) School (K-12)<br>( ) Subchapter S (other than K-12)<br>(X) Other (i.e. private & commercial buildings, homes, etc.) |  |                           |   |        |               |           |
| City (5)<br>Newark   |  |   | Square Feet   | # of Floors  | Bldg. Age                 |   |        |               |           |
| County (6)<br>Essex  |  | County Code (7) (STATE USE ONLY)  |   | Current Use (Prior if being demolished)  |                           |   |        |               |           |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>GL Environmental Services  |  | ASCM No.  | Name of Contractor (9)<br>CID & SONS, LLC   |  |                           |   |        |               |           |
| Street Address<br>PO Box 753042  |  | Street Address<br>365 River Drive   |   |  |                           |   |        |               |           |
| City, State, Zip Code<br>Bronx, NY 10475   |  | City, State, Zip Code<br>Garfield, NJ 07028   |   |  |                           |   |        |               |           |
| Project Manager for Monitoring Firm<br>Greg Brown  |  | Telephone Number<br>(347)307-1146   | Telephone Number<br>(973)885-8781   | License Number<br>01181 "A"  |                           |   |        |               |           |
| Scheduled Start Date (10)<br><del>4/1/2013</del> <b>JOB IN HOLD</b>  |  | Scheduled Completion Date (11)<br>11/28/2013  |   | Name of OSHA Monitor   |                           |   |        |               |           |
| Occupancy Status During Abatement (Check only one)<br>(X) Facility Closed/Vacated During Entire Period of Abatement<br>( ) Abatement Performed Outside of Normal Facility Hours<br>( ) Other - Describe: |  | Street Address<br>10-59 Jackson Avenue<br>City, State, Zip Code<br>Long Island City, NY 11101 |   |  |                           |   |        |               |           |
| Source of Work (Check all that apply)  |  |   |   |  |                           |   |        |               |           |
| (X) ≥ 3 sf or ≥ 3 lf<br>( ) ≥ 160 sf or ≥ 280 lf   |  | (X) Renovation<br>( ) Demolition  |   | ( ) Full Containment with Negative Pressure<br>( ) Mini-Enclosure<br>(X) Glove bag Procedure<br>( ) Non-Exempted (*) and Non-Friable Procedure         |                           |   |        |               |           |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>in Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)                            | Amount (Specify SF or LF) | Abatement Type  |        |               |           |
|  | Yes  | No  | N/A   |  |                           | Removal   | Repair | Encapsulation | Enclosure |
| Basement   |  |   | X   | Pipe Insulation  | 120 LF                    | X   |        |               |           |
|  |  |   |   |  |                           |   |        |               |           |
|  |  |   |   |  |                           |   |        |               |           |
| Name of Reg. Waste Hauler<br>CID & SONS, LLC   |  | NJDEP Waste Hauler ID #<br>32905  |   | Cubic Yards of Waste<br>TBD  |                           | Name of Reg. Landfill<br>G.R.O.W.S., Waste Management |        |               |           |
| City, State<br>Garfield, NJ  |  | Disposal Date<br>TBD  |   | City, State<br>Merrickville, PA  |                           |   |        |               |           |
| Completed by<br>Reque Schipani Jr  | Title<br>Project Manager   | Signature<br><i>[Signature]</i>   |   |  | Date<br>11/20/2013        |   |        |               |           |

A2B-01



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

|  |   |  |  |
|--|---|--|--|
| Date of Notification (1)<br>November 21, 2013  |   | Name of Building Owner/Operator (2)<br>R A Van Winkle Construction, LLC 23127  |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type of Notification<br><input checked="" type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>PO Box 647<br>City, State, Zip Code<br>Manasquan, NJ 08736<br>Name of Contact<br>Robert Van Winkle<br>Telephone Number<br>732-443-7059 |  |
|  |   |  |  |
|  |   |  |  |

**FACILITY INFORMATION**

|   |                     |  |   |                         |                  |
|---|---------------------|--|---|-------------------------|------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Building<br>77 Kent Place Blvd.   |                     |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (other than K12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |                         |                  |
| Street Address  |                     |  |   |                         |                  |
| City<br>Summit  | County (6)<br>Union | County Code (7)<br>(STATE USE ONLY)            | Square feet<br>4163   | # of Floors<br>1        | Bldg. Age<br>113 |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Guardian Contracting, Inc.   |                     |  | Name of Abatement Contractor (9)<br>Guardian Contracting, Inc.  |                         |                  |
| Street Address<br>1889 Rte. 9, Unit 61  |                     |  | Street Address<br>1889 Route 9, Unit 61   |                         |                  |
| City, State, Zip Code<br>Toms River, NJ 08755   |                     |  | City, State, Zip Code<br>Toms River, New Jersey 08755-1271  |                         |                  |
| Project Manager for Monitoring Firm<br>Nicholas Fernicola   |                     | Telephone Number<br>732-349-9932               | Telephone Number<br>732-349-9932  | License Number<br>00624 |                  |
| Scheduled Start Date (10)<br>12/04/2013   |                     | Scheduled Completion Date (11)<br>12/06/2013   | Name of OSHA Monitor<br>E.M.S.L. Analytical   |                         |                  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____ |                     |  | Street Address<br>1056 Stelton Road   |                         |                  |
|   |                     |  | City, State, Zip Code<br>Piscataway, New Jersey 08854   |                         |                  |
| Scope of Work (Check all that apply)  |                     |  |   |                         |                  |
| <input checked="" type="checkbox"/> >3 sf or ≥3 lf  |                     | <input type="checkbox"/> Renovation            | <input type="checkbox"/> Full Containment with Negative Pressure  |                         |                  |
| <input type="checkbox"/> ≥160 sf or ≥260 lf   |                     | <input checked="" type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure  |                         |                  |
|   |                     |  | <input checked="" type="checkbox"/> Glovebag Procedure  |                         |                  |
|   |                     |  | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure   |                         |                  |

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12)<br><br>YES NO N/A |   |  | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                  |                            |   |   |
|---|--|---|--|---|---------------------------|---------------------------------|----------------------------|---|---|
|   |  |   |  |   |                           | R<br>E<br>M<br>O<br>V<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| basement  |  | X |  | pipe insulation   | 70lf                      | X                               |                            |   |   |
|   |  |   |  |   |                           |                                 |                            |   |   |
|   |  |   |  |   |                           |                                 |                            |   |   |
|   |  |   |  |   |                           |                                 |                            |   |   |

|   |                                    |  |   |
|---|------------------------------------|--|---|
| Name of Registered Waste Hauler<br>Guardian Contracting, Inc. | NJDEP Waste Hauler ID No.<br>20223 | Cubic Yards of Waste<br>1              | Name of Registered Landfill<br>T.R.R.F. |
| City, State<br>Toms River, New Jersey                         | Disposal Date<br>12/07/2013        | City, State<br>Tullytown, Pennsylvania |   |
| Completed by (Print or Type)<br>Nicholas Fernicola            | Title<br>Project Manager           | Signature<br><i>Nicholas Fernicola</i> | Date<br>11/21/2013                      |

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



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

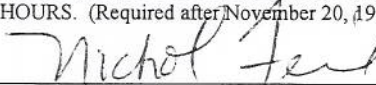

NOV 25 2013

Date Received

## DEMOLITION / RENOVATION NOTIFICATION

|   |  |                                      |                     |                   |  |
|---|--|--------------------------------------|---------------------|-------------------|--|
| Operator Project #:   |  | Postmark:                            |                     | Notification:     |  |
| I. TYPE OF NOTIFICATION (O- Original R- Revised C- Cancelled): O  |  | II. IS ASBESTOS PRESENT? (Yes/No): Y |                     |                   |  |
| III. FACILITY INFORMATION (identify owner, removal contractor and other operator)                             |  |                                      |                     |                   |  |
| OWNER NAME: Michael Zaczek  |  |                                      |                     |                   |  |
| Address: 77 Kent Place Blvd.  |  |                                      |                     |                   |  |
| City: Summit  |  | State: NJ                            |                     | Zip: 07901        |  |
| Contact: Robert VanWinkle   |  |                                      |                     | Tel: 732-443-7059 |  |
| REMOVAL CONTRACTOR: Guardian Contracting, Inc.  |  |                                      |                     | NJ License: 00624 |  |
| Address: 1889 Route 9, Unit 61  |  |                                      |                     |                   |  |
| City: Toms River  |  | State: New Jersey                    |                     | Zip: 08755        |  |
| Contact: Nicholas Fernicola   |  |                                      |                     | Tel: 732-349-9932 |  |
| OTHER OPERATOR (if different)   |  |                                      |                     | NJ License:       |  |
| Address:  |  |                                      |                     |                   |  |
| City:   |  | State:                               |                     | Zip:              |  |
| Contact:  |  |                                      |                     | Tel:              |  |
| IV. TYPE OF OPERATION (D- Demo O- Ordered Demo R- Renovation E- Emergency Renovation): D                      |  |                                      |                     |                   |  |
| V. FACILITY DESCRIPTION (Including building name, number and floor or room number)                            |  |                                      |                     |                   |  |
| Building Name: Building   |  |                                      |                     |                   |  |
| Address: 77 Kent Place Blvd.  |  |                                      |                     |                   |  |
| City: Summit  |  | State: NJ                            |                     | County: Union     |  |
| Site Location: Basement   |  |                                      |                     |                   |  |
| Building Size: 4163   |  | # of Floors: 1                       |                     | Age in Years: 113 |  |
| Present Use: Building   |  |                                      | Prior Use: Building |                   |  |
| VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: |  |                                      |                     |                   |  |
| IS MATERIAL ASSUMED TO BE ASBESTOS?   |  |                                      |                     |                   |  |
| VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:  |  | RACM To Be Removed                   |                     | LOCATION          |  |
| 1. Regulated ACM to be removed<br>2. Category I ACM not removed<br>3. Category II ACM not removed             |  |                                      |                     |                   |  |
| Pipes (Linear feet): 70 lf  |  | Pipe insulation                      |                     | basement          |  |
| Surface Area (Square feet):   |  |                                      |                     |                   |  |
| RACM Off Facility Component (Cubic feet):   |  |                                      |                     |                   |  |
| VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/04/2013 Complete: 12/06/2013                       |  |                                      |                     |                   |  |

## NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

|        |   |  |  |
|--------|---|--|--|
| x.     | DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED  |  |  |
| xi.    | DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:<br><br><small>Removal to take place using negative pressure glovebag method. Prior to removal, work area to be isolated, negative air units to be put in place. All asbestos insulation will be saturated with a surfactant/water mix. All waste to be double bagged, sealed and affixed with appropriate warning labels and placed in closed/locked container for disposal. Encapsulation of all surfaces where removal took place. All materials to be kept wet during the entire operation. Final cleaning will consist of HEPA vacuuming and/or wet wiping of all surfaces.</small>   |  |  |
| xii.   | WASTE TRANSPORTER #1    Name: <u>Guardian Contracting, Inc.</u><br>Address: <u>1889 Route 9, Unit 61</u><br>City: <u>Toms River</u> State: <u>New Jersey</u> Zip: <u>08755</u><br>Contact Person: <u>Nicholas Fernicola</u>   |  |  |
| xiii.  | WASTE TRANSPORTER #2    Name:<br>Address:<br>City:                                    State:                                    Zip:<br>Contact Person:   |  |  |
| xiii.  | WASTE DISPOSAL SITE    Name: <u>T.R.R.F.</u><br>Location: <u>Bordentown Road</u><br>City: <u>Tullytown</u> State: <u>Pennsylvania</u> Zip: <u>19007</u><br>Telephone: <u>215-943-9732</u> Permit #: <u>101494</u>   |  |  |
| xiv.   | IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER<br>Name:                                    Title:<br>Authority:<br>Date of Order (MM/DD/YY):                                    Date Ordered to Begin (MM/DD/YY):  |  |  |
| xv.    | FOR EMERGENCY RENOVATIONS<br>Date and Hour of Emergency (MM/DD/YY):<br>Description of the Sudden, Unexpected Event:<br><br>Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden  |  |  |
| xvi.   | DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER   |  |  |
| xvii.  | I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <u>Nicholas Fernicola / Project Manager</u><br/>           (Printed Name/Title)         </div> <div style="width: 30%; text-align: center;"> <br/>           (Signature of Owner/Operator)         </div> <div style="width: 30%; text-align: right;"> <u>November 21, 2013</u><br/>           (Date)         </div> </div> |  |  |
| xviii. | I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <u>Nicholas Fernicola / Project Manager</u><br/>           (Printed Name/Title)         </div> <div style="width: 30%; text-align: center;"> <br/>           (Signature of Owner/Operator)         </div> <div style="width: 30%; text-align: right;"> <u>November 21, 2013</u><br/>           (Date)         </div> </div>  |  |  |



NOV 21 2013 02:40PM

FOU17001

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:26-7 and 12:120-7)  
**EMERGENCY**

Check # 6286

B & G proj. #: 2013-232

Date: 11/21/13 Time: 2:24 PM  
(Signature)

Date of Notification (1)  
11/11/2013

Agencies Notified

|   |   |
|---|---|
| <input type="checkbox"/> EPA            | <input checked="" type="checkbox"/> Initial |
| <input type="checkbox"/> DEP            | <input type="checkbox"/> Amendment          |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Cancellation       |
| <input checked="" type="checkbox"/> DOH |   |
| <input type="checkbox"/> DCA            |   |

Name of Building Owner/Operator (2)  
Augusta Starks

Street Address  
62 Berkshire Place

City, State, Zip Code  
Irvington, NJ 07111

Name of Contact  
Augusta Starks

Telephone Number  
973-372-5707

**FACILITY INFORMATION**

Name of facility where abatement is taking place (3)  
Augusta Starks

Street Address  
62 Berkshire Place

City (5)  
Irvington

County (6)  
Essex

County Code (7)  
(State use only)

Type of Facility (4)

|   |
|---|
| <input type="checkbox"/> School (K-12)  |
| <input type="checkbox"/> Subchapter S (Other than K-12)                           |
| <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)  
residential

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

ASCM No.

Street Address

City, State, Zip Code

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

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Telephone Number  
973-696-6869

License Number  
0378

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)  
11/22/2013

Sched. Completion Date (11)  
11/23/2013

Name of OSHA Monitor  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Occupancy Status During Abatement (Check only one)

|  |
|--|
| <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. |
| <input type="checkbox"/> Abatement performed outside of normal facility hours.                 |
| Describe:  |
| <input type="checkbox"/> Other-Describe:   |

Scope of Work (check all that apply)

|  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Demolition                | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> wrap & cut                    |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf    | <input checked="" type="checkbox"/> Mini-enclosure            | <input checked="" type="checkbox"/> Glovebag procedure |
|  |  |   | <input type="checkbox"/> Non-triable procedure         |

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |    |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | Removal                             | Repair                   | Encap                    | Encl                     |
|--|--|----|-----|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Yes  | No | N/A |   |                           |                                     |                          |                          |                          |
| basement   |  |    | X   | pipe insulation                                   | 60 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"/> |

Registered Waste Hauler  
B & G Restoration, Inc.

NJDEP Hauler ID#  
19563

Cubic Yards of Waste  
1 yards

Name of Registered Landfill  
Tullytown Resource & Recovery Center

City, State  
Tullytown, PA

Disposal Date  
11/25/2013

Completed by (Print or Type)  
Gordana Luna

Title  
Secretary/Treasurer

Signature  
Gordana Luna

Date  
11/21/2013



B &amp; G proj. #: 2013-232

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

Check # 6286

Date of Notification (1)

11/11/2013

Name of Building Owner/Operator (2)

Augusta Starks

Street Address

62 Berkshire Place

City, State, Zip Code

Irvington, NJ 07111

Name of Contact

Augusta Starks

Telephone Number

973-372-5707

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Augusta Starks

Street Address

62 Berkshire Place

City (5)

Irvington

County (6)

Essex

County Code (7)  
(State use only)

Type of Facility (4)

- ☐ School (K - 12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)  
residentialName of Monitoring Firm Hired by Bldg. Owner (8)  
N/A

ASCM No.

Name of Abatement Contractor (9)

B &amp; G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

973-696-6869

License Number  
0378

Name of OSHA Monitor

B &amp; G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Occupancy Status During Abatement (Check only one)

- ☒ Facility closed/vacated during entire period of abatement.  
☐ Abatement performed outside of normal facility hours-  
Describe:  
☐ Other-Describe:

Scope of Work (check all that apply)

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

- ☐ Full Containment w/negative pressure  
☒ Mini-enclosure

- ☐ wrap & cut  
☒ Glovebag procedure  
☐ Non-friable procedure

Location of asbestos-containing material 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)

Amount (Specify SF or LF)

| R                                   | R                        | E                        | E                        |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| m                                   | e                        | n                        | n                        |
| o                                   | p                        | c                        | c                        |
| v                                   | a                        | a                        | L                        |
| <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"/> |

basement

pipe insulation

60 lf

Registered Waste Hauler  
B & G Restoration, Inc.NJDEP Hauler ID#  
19563Cubic Yards of Waste  
1 yardsName of Registered Landfill  
Tullytown Resource & Recovery Center

City, State

Lincoln Park, NJ 07035

Disposal Date  
11/25/2013City, State  
Tullytown, PADate  
11/21/2013Completed by (Print or Type)  
Gordana LunaTitle  
Secretary/Treasurer

Signature

Gordana Luna



**Augusta Starks**  
62 Berkshire Place  
Irvington, NJ 07111  
973-372-5707

November 21, 2013

**B & G Restoration**  
105 Ryerson Road  
Lincoln Park, NJ 07035  
Attn: Goran Vucenovic

I need asbestos insulation removed from my pipes as soon as possible. Once the insulation is removed I can then have my new boiler installed. Please have the approval process expedited at once as I am without heat.

Thank you for all of your help!

Sincerely,

*Augusta Starks*

Augusta Starks

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

**GAC Project # 060-13**

|   |   |  |  |
|---|---|--|--|
| <u>Date of Notification (1)</u><br><b>November 7, 2013</b>  |   | <u>Name of Building Owner/Operator (2)</u><br><b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>   |  |
| <u>Agencies Notified</u><br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DCA<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DEP- No Longer REQUIRED<br><input checked="" type="checkbox"/> DOH   | <u>Notification Type</u><br><input checked="" type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancelled | <u>Street Address</u><br><b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT.<br/>27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>  |  |
|   |   | <u>City, State, Zip Code</u><br><b>PISCATAWAY, NJ 08854</b>  |  |
|   |   | <u>Name of Contact</u><br><b>MICHAEL SMITH, ENV.<br/>HEALTH &amp; SAFETY</b>   | <u>Telephone Number</u><br><b>848-445-2550</b>   |
| <b>FACILITY INFORMATION</b>   |   |  |  |
| <u>Name of Facility Where Abatement is Taking Place (3)</u><br><b>WAKSMAN HALL, BLDG# 3573</b>  |   | <u>Type of Facility (4)</u><br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)<br><u>Sq. Feet:</u> N/A <u># of Floors:</u> 4 <u>Bldg. Age:</u> 80+ years |  |
| <u>Street Address</u><br><b>BUSCH CAMPUS</b>  |   |  |  |
| <u>City (5)</u><br><b>PISCATAWAY</b>  | <u>County (6)</u><br><b>MIDDLESEX</b>   | <u>County Code (7)</u><br>(State Use Only)   |  |
| <u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u><br><b>Cardno ATC</b>  |   | <u>ASCM No.</u><br><b>0098</b>   | <u>Name of Contractor (9)</u><br><b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>  |
| <u>Street Address</u><br><b>3 TERRI LANE</b>  |   | <u>Street Address</u><br><b>268 MAIN STREET</b>  |  |
| <u>City, State, Zip Code</u><br><b>BURLINGTON, NJ 08016</b>   |   | <u>City, State, Zip Code</u><br><b>BUTLER, NJ 07405</b>  |  |
| <u>Project Manager for Monitoring Firm</u><br><b>BRIAN KEARNY</b>   | <u>Telephone Number</u><br><b>609-386-8800</b>  | <u>Telephone Number</u><br><b>973-492-0477</b>   | <u>License Number</u><br><b>00840</b>  |
| <u>Scheduled Start Date (10)</u><br><b>11.20/13</b>   | <u>Scheduled Completion Date (11)</u><br><b>12/02/13</b>  | <u>Name of OSHA Monitor</u><br><b>1<br/>ENVIROVISION, INC.</b>   |  |
| <u>Occupancy Status During Abatement (Check only one)</u><br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br><input checked="" type="checkbox"/> Other - Describe: <b>Shift Hours: 5:00 PM - 5:00 AM</b>  |   | <u>Street Address</u><br><b>20-21 WARGARAW ROAD</b>  |  |
|   |   | <u>City, State, Zip Code</u><br><b>FAIRLAWN, NJ</b>  |  |
| <u>Scope of Work (Check all that apply)</u><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> <math>\geq 3</math> sf or <math>\geq 3</math> lf<br/> <input checked="" type="checkbox"/> <math>\geq 160</math> sf or <math>\geq 260</math> </div> <div> <input checked="" type="checkbox"/> Renovation<br/> <input type="checkbox"/> Demolition         </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br/> <input type="checkbox"/> Mini-Enclosure<br/> <input type="checkbox"/> Glovebag Procedure<br/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div> |   |  |  |
| <u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u><br><b>MER 405</b>  | <u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u><br>YES NO NA<br><input checked="" type="checkbox"/> YES   | <u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u><br><b>TSI-Duct Insulation</b>  | <u>Amount (Specify SF or LF)</u><br><b>300 SF</b><br><u>Abatement Type</u><br><input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose |
| <u>Name of Reg. Waste Hauler</u><br><b>See Hauler Below #1 &amp; 2</b>  |   | <u>NJDEP Waste Hauler ID #</u><br><b>See Below</b>   | <u>Cubic Yards of Waste:</u> <b>5 CY</b>   |
| <u>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</u><br>NJDEP # 12561   |   | <u>Disposal Date</u><br><b>12/02/13</b>  | <u>Name of Registered Landfill</u><br><b>G.R.O.W.S. North Landfill</b>   |
| <u>Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720</u><br>NJ DEP # SW2117   |   | <u>City, State</u><br><b>100 New Ford Mill Rd. Morrisville, Pa 19067</b><br><b>215-736-1700</b>  |  |
| <u>Completed by (Print or Type)</u><br><b>RAYMOND C. PEDALINO</b>   | <u>Title</u><br><b>SENIOR PROJECT MANAGER</b>   | <u>Signature</u><br><i>Raymond C. Pedalino</i>   | <u>Date</u><br><b>November 7, 2013</b>   |



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

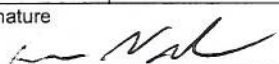
**GAC Project # 060-13**

|  |   |   |   |
|--|---|---|---|
| <b>Date of Notification (1)</b><br><b>November 7, 2013</b>   |   | <b>Name of Building Owner/Operator (2)</b><br><b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>  |   |
| <b>Agencies Notified</b><br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DCA<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DEP- No Longer REQUIRED<br><input checked="" type="checkbox"/> DOH  |   | <b>Notification Type</b><br><input checked="" type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancelled |   |
| <b>Street Address</b><br><b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT.</b><br><b>27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>  |   | <b>City, State, Zip Code</b><br><b>PISCATAWAY, NJ 08854</b>   |   |
| <b>Name of Contact</b><br><b>MICHAEL SMITH, ENV.</b><br><b>HEALTH &amp; SAFETY</b>   |   | <b>Telephone Number</b><br><b>848-445-2550</b>  |   |
| <b>FACILITY INFORMATION</b>  |   |   |   |
| <b>Name of Facility Where Abatement is Taking Place (3)</b><br><b>WAKSMAN HALL, BLDG# 3573</b>   |   | <b>Type of Facility (4)</b><br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)            |   |
| <b>Street Address</b><br><b>BUSCH CAMPUS</b>   |   | <b>Sq. Feet:</b> N/A <b># of Floors:</b> 4 <b>Bldg. Age:</b> 80+ years  |   |
| <b>City (5)</b><br><b>PISCATAWAY</b>   | <b>County (6)</b><br><b>MIDDLESEX</b>   | <b>County Code (7)</b><br>(State Use Only)  |   |
| <b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b><br><b>Cardno ATC</b>   |   | <b>ASCM No.</b><br><b>0098</b>  |   |
| <b>Street Address</b><br><b>3 TERRI LANE</b>   |   | <b>Name of Contractor (9)</b><br><b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>   |   |
| <b>City, State, Zip Code</b><br><b>BURLINGTON, NJ 08016</b>  |   | <b>Street Address</b><br><b>268 MAIN STREET</b>   |   |
| <b>Project Manager for Monitoring Firm</b><br><b>BRIAN KEARNY</b>  |   | <b>Telephone Number</b><br><b>609-386-8800</b>  | <b>License Number</b><br><b>00840</b>   |
| <b>Scheduled Start Date (10)</b><br><b>11/20/13</b>  |   | <b>Scheduled Completion Date (11)</b><br><b>12/02/13</b>  |   |
| <b>Occupancy Status During Abatement (Check only one)</b><br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br><input checked="" type="checkbox"/> Other - Describe: <b>Shift Hours: 5:00 PM - 5:00 AM</b> |   | <b>Name of OSHA Monitor</b><br><b>1</b><br><b>ENVIROVISION, INC.</b>  |   |
| <b>Scope of Work (Check all that apply)</b><br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |   |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure   |   |   |   |
| <b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b><br><b>MER 405</b>   | <b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b><br>YES NO NA<br><input checked="" type="checkbox"/> YES | <b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b><br><b>TSI-Duct Insulation</b>   | <b>Amount (Specify SF or LF)</b><br><b>300 SF</b>   |
| <b>Abatement Type</b><br>Remove Repair Encap Enclose<br><input checked="" type="checkbox"/> Remove   |   |   |   |
| <b>Name of Reg. Waste Hauler</b><br><b>See Hauler Below #1 &amp; 2</b>   |   | <b>NJDEP Waste Hauler ID #</b><br><b>See Below</b>  | <b>Cubic Yards of Waste:</b> 5 CY   |
| <b>Name of Registered Landfill</b><br><b>G.R.O.W.S. North Landfill</b>   |   |   |   |
| <b>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b><br><b>NJDEP # 12561</b><br><b>Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720</b><br><b>NJDEP # SW2117</b>  |   | <b>Disposal Date</b><br><b>12/02/13</b>   | <b>City, State</b><br><b>100 New Ford Mill Rd. Morrisville, Pa 19067</b><br><b>215-736-1700</b> |
| <b>Completed by (Print or Type)</b><br><b>RAYMOND C. PEDALINO</b>  | <b>Title</b><br><b>SENIOR PROJECT MANAGER</b>   | <b>Signature</b><br><i>Raymond C. Pedalino</i>  | <b>Date</b><br><b>November 7, 2013</b>  |

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

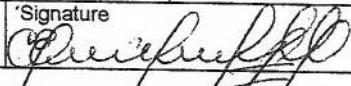
660

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

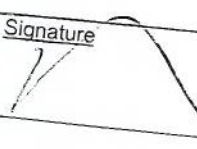
| Date of Notification (1)<br>11/19/13   |  | Name of Building Owner/Operator (2)<br>Archdiocese of Newark  |                                  |  |                           |                                      |        |             |           |
|--|--|---|----------------------------------|--|---------------------------|--------------------------------------|--------|-------------|-----------|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA  | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>171 Clifton Ave.  |                                  |  |                           |                                      |        |             |           |
|  |  | City, State, Zip Code<br>Newark, NJ 07104   |                                  |  |                           |                                      |        |             |           |
|  |  | Name of Contact<br>Mary Ellen Logan   | Telephone Number<br>201-417-1189 |  |                           |                                      |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |                                  |  |                           |                                      |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Our Lady of Mercy Academy  |  | 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>25 Fremont Ave.  |  |   |                                  |  |                           |                                      |        |             |           |
| City (5)<br>Park Ridge   |  | Square Feet<br>40,000   | # of Floors<br>1                 |  |                           |                                      |        |             |           |
|  |  | Bldg. Age<br>60   |                                  |  |                           |                                      |        |             |           |
| County (6)<br>Bergen   |  | County Code (7)<br>(STATE USE ONLY) _____   |                                  |  |                           |                                      |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Enviro Vision Consultants Inc.  |  | Name of Abatement Contractor (9)<br>Lesco Services Inc.   |                                  |  |                           |                                      |        |             |           |
| Street Address<br>20-21 Wagaraw Rd.  |  | Street Address<br>156 Maple Ave.  |                                  |  |                           |                                      |        |             |           |
| City, State, Zip Code<br>Fair Lawn, NJ 07410   |  | City, State, Zip Code<br>Wallington, NJ 07057   |                                  |  |                           |                                      |        |             |           |
| Project Manager for Monitoring Firm<br>Guillermo Morales   |  | Telephone No.<br>973-636-9145   |                                  |  |                           |                                      |        |             |           |
|  |  | License No.<br>01107  |                                  |  |                           |                                      |        |             |           |
| Start Date (10)<br>11/22/13  |  | Scheduled Completion Date (11)<br>11/27/13  |                                  |  |                           |                                      |        |             |           |
| Name of OSHA Monitor<br>Leslaw Nalodka   |  |   |                                  |  |                           |                                      |        |             |           |
| 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>156 Maple Ave.  |                                  |  |                           |                                      |        |             |           |
|  |  | City, State, Zip Code<br>Wallington, NJ 07057   |                                  |  |                           |                                      |        |             |           |
| Scope of Work (Check All That Apply)   |  |   |                                  |  |                           |                                      |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |                                  |  |                           |                                      |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |                                  | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                       |        |             |           |
|  | Yes  | No  | N/A                              |  |                           | Removal                              | Repair | Encapsulate | Enclosure |
| Boiler Room  | *  |   |                                  | pipe insulation  | 105 lf.                   | *                                    |        |             |           |
| Boiler Room  | *  |   |                                  | boiler insulation  | 90 sf.                    | *                                    |        |             |           |
|  |  |   |                                  |  |                           |                                      |        |             |           |
|  |  |   |                                  |  |                           |                                      |        |             |           |
| Name of Registered Waste Hauler<br>Newark Carting Inc.   |  | NJDEP Waste Hauler ID No.<br>05409  |                                  | Cubic Yards of Waste<br>3  |                           | Name of Registered Landfill<br>GROWS |        |             |           |
| City, State<br>Newark NJ   |  | Disposal Date<br>11/27/13   |                                  | City, State<br>Morrisville PA  |                           |                                      |        |             |           |
| Completed by<br>Leslaw Nalodka   |  | Title<br>President  |                                  | Signature<br>                              |                           | Date<br>11/19 /13                    |        |             |           |



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

|   |   |   |  |   |                           |                |                    |             |           |
|---|---|---|--|---|---------------------------|----------------|--------------------|-------------|-----------|
| Date of Notification (1)<br>11/08/2013  |   | Name of Building Owner/Operator (2)<br>JAYNE A. SOLES   |  |   |                           |                |                    |             |           |
| Agencies Notified   | Type Notification   | Street Address<br>275 - RAILROAD AVE.   |  |   |                           |                |                    |             |           |
| <input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <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>EAST RUTHERFORD N.J.   |  |   |                           |                |                    |             |           |
|   |   | Name of Contact<br>JAYNE SOLES  | Telephone Number<br>201.270.8445                                     |   |                           |                |                    |             |           |
| <b>FACILITY INFORMATION</b>   |   |   |  |   |                           |                |                    |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>PRIVATE   |   | Type of Facility (4)  |  |   |                           |                |                    |             |           |
| Street Address<br>275 - RAILROAD AVE.   |   | <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>EAST RUTHERFORD N.J.  |   | Square Feet<br>2,500  | # of Floors<br>2   |   |                           |                |                    |             |           |
|   |   | Bldg. Age<br>96   |  |   |                           |                |                    |             |           |
| County (6)  | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)<br>N/A  |  |   |                           |                |                    |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |   | ASCM No.  | Name of Abatement Contractor (9)<br>SHARON QUALITY CONSTRUCTION LLC. |   |                           |                |                    |             |           |
| Street Address  |   | Street Address<br>22 VAN ORDEN PL.  |  |   |                           |                |                    |             |           |
| City, State, Zip Code   |   | City, State, Zip Code<br>HACKENSACK N.J. 07601  |  |   |                           |                |                    |             |           |
| Project Manager for Monitoring Firm   |   | Telephone No.<br>201. 708.4270  | License No.<br>01135   |   |                           |                |                    |             |           |
| Start Date (10)<br>11/18/2013   | Scheduled Completion Date (11)<br>11/19/2013  | Name of OSHA Monitor<br>EMSL ANALYTICAL INC   |  |   |                           |                |                    |             |           |
| Occupancy Status During Abatement (Check Only One)  |   | Street Address<br>307WEST 38TH STR.   |  |   |                           |                |                    |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____                      |   | City, State, Zip Code<br>NEW YORK N.Y. 10018  |  |   |                           |                |                    |             |           |
| Scope of Work (Check All That Apply)  |   |   |  |   |                           |                |                    |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf   |   |   |  |   |                           |                |                    |             |           |
| <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |   |   |  |   |                           |                |                    |             |           |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |  |   |                           |                |                    |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                    |             |           |
|   | Yes   | No  | N/A  |   |                           | Removal        | Repair             | Encapsulate | Enclosure |
| BASEMENT  |   | X   |  | PIPE INSULATION   | 158 LF.                   | X              |                    |             |           |
|   |   |   |  |   |                           |                |                    |             |           |
|   |   |   |  |   |                           |                |                    |             |           |
|   |   |   |  |   |                           |                |                    |             |           |
| Name of Registered Waste Hauler<br>SHARON QUALITY CONSTRUCTION LLC.   |   | NJDEP Waste Hauler ID No.<br>0033967  | Cubic Yards of Waste<br>TBD  | Name of Registered Landfill<br>MINERVA ENTERPRISE INC.  |                           |                |                    |             |           |
| City, State<br>HACKENSACK N.J.  |   | Disposal Date<br>TBD  |  | City, State<br>WAYNESBURG, OHIO   |                           |                |                    |             |           |
| Completed by<br>CARLOS ESQUIVEL   |   | Title<br>SAFETY MANAGER   |  | Signature<br>                           |                           |                | Date<br>11/08/2013 |             |           |

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

|  |   |   |   |
|--|---|---|---|
| <b>Date of Notification (1)</b><br>Nov 20, 2013  |   | <b>Name of Building Owner/Operator (2)</b><br>PSEG Fossil, LLC  |   |
| <b>Agencies Notified</b><br>(X) EPA<br>(X) DEP<br>(X) DOL<br>(X) DOH<br>(X) DCA  |   | <b>Notification Type</b><br>(X) Initial Notification<br>( ) Amended Certification<br>( ) Cancelled  |   |
| <b>Street Address</b><br>80 Park Plaza   |   | <b>City, State, Zip Code</b><br>Newark, NJ 07102-4109   |   |
| <b>Name of Contact</b><br>Domenic Fiorino  |   | <b>Tel. Number</b><br>(732) 620-5205  |   |
| <b>FACILITY INFORMATION</b>  |   |   |   |
| <b>Name of Facility Where Abatement is Taking Place (3)</b><br>ESSEX GENERATING Station  |   | <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.) |   |
| <b>Street Address</b><br>155 Raymond Blvd  |   | <b>Sq. Feet</b> 1,000,000 <b># of Floors</b> 8  |   |
| <b>City (5)</b><br>Newark  | <b>County (6)</b><br>Essex  | <b>County Code (7)</b><br>(State Use Only)  |   |
| <b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b>  |   | <b>ASCM No.</b>   |   |
| <b>Street Address</b>  |   | <b>Name of Contractor (9)</b><br>Absolut Ace Inc.   |   |
| <b>City, State, Zip Code</b>   |   | <b>Street Address</b><br>PO BOX 295   |   |
| <b>Project Manager for Monitoring Firm</b>   |   | <b>City, State, Zip Code</b><br>FLORHAM PARK, NJ 07932  |   |
| <b>Telephone Number</b>  |   | <b>Telephone Number</b><br>(973) 410-9217   |   |
| <b>Scheduled Start Date (10)</b><br>Dec 5, 2013  |   | <b>License Number</b><br>00225  |   |
| <b>Scheduled Completion Date (11)</b><br>Dec 4, 2014   |   | <b>Name of OSHA Monitor</b><br>MECS   |   |
| <b>Occupancy Status During Abatement (Check only one)</b><br>( ) Facility Closed/Vacated During Entire Period of Abatement<br>( ) Abatement Performed Outside of Normal Facility Hours -<br>Describe<br>Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage                             |   | <b>Street Address</b><br>5 Linwood Ct   |   |
| <b>Source of Work (Check all that apply)</b><br>( ) Demolition (X) 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 (X) Mini-Enclosure (X) Glovebag Procedure |   | <b>City, State, Zip Code</b><br>Hamilton, NJ 08690  |   |
| <b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b><br>BASEMENT TO PENTHOUSE  | <b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b><br>YES NO NA<br>X | <b>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b><br>Boiler and pipe insulation, Transite              | <b>Amount (Specify SF or LF)</b><br>25,000 square feet  |
|  |   | <b>Abatement Type</b>   |   |
|  |   | Rem. Rep. Encap. Enclose  | X X X X   |
| <b>Name of Reg. Waste Hauler</b><br>Waste Management of New Jersey   |   | <b>NJDEP Waste Hauler ID #</b><br>17273   | <b>Cubic Yards of Waste</b><br>200  |
| <b>City, State</b><br>Elizabeth, NJ 07114-2436   |   | <b>Name of Reg. Landfill</b><br>Tullytown Resource Recovery   |   |
| <b>Completed by (Print or Type)</b><br>ROBERT GROGAN   |   | <b>Title</b><br>VP  | <b>Signature</b><br> |
|  |   | <b>Disp. Date</b><br>Jan-Dec 2014   | <b>City, State</b><br>Tullytown, PA 19007   |
|  |   | <b>Date</b><br>11/20/13   |   |



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

|  |  |  |                  |
|--|--|--|------------------|
| Date of Notification (1)<br><b>11 / 18 / 2013</b>  |  | Name of Building Owner/Operator (2)<br><b>Adolfo Fernandez</b>                                     |                  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DCH<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8) | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>20-22 Broadway Ave.</b><br>City, State, Zip Code<br><b>Passaic N.J. 07055</b> |                  |
|  |  | Name of Contact<br><b>Adolfo Fernandez</b>   | Telephone Number |

**FACILITY INFORMATION**

|  |  |   |                         |
|--|--|---|-------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Private</b> |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.) |                         |
| Street Address<br><b>20/22 Broadway Ave.</b>                           |  | Square Feet<br><b>6,000<sup>sq</sup></b>  |                         |
| City (5)<br><b>Passaic N.J. (20/22 same house)</b>                     |  | # of Floors<br><b>3</b>   | Bldg. Age<br><b>102</b> |
| County (6)   |  | Current Use (Prior if being demolished)<br><b>Yes</b>   |                         |

|   |  |  |  |
|---|--|--|--|
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b> |  | Name of Abatement Contractor (9)<br><b>Sharon Quality Construction LLC</b> |  |
| Street Address  |  | Street Address<br><b>22 Van Orden Place</b>                                |  |
| City, State, Zip Code   |  | City, State, Zip Code<br><b>Hackensack N.J. 07601</b>                      |  |
| Project Manager for Monitoring Firm                               |  | Telephone No.<br><b>201-708-4270</b>                                       |  |
|   |  | License No.<br><b>01135</b>  |  |


|   |   |  |  |
|---|---|--|--|
| Start Date (10)<br><b>11 / 19 / 2013</b>  | Scheduled Completion Date (11)<br><b>11 / 26 / 2013</b> | Name of OSHA Monitor<br><b>EMSL, ANALYTICAL, INC</b> |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe Time of Abatement _____ AM _____ PM _____ AM _____ PM   |   | Street Address<br><b>307 West 38th St.</b>           |  |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> ≥ 3 sf or ≥ 3 ft<br><input checked="" type="checkbox"/> ≥ 160 sf or ≥ 250 ft<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Exempted Procedure |   | City, State, Zip Code<br><b>New York, N.Y. 10018</b> |  |

| Location of Asbestos Containing Material (ACM) IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                     |                          | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAI, or other miscellaneous) | Amount (Specify SF or L.F.) | Abatement Type                      |                          |                          |                          |
|---|---|-------------------------------------|--------------------------|---|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|   | Yes   | No                                  | N/A                      |   |                             | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| pt 20/22 Floor (Rear Kitchen, Hall, Bedrooms)                   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Ceiling, wall Plaster   | 1,500 sq.                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| pt 22/23 2nd Floor (Rear Kitchen, Hall, Bedrooms)               | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Ceiling wall Plaster  | 1,500 sq.                   | <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>Sharon quality co.</b> |  | NJDEP Waste Hauler ID No.<br><b>003967</b> | Cubic Yards of Waste<br><b>TBD</b>     | Name of Registered Landfill<br><b>Minerva Enterprise, Inc.</b> |
| City, State<br><b>Hackensack N.J.</b>                        |  | Disposal Date<br><b>TBD</b>                | City, State<br><b>Waynesburg, Ohio</b> |  |
| Completed By (Print or Type)<br><b>Carlos Esquivel</b>       |  | Title<br><b>Safety Manager</b>             | Signature<br><i>[Signature]</i>        | Date<br><b>11-18-2013</b>                                      |



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

| Date of Notification (1)<br>November 20, 2013   |  | Name of Building Owner/Operator (2)<br>Straga Brothers Inc. Check # 6197  |   |  |                           |                    |        |             |           |
|---|--|---|---|--|---------------------------|--------------------|--------|-------------|-----------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>PO Box 216  |   |  |                           |                    |        |             |           |
|   |  | City, State, Zip Code<br>Glassboro, NJ 08028  |   |  |                           |                    |        |             |           |
|   |  | Name of Contact<br>Dennis Straga  | Telephone Number<br>856-881-7960  |  |                           |                    |        |             |           |
| <b>FACILITY INFORMATION</b>   |  |   |   |  |                           |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Bayside State Prison  |  | 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>4293 Route 47   |  | Square Feet<br>20,000   | # of Floors<br>3  |  |                           |                    |        |             |           |
| City (5)<br>Leesburg  |  | Bldg. Age<br>100  |   |  |                           |                    |        |             |           |
| County (6)<br>Cumberland  | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)<br>Prison   |   |  |                           |                    |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>TTI Environmental  |  | ASCM No. _____  | Name of Abatement Contractor (9)<br>Shade Environmental, LLC                                      |  |                           |                    |        |             |           |
| Street Address<br>1253 North Church Street  |  | Street Address<br>623 Cutler Ave.   |   |  |                           |                    |        |             |           |
| City, State, Zip Code<br>Moorestown, NJ 08057   |  | City, State, Zip Code<br>Maple Shade, NJ 08052  |   |  |                           |                    |        |             |           |
| Project Manager for Monitoring Firm<br>Michael Stocku   |  | Telephone No.<br>856-840-8800   | Telephone No.<br>(856)755-0099  |  |                           |                    |        |             |           |
|   |  | License No.<br>00842  |   |  |                           |                    |        |             |           |
| Start Date (10)<br>December 2, 2013   | Scheduled Completion Date (11)<br>December 13, 2013  | Name of OSHA Monitor<br>EMSL  |   |  |                           |                    |        |             |           |
| 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: Work being performed in vacant areas of the building   |  | Street Address<br>107 Haddon Ave  |   |  |                           |                    |        |             |           |
|   |  | City, State, Zip Code<br>Westmont, New Jersey 08108   |   |  |                           |                    |        |             |           |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> <input type="checkbox"/> <input 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 |
| Maintenance Building  |  | XXX   |   | Cement Board   | 1,332 SF                  | X                  |        |             |           |
|   |  |   |   |  |                           |                    |        |             |           |
|   |  |   |   |  |                           |                    |        |             |           |
|   |  |   |   |  |                           |                    |        |             |           |
| Name of Registered Waste Hauler<br>Freehold   |  | NJDEP Waste Hauler ID No.<br>22253  | Cubic Yards of Waste<br>20  | Name of Registered Landfill<br>Grows Landfill  |                           |                    |        |             |           |
| City, State<br>Mount Holly, New Jersey 08060  |  |   | Disposal Date<br>12-13-13   | City, State<br>Tullytown, PA.  |                           |                    |        |             |           |
| Completed by<br>Christina Lynch   |  | Title<br>Office Manager   | Signature<br> |  |                           | Date<br>11/20/2013 |        |             |           |



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

CK# 2167

| Date of Notification (1)<br><b>11/21/13</b>   |   | Name of Building Owner/Operator (2)<br><b>IFM Builders LLC</b>   |   |   |  |                                     |                         |             |           |
|---|---|--|---|---|--|-------------------------------------|-------------------------|-------------|-----------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA  | 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>2390 Rivers. de Terraco</b>   |   |   |  |                                     |                         |             |           |
|   |   | City, State, Zip Code<br><b>Wall, NJ 08736</b>   |   |   |  |                                     |                         |             |           |
|   |   | Name of Contact<br><b>Tom</b>  | Telephone Number<br><b>732 628 8852</b>                             |   |  |                                     |                         |             |           |
| <b>FACILITY INFORMATION</b>   |   |  |   |   |  |                                     |                         |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Vacant Residence</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                               |   |   |  |                                     |                         |             |           |
| Street Address<br><b>114 10th Ave</b>   |   |  |   |   |  |                                     |                         |             |           |
| City (5)<br><b>Spring Lake Heights</b>  |   | Square Feet<br><b>1600</b>   | # of Floors<br><b>1</b>   |   |  |                                     |                         |             |           |
| County (6)<br><b>Monmouth</b>   |   | Current Use (Prior if being demolished)<br><b>Vacant Residence</b>   | Bldg. Age<br><b>50+</b>   |   |  |                                     |                         |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)   |   | ASCM No.   | Name of Abatement Contractor (9)<br><b>Ace Insulation Co., Inc.</b> |   |  |                                     |                         |             |           |
| Street Address  |   | Street Address<br><b>95 Montrose Road</b>  |   |   |  |                                     |                         |             |           |
| City, State, Zip Code   |   | City, State, Zip Code<br><b>Colts Neck, N.J. 07722</b>   |   |   |  |                                     |                         |             |           |
| Project Manager for Monitoring Firm   |   | Telephone No.<br><b>732-294-1757</b>   | License No.<br><b>00029</b>   |   |  |                                     |                         |             |           |
| Start Date (10)<br><b>12/3/13</b>   | Scheduled Completion Date (11)<br><b>12/6/13</b>  | Name of OSHA Monitor   |   |   |  |                                     |                         |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <b>7am-7pm</b> |   | Street Address   |   |   |  |                                     |                         |             |           |
|   |   | City, State, Zip Code  |   |   |  |                                     |                         |             |           |
| Scope of Work (Check All That Apply)  |   |  |   |   |  |                                     |                         |             |           |
| <input checked="" type="checkbox"/> 23 sf or 23 if<br><input type="checkbox"/> ≥150 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) In Facility (13)<br><b>indoor</b>  | Is Location Normally Used Solely for 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)<br><b>405 ft</b> | Abatement Type                      |                         |             |           |
|   | Yes   | No   | N/A   |   |  | Removal                             | Repair                  | Encapsulate | Enclosure |
|   |   |  | <input checked="" type="checkbox"/>                                 | <b>pipe covering</b>  |  | <input checked="" type="checkbox"/> |                         |             |           |
|   |   |  |   |   |  |                                     |                         |             |           |
|   |   |  |   |   |  |                                     |                         |             |           |
| Name of Registered Waste Hauler<br><b>Ace Insulation Co., Inc.</b>  |   | NJDEP Waste Hauler ID No<br><b>12086</b>   | Cubic Yards of Waste  | Name of Registered Landfill<br><b>IESE</b>  |  |                                     |                         |             |           |
| City, State<br><b>Colts Neck, New Jersey</b>  |   | Disposal Date<br><b>12/6/13</b>  | City, State<br><b>Bethlehem, Pa</b>                                 |   |  |                                     |                         |             |           |
| Completed by<br><b>George Wuest</b>   |   | Title<br><b>President</b>  | Signature<br><i>George Wuest</i>                                    |   |  |                                     | Date<br><b>11/21/13</b> |             |           |



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

CK# 2167

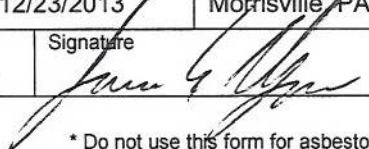
|   |  |  |                                  |   |                           |                  |        |             |           |
|---|--|--|----------------------------------|---|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1)<br>11/20/13  |  | Name of Building Owner/Operator (2)<br>Frank Barone  |                                  |   |                           |                  |        |             |           |
| Agencies Notified   | Type Notification  | Street Address   |                                  |   |                           |                  |        |             |           |
| <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<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | 60 Cattus Street   |                                  |   |                           |                  |        |             |           |
|   |  | City, State, Zip Code<br>Toms River New Jersey   |                                  |   |                           |                  |        |             |           |
|   |  | Name of Contact<br>mike  | Telephone Number<br>732-528-3520 |   |                           |                  |        |             |           |
| <b>FACILITY INFORMATION</b>   |  |  |                                  |   |                           |                  |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Barone Residence  |  | Type of Facility (4)   |                                  |   |                           |                  |        |             |           |
| Street Address<br>60 Cattus Street  |  | <input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                  |   |                           |                  |        |             |           |
| City (5)<br>Toms River (Silverton Section)  |  | Square Feet<br>1400  | # of Floors<br>1                 |   |                           |                  |        |             |           |
| County (6)<br>Ocean   |  | County Code (7)<br>(STATE USE ONLY) _____  | Bldg. Age<br>60+                 |   |                           |                  |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)   |  | Current Use (Prior if being demolished)<br>Residence   |                                  |   |                           |                  |        |             |           |
| ASCM No.  |  | Name of Abatement Contractor (9)<br>Ace Insulation Co., Inc.   |                                  |   |                           |                  |        |             |           |
| Street Address  |  | Street Address<br>95 Montrose Road   |                                  |   |                           |                  |        |             |           |
| City, State, Zip Code   |  | City, State, Zip Code<br>Colts Neck, N.J. 07722  |                                  |   |                           |                  |        |             |           |
| Project Manager for Monitoring Firm   |  | Telephone No.<br>732-294-1757  | License No.<br>00029             |   |                           |                  |        |             |           |
| Start Date (10)<br>11/20/13   | Scheduled Completion Date (11)<br>11/29/13   | Name of OSHA Monitor   |                                  |   |                           |                  |        |             |           |
| Occupancy Status During Abatement (Check Only One)  |  | Street Address   |                                  |   |                           |                  |        |             |           |
| <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: 7am - 7pm       |  | City, State, Zip Code  |                                  |   |                           |                  |        |             |           |
| Scope of Work (Check All That Apply)  |  |  |                                  |   |                           |                  |        |             |           |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf<br>≥ 160 sf or ≥ 260 lf  |  |  |                                  |   |                           |                  |        |             |           |
| <input checked="" type="checkbox"/> Renovation<br>Demolition  |  |  |                                  |   |                           |                  |        |             |           |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br>Mini-Enclosure<br>Glovebag Procedure<br>Non-Exempted (*) and Non-Friable Procedure   |  |  |                                  |   |                           |                  |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  | Is Location Normally Used Solely by Maintenance/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 |
| Outdoors  |  |  | X                                | Siding w/vinyl  | 1400sf                    | X                |        |             |           |
|   |  |  |                                  |   |                           |                  |        |             |           |
|   |  |  |                                  |   |                           |                  |        |             |           |
| Name of Registered Waste Hauler<br>Ace Insulation Co., Inc.   |  | NJDEP Waste Hauler ID No.<br>12086   | Cubic Yards of Waste<br>3        | Name of Registered Landfill<br>Grows  |                           |                  |        |             |           |
| City, State<br>Colts Neck, New Jersey   |  |  | Disposal Date<br>11/29/13        | City, State<br>Tullytown, Pa  |                           |                  |        |             |           |
| Completed by<br>George Wuest  |  | Title<br>President   | Signature<br>George Wuest        |   |                           | Date<br>11/20/13 |        |             |           |



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P137

Print Form

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

|  |   |   |   |   |                           |                    |        |             |           |
|--|---|---|---|---|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1)<br>11/20/2013   |   | Name of Building Owner/Operator (2)<br>New Jersey State Firemen's Association   |   |   |                           |                    |        |             |           |
| Agencies Notified  | Type Notification   | Street Address<br>1700 Galloping Hill Road  |   |   |                           |                    |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Kenilworth, NJ 07033   |   |   |                           |                    |        |             |           |
| <input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |   | Name of Contact<br>George H. Heflich, SR.   | Telephone Number<br>908-620-1871  |   |                           |                    |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |   |   |                           |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>New Jersey Firemen's Association   |   | 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>50 Evergreen Place   |   | Square Feet<br>10,000   | # of Floors<br>2  |   |                           |                    |        |             |           |
| City (5)<br>East Orange  |   | Bldg. Age<br>55 +   |   |   |                           |                    |        |             |           |
| County (6)<br>Essex  | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)<br>Former Office Bldg.  |   |   |                           |                    |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |   | ASC No.<br>N/A  | Name of Abatement Contractor (9)<br>East Coast Haz Mat Removal, Inc.                              |   |                           |                    |        |             |           |
| Street Address   |   | Street Address<br>494 E. 41st Street  |   |   |                           |                    |        |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>Paterson, NJ 07504   |   |   |                           |                    |        |             |           |
| Project Manager for Monitoring Firm  | Telephone No.   | Telephone No.<br>973-345-0022   | License No.<br>00507  |   |                           |                    |        |             |           |
| Start Date (10)<br>December 3, 2013  | Scheduled Completion Date (11)<br>December 23, 2013   | Name of OSHA Monitor<br>Same as above   |   |   |                           |                    |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Street Address  |   |   |                           |                    |        |             |           |
|  |   | City, State, Zip Code   |   |   |                           |                    |        |             |           |
| Scope of Work (Check All That Apply)   |   |   |   |   |                           |                    |        |             |           |
| <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 checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |                           |                    |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type     |        |             |           |
|  | Yes   | No  | N/A   |   |                           | Removal            | Repair | Encapsulate | Enclosure |
| Basement   |   | X   |   | Pipe Insulation   | 240 LF                    | X                  |        |             |           |
| 1st Floor  |   | X   |   | Pipe Insulation   | 255 LF                    | x                  |        |             |           |
| 1st Floor  |   | X   |   | Floor Tile/Mastic   | 5,775 SF                  | x                  |        |             |           |
| 2nd Floor  |   | X   |   | Floor Tile/Mastic   | 3,150 SF                  | x                  |        |             |           |
| Name of Registered Waste Hauler<br>East Coast Haz Mat Removal, Inc.  |   | NJDEP Waste Hauler ID No.<br>NJ 419   | Cubic Yards of Waste<br>50  | Name of Registered Landfill<br>G.R.O.W.S. North Inc.  |                           |                    |        |             |           |
| City, State<br>Paterson, NJ 07504  |   |   | Disposal Date<br>12/23/2013   | City, State<br>Morrisville, PA  |                           |                    |        |             |           |
| Completed by<br>James E. Unger   |   | Title<br>Project Manager  | Signature<br> |   |                           | Date<br>11/20/2013 |        |             |           |

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

| Date of Notification (1)<br>11/21/13   |  | Name of Building Owner/Operator (2)<br>CHRIS  |  |   |                           |                  |        |             |           |
|--|--|---|--|---|---------------------------|------------------|--------|-------------|-----------|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>3125 OCEANIC DR   |  |   |                           |                  |        |             |           |
|  |  | City, State, Zip Code<br>TOMS RIVER, NJ 08753   |  |   |                           |                  |        |             |           |
|  |  | Name of Contact<br>CHRIS  | Telephone Number<br>732-644-3622                           |   |                           |                  |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |  |   |                           |                  |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)   |  | Type of Facility (4)  |  |   |                           |                  |        |             |           |
| Street Address<br>3125 OCEANIC DR  |  | <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>TOMS RIVER   |  | Square Feet   | # of Floors  |   |                           |                  |        |             |           |
| County (6)<br>OCEAN  |  | County Code (7)<br>(STATE USE ONLY) _____   | Bldg. Age  |   |                           |                  |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |  | ASCM No.  | Name of Abatement Contractor (9)<br>AAA LEAD PROFESSIONALS |   |                           |                  |        |             |           |
| Street Address   |  | Street Address<br>6 WHITE DOVE COURT  |  |   |                           |                  |        |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>LAKEWOOD, NJ 08701   |  |   |                           |                  |        |             |           |
| Project Manager for Monitoring Firm  |  | Telephone No.   | License No.  |   |                           |                  |        |             |           |
| Start Date (10)<br>12/02/13  |  | Scheduled Completion Date (11)<br>12/02/13  | Name of OSHA Monitor<br>AAA LEAD PROFESSIONALS             |   |                           |                  |        |             |           |
| 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>6 WHITE DOVE COURT  |  |   |                           |                  |        |             |           |
|  |  | City, State, Zip Code<br>LAKEWOOD, NJ 08701   |  |   |                           |                  |        |             |           |
| Scope of Work (Check All That Apply)   |  |   |  |   |                           |                  |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> <input type="checkbox"/> <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 |
|  |  |   |  | FLOOR TILES   | 56 SF                     | X                |        |             |           |
|  |  |   |  |   |                           |                  |        |             |           |
|  |  |   |  |   |                           |                  |        |             |           |
|  |  |   |  |   |                           |                  |        |             |           |
| Name of Registered Waste Hauler<br>NEWARK CARTING  |  | NJDEP Waste Hauler ID No.<br>04509  | Cubic Yards of Waste                                       | Name of Registered Landfill<br>IESI   |                           |                  |        |             |           |
| City, State<br>NEWARK, NJ  |  |   | Disposal Date  | City, State<br>BETHLEHEM PA   |                           |                  |        |             |           |
| Completed by<br>JOSEPH PERLSTEIN   |  | Title<br>OWNER  | Signature  |   |                           | Date<br>11/21/13 |        |             |           |



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|  |  |  |  |
|--|--|--|--|
| Date of Notification (1)<br><b>11/15/2013</b>  |  | Name of Building Owner / Operator (2)<br><b>Lurch Demolition</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>PO Box 42</b><br>City, State & Zip Code<br><b>Avon by the Sea, NJ 07717</b>   |  | Name of Contact<br><b>Frank Lurch</b>  |  |
| Telephone Number<br><b>732-988-8814</b>  |  |  |  |
| <b>FACILITY INFORMATION</b>  |  |  |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Abandoned Residence</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                  |  |
| Street Address<br><b>348 Old Village Road East</b>   |  | Square Feet<br><b>2000</b>   |  |
| City (5)<br><b>West Windsor</b>  |  | # of Floors<br><b>2</b>  |  |
| County (6)<br><b>Mercer</b>  |  | Bldg. Age<br><b>80</b>   |  |
| County Code (7)  |  | Current Use (Prior if being demolished)<br><b>Residential</b>  |  |
| Name of Monitoring Firm Hired by Building Owner (8)  |  | ASCM No.   |  |
| Street Address   |  | Name of Abatement Contractor (9)<br><b>Alpha Environmental Services</b>  |  |
| City, State & Zip Code   |  | Street Address<br><b>20 Canary Way</b>   |  |
| Project Manager for Monitoring Firm  |  | City, State & Zip Code<br><b>Hamilton, NJ 08690</b>  |  |
| Telephone Number   |  | Telephone Number<br><b>609-847-2956</b>  |  |
| Scheduled Start Date (10)<br><b>11/25/2013</b>   |  | License Number<br><b>01091</b>   |  |
| Scheduled Completion Date (11)<br><b>12/31/2013</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 – 7am to 3pm<br>Describe:<br><input type="checkbox"/> Facility Occupied During Abatement |  | Street Address<br><b>107 Haddon Ave.</b>   |  |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf ≥260 lf   |  | City, State & Zip Code<br><b>Westmont, NJ 08108</b>  |  |
| <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glove Bag Procedures<br><input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)   |  | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)<br>Yes No N/A   |  |
| Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  |  | Amount (Specify SF or LF)  |  |
| Abatement Type<br>Removal Repair Encapsulate Enclosure   |  |  |  |
| <b>Exterior Crawlspace</b>   |  | <b>Siding</b><br><b>Pipe Insulation (wrap&amp;Cut)</b>   |  |
| Name of Registered Waste Hauler<br><b>ALPHA ENVIRONMENTAL</b>  |  | Cubic Yards of Waste<br><b>4</b>   |  |
| City, State<br><b>Trenton, NJ</b>  |  | Name of Registered Landfill<br><b>Grows Landfill</b>   |  |
| Disposal Date<br><b>Various</b>  |  | City, State<br><b>Morrisville, PA</b>  |  |
| Completed By (Print or Type)<br><b>Rod Richardson</b>  |  | Signature<br><i>Rod Richardson</i>   |  |
| Title<br><b>Project Manager</b>  |  | Date<br><b>11/15/2013</b>  |  |



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

Check # 8785

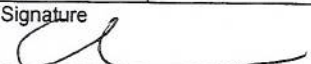
|  |   |   |   |  |                         |         |        |             |
|--|---|---|---|--|-------------------------|---------|--------|-------------|
| Date of Notification (1)<br><b>11-20-13</b>  |   | Name of Building Owner/Operator (2)<br><b>Linda Fossetta</b>  |   |  |                         |         |        |             |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>7 Peachtree NO Road</b><br>City, State, Zip Code:<br><b>Bridgewater, NJ 08807</b><br>Name of Contact<br><b>Linda Fossetta</b><br>Telephone Number<br><b>908-619-2412</b>                             |   |  |                         |         |        |             |
| <b>FACILITY INFORMATION</b>  |   |   |   |  |                         |         |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Single family Dwelling</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>7 Peachtree Road</b>  |   | Square Feet   | # of Floors<br><b>2</b>   |  |                         |         |        |             |
| City (5)<br><b>Bridgewater NJ 08807</b>  |   | Bldg. Age<br><b>65+-</b>  |   |  |                         |         |        |             |
| County (6)<br><b>Somerset</b>  | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)   |   |  |                         |         |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>EPC Technologies</b>   |   | ASCM No.<br><b>N/A</b>  | Name of Abatement Contractor (9)<br><b>EPC Technologies Inc</b>   |  |                         |         |        |             |
| Street Address<br><b>P.O. Box 337</b>  |   | Street Address<br><b>P.O. Box 337</b>   |   |  |                         |         |        |             |
| City, State, Zip Code<br><b>New Egypt, NJ 08533</b>  |   | City, State, Zip Code<br><b>New Egypt NJ 08533</b>  |   |  |                         |         |        |             |
| Project Manager for Monitoring Firm<br><b>Steve Schenker</b>   |   | Telephone No.<br><b>609 758-3365</b>  | License No.<br><b>00394</b>   |  |                         |         |        |             |
| Start Date (10)<br><b>12-2-13</b>  | Scheduled Completion Date (11)<br><b>12-2-13</b>  | Name of OSHA Monitor<br><b>EPC Technologies Inc</b>   |   |  |                         |         |        |             |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____   |   | Street Address<br><b>P.O. Box 337</b><br>City, State, Zip Code<br><b>New Egypt NJ 08533</b>   |   |  |                         |         |        |             |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation<br><input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |   |  |                         |         |        |             |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                                    | Abatement Type          |         |        |             |
|  | Yes   | No  |   |  | N/A                     | Removal | Repair | Encapsulate |
| <b>Basement</b>  | <b>X</b>  |   | <b>Pipe Insulation</b>  | <b>50 LF</b>   | <b>X</b>                |         |        |             |
|  |   |   |   |  |                         |         |        |             |
|  |   |   |   |  |                         |         |        |             |
| Name of Registered Waste Hauler<br><b>EPC Technologies</b>   |   | NJDEP Waste Hauler ID No.<br><b>17000</b>   | Cubic Yards of Waste<br><b>1</b>  | Name of Registered Landfill<br><b>Waste Management of PA</b> |                         |         |        |             |
| City, State<br><b>New Egypt NJ</b>   |   | Disposal Date<br><b>12-3-13</b>   | City, State<br><b>Morrisville PA</b>  |  |                         |         |        |             |
| Completed by<br><b>Steve Schenker</b>  |   | Title<br><b>President</b>   | Signature<br><b>Steve Schenker</b>  |  | Date<br><b>11-20-13</b> |         |        |             |



\* Emergency \*

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

CK 3734

| Date of Notification (1)<br>11/21/13   |  | Name of Building Owner/Operator (2)<br>Mike Masucci ( Private Home)   |  |   |                           |                  |        |             |           |
|--|--|---|--|---|---------------------------|------------------|--------|-------------|-----------|
| Agencies Notified  | Type Notification  | Street Address<br>17 North Captains Dr  |  |   |                           |                  |        |             |           |
| <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  | <input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>little Egg Harbor NJ 08070   |  |   |                           |                  |        |             |           |
|  |  | Name of Contact<br>Mike   | Telephone Number<br>609-549-0971                 |   |                           |                  |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |  |   |                           |                  |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Mike Masucci ( Private Home)   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |   |                           |                  |        |             |           |
| Street Address<br>17 North Captains Dr   |  | Square Feet<br>1000+  | # of Floors<br>1                                 |   |                           |                  |        |             |           |
| City (5)<br>little Egg Harbor NJ 08070   |  | Bldg. Age<br>35+  |  |   |                           |                  |        |             |           |
| County (6)<br>Ocean  | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br>Home   |  |   |                           |                  |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | ASCM No.  | Name of Abatement Contractor (9)<br>Pernaco Inc. |   |                           |                  |        |             |           |
| Street Address   |  | Street Address<br>PO Box 329  |  |   |                           |                  |        |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>West Berlin NJ 08091   |  |   |                           |                  |        |             |           |
| Project Manager for Monitoring Firm  |  | Telephone No.<br>856-753-9800   | License No.<br>00727                             |   |                           |                  |        |             |           |
| Start Date (10)<br>11/22/13  | Scheduled Completion Date (11)<br>11/24/13   | Name of OSHA Monitor<br>Same  |  |   |                           |                  |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |  | Street Address  |  |   |                           |                  |        |             |           |
|  |  | City, State, Zip Code   |  |   |                           |                  |        |             |           |
| Scope of Work (Check All That Apply)   |  |   |  |   |                           |                  |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  |   |  |   |                           |                  |        |             |           |
| <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |  |   |  |   |                           |                  |        |             |           |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure                                       |  |   |  |   |                           |                  |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type   |        |             |           |
|  | Yes  | No  | N/A  |   |                           | Removal          | Repair | Encapsulate | Enclosure |
| Exterior siding  |  |   | x  | Exterior siding   | 1000Sf                    | x                |        |             |           |
|  |  |   |  |   |                           |                  |        |             |           |
|  |  |   |  |   |                           |                  |        |             |           |
|  |  |   |  |   |                           |                  |        |             |           |
| Name of Registered Waste Hauler<br>United containers   |  | NJDEP Waste Hauler ID No.<br>22459  | Cubic Yards of Waste<br>2                        | Name of Registered Landfill<br>G.R.O.W.S.   |                           |                  |        |             |           |
| City, State<br>Elm NJ  |  | Disposal Date<br>11/24/13   |  | City, State<br>Morrisville PA 19067   |                           |                  |        |             |           |
| Completed by<br>Anthony T Perna  |  | Title<br>President  |  | Signature<br>                           |                           | Date<br>11/21/13 |        |             |           |

D&S Proj. #: 2013-443

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

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2013 NOV 25 PM 3:07  
ASBESTOS CONTROL  
& LICENSING

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br>11/11/1913  |  | Name of Building Owner/Operator (2)<br>Hudson City Savings Bank |  |
| Agencies Notified                       | Type Notification  | Street Address<br>80 West Century Road                          |  |
| <input type="checkbox"/> EPA            | <input checked="" type="checkbox"/> Initial                  | City, State, Zip Code<br>Paramus, NJ 07652                      |  |
| <input type="checkbox"/> DEP            | <input type="checkbox"/> Amended                             | Name of Contact<br>George Siolos                                |  |
| <input checked="" type="checkbox"/> DOL | Amendment #:   | Telephone Number  |  |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Emergency (including justification) |   |  |
| <input type="checkbox"/> DCA            | <input type="checkbox"/> Cancellation                        |   |  |

FACILITY INFORMATION

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| Name of facility where abatement is taking place (3)<br>Hudson City Savings Bank |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |  |
| Street Address<br>411 greenmount avenue  |  |  | Square Feet  |  |  |
| City (5)<br>cliffside Park   |  |  | # of Floors  |  |  |
| County (6)<br>BERGEN   |  |  | Bldg. Age  |  |  |
| County Code (7)<br>(State use only)  |  |  | Current Use (Prior if being demolished)  |  |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8)  |  | ASCM No.                                |  | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC. |  |
| Street Address  |  |   |  | Street Address<br>20 California Ave.                        |  |
| City, State, Zip Code   |  |   |  | City, State, Zip Code<br>Paterson, NJ 07503                 |  |
| Project Manager for Monitoring Firm   |  | Phone Number                            |  | Telephone Number<br>973-345-8020                            |  |
| Start Date (10)<br>11/29/1313   |  | Sched. Completion Date (11)<br>12/16/13 |  | License Number<br>01169                                     |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |  |   |  | Name of OSHA Monitor<br>D & S Restoration, Inc.             |  |
|   |  |   |  | Street Address<br>20 California Avenue                      |  |
|   |  |   |  | City, State, Zip Code<br>Paterson, NJ 07503                 |  |

Scope of Work (check all that apply)

|  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure       |
| <input type="checkbox"/> ≥160 sf or ≥260 lf        | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-enclosure                             |
|  |  | <input checked="" type="checkbox"/> Glovebag procedure              |
|  |  | <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure |

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff(12) |    |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p | E<br>n<br>c<br>l |
|--|---|----|-----|---|---------------------------|----------------------------|----------------------------|-----------------------|------------------|
|  | Yes   | No | N/A |   |                           |                            |                            |                       |                  |
| BASEMENT   |   | X  |     | PIPE INSULATION                                   | 2401 ft                   | X                          |                            |                       |                  |
|  |   |    |     |   |                           |                            |                            |                       |                  |
|  |   |    |     |   |                           |                            |                            |                       |                  |
|  |   |    |     |   |                           |                            |                            |                       |                  |
|  |   |    |     |   |                           |                            |                            |                       |                  |

|  |                           |                               |   |
|--|---------------------------|-------------------------------|---|
| Registered Waste Hauler<br>D & S RESTORATION, INC. | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>3 yds | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |
| City, State<br>PATERSON, NJ 07503                  | Disposal Date<br>12/02/13 | City, State<br>TULLYTOWN, PA  |   |

|   |                    |           |                  |
|---|--------------------|-----------|------------------|
| Completed by (Print or Type)<br>ROGODAN KOLPZIK | Title<br>PRESIDENT | Signature | Date<br>11/21/13 |
|---|--------------------|-----------|------------------|



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

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2013 NOV 25 PM 3:54

ASBESTOS CONTROL  
& LICENSING

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br>11/18/13  |  | Name of Building Owner/Operator (2)<br>FELICE RUBENSTEIN  |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #:<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>197 INWOOD AVENUE   |  | City, State, Zip Code<br>Upper Montclair, NJ 07043  |  |
| Name of Contact<br>FELICE RUBENSTEIN  |  | Telephone Number  |  |

## FACILITY INFORMATION

|   |  |  |  |  |                                     |
|---|--|--|--|--|-------------------------------------|
| Name of facility where abatement is taking place (3)<br>FELICE RUBENSTEIN   |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |                                     |
| Street Address<br>197 INWOOD AVENUE   |  |  | Square Feet  |  |                                     |
| City (5)<br>Upper Montclair   |  |  | County (6)<br>ESSEX  |  | County Code (7)<br>(State use only) |
| Name of Monitoring Firm Hired by Bldg. Owner (8)  |  |  | ASCM No.   |  |                                     |
| Street Address  |  |  | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC.  |  |                                     |
| City, State, Zip Code   |  |  | Street Address<br>20 California Ave.   |  |                                     |
| Project Manager for Monitoring Firm   |  |  | City, State, Zip Code<br>Paterson, NJ 07503  |  |                                     |
| Phone Number  |  |  | Telephone Number<br>973-345-8020   |  |                                     |
| Start Date (10)<br>12/05/1313   |  |  | License Number<br>01169  |  |                                     |
| Sched. Completion Date (11)<br>12/16/13   |  |  | Name of OSHA Monitor<br>D & S Restoration, Inc.  |  |                                     |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |  |  | Street Address<br>20 California Avenue   |  |                                     |
| Scope of Work (check all that apply)<br><input checked="" type="checkbox"/> >3 sf or >3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |  | City, State, Zip Code<br>Paterson, NJ 07503  |  |                                     |

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

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |                                     |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e          | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p    | E<br>n<br>c<br>l         |
|--|--|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
|  | Yes  | No                                  | N/A |   |                           |                                     |                            |                          |                          |
| BASEMENT   |  | <input checked="" type="checkbox"/> |     | PIPE INSULATION                                   | 170 L FT                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                           |                               |   |
|--|---------------------------|-------------------------------|---|
| Registered Waste Hauler<br>D & S RESTORATION, INC. | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>2 yds | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |
| City, State<br>PATERSON, NJ 07503                  | Disposal Date<br>12/06/13 | City, State<br>TULLYTOWN, PA  |   |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     | Title<br>PRESIDENT        | Signature                     | Date<br>11/18/2013  |



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

D&S Proj. #: 2013-440

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2013 NOV 25 PM 3:50  
ASBESTOS CONTROL  
& LICENSING

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br>11/18/13  |  | Name of Building Owner/Operator (2)<br>JIM & BARBARA ROBERTS  |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                       |  | Street Address<br>657 LINWOOD AVENUE<br>City, State, Zip Code<br>RIDGEWOOD, NJ 07450<br>Name of Contact<br>MARILYN BECKER |  |
| 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 |  |   |  |

FACILITY INFORMATION

|   |  |  |  |  |                                     |
|---|--|--|--|--|-------------------------------------|
| Name of facility where abatement is taking place (3)<br>JIM & BARBARA ROBERTS |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |                                     |
| Street Address<br>657 LINWOOD AVENUE  |  |  | Square Feet  |  |                                     |
| City (5)<br>RIDGEWOOD   |  |  | County (6)<br>BERGEN   |  | County Code (7)<br>(State use only) |
|   |  |  | Current Use (Prior if being demolished)  |  |                                     |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8)  |  | ASCM No.                                |  | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC. |  |
| Street Address  |  |   |  | Street Address<br>20 California Ave.                        |  |
| City, State, Zip Code   |  |   |  | City, State, Zip Code<br>Paterson, NJ 07503                 |  |
| Project Manager for Monitoring Firm   |  | Phone Number                            |  | Telephone Number<br>973-345-8020                            |  |
| Start Date (10)<br>12/09/13   |  | Sched. Completion Date (11)<br>12/20/13 |  | License Number<br>01169                                     |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |  |   |  | Name of OSHA Monitor<br>D & S Restoration, Inc.             |  |
|   |  |   |  | Street Address<br>20 California Avenue                      |  |
|   |  |   |  | City, State, Zip Code<br>Paterson, NJ 07503                 |  |

|   |  |  |  |   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|---|--|--|--|
| Scope of Work (check all that apply)<br><input checked="" type="checkbox"/> >3 sf or >3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf |  |  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition |  |  |  | <input type="checkbox"/> Full Containment w/negative pressure<br><input type="checkbox"/> Mini-enclosure<br><input checked="" type="checkbox"/> Glovebag procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-friable procedure |  |  |  |
|---|--|--|--|---|--|--|--|---|--|--|--|

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff(12) |    |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p | E<br>n<br>c<br>l |
|--|---|----|-----|---|---------------------------|----------------------------|----------------------------|-----------------------|------------------|
|  | Yes   | No | N/A |   |                           |                            |                            |                       |                  |
| BASEMENT   |   | X  |     | PIPE INSULATION                                   | 41 L FT                   | X                          |                            |                       |                  |
|  |   |    |     |   |                           |                            |                            |                       |                  |
|  |   |    |     |   |                           |                            |                            |                       |                  |
|  |   |    |     |   |                           |                            |                            |                       |                  |
|  |   |    |     |   |                           |                            |                            |                       |                  |

|  |  |                           |  |                              |  |   |  |
|--|--|---------------------------|--|------------------------------|--|---|--|
| Registered Waste Hauler<br>D & S RESTORATION, INC. |  | NJDEP Hauler ID#<br>13506 |  | Cubic Yards of Waste<br>1 YD |  | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |  |
| City, State<br>PATERSON, NJ 07503                  |  | Disposal Date<br>12/10/13 |  | City, State<br>TULLYTOWN, PA |  |   |  |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     |  | Title<br>PRESIDENT        |  | Signature                    |  | Date<br>11/18/2013  |  |



D&S Proj. #: 2013-445

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

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2013 NOV 25 PM 3:17

ASBESTOS CONTROL  
& LICENSING

|   |  |  |                  |
|---|--|--|------------------|
| Date of Notification (1)<br>11/19/13  |  | Name of Building Owner/Operator (2)<br>linda beckelman |                  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #: | Street Address<br>8 remer avenue                       |                  |
|   | <input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation                | City, State, Zip Code<br>SPRINGFIELD, NJ 07081         |                  |
|   |  | Name of Contact<br>linda beckelman                     | Telephone Number |
|   |  |  |                  |

FACILITY INFORMATION

|   |  |  |  |                                     |             |
|---|--|--|--|-------------------------------------|-------------|
| Name of facility where abatement is taking place (3)<br>linda beckelman |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |                                     |             |
| Street Address<br>8 remer avenue  |  |  | Square Feet  |                                     |             |
| City (5)<br>SPRINGFIELD   |  |  | County (6)<br>UNION  | County Code (7)<br>(State use only) | # of Floors |
|   |  |  | Bldg. Age  |                                     |             |
|   |  |  | Current Use (Prior if being demolished)  |                                     |             |

|   |  |   |   |                         |
|---|--|---|---|-------------------------|
| Name of Monitoring Firm Hired by Bldg. Owner (8)  |  | ASCM No.                                | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC. |                         |
| Street Address  |  |   | Street Address<br>20 California Ave.                        |                         |
| City, State, Zip Code   |  |   | City, State, Zip Code<br>Paterson, NJ 07503                 |                         |
| Project Manager for Monitoring Firm   |  | Phone Number                            | Telephone Number<br>973-345-8020                            | License Number<br>01169 |
| Start Date (10)<br>12/03/13   |  | Sched. Completion Date (11)<br>12/12/13 | Name of OSHA Monitor<br>D & S Restoration, Inc.             |                         |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |  |   | Street Address<br>20 California Avenue                      |                         |
|   |  |   | City, State, Zip Code<br>Paterson, NJ 07503                 |                         |

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 w/negative pressure       |
| <input type="checkbox"/> ≥160 sf or ≥260 lf        | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-enclosure                             |
|  |  | <input checked="" type="checkbox"/> Glovebag procedure              |
|  |  | <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure |

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |    |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p | E<br>n<br>c<br>l |
|--|--|----|-----|---|---------------------------|----------------------------|----------------------------|-----------------------|------------------|
|  | Yes  | No | N/A |   |                           |                            |                            |                       |                  |
| BASEMENT BOILER, rec. rms. crawl space                                       |  | X  |     | PIPE INSULATION                                   | 881 ft                    | X                          |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |


|  |                           |                               |   |
|--|---------------------------|-------------------------------|---|
| Registered Waste Hauler<br>D & S RESTORATION, INC. | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>1 yds | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |
| City, State<br>PATERSON, NJ 07503                  | Disposal Date<br>12/04/13 | City, State<br>TULLYTOWN, PA  |   |

|  |                    |           |                    |
|--|--------------------|-----------|--------------------|
| Completed by (Print or Type)<br>LOGAN J DZIC | Title<br>PRESIDENT | Signature | Date<br>11/19/2013 |
|--|--------------------|-----------|--------------------|



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

#  
CK 25354  
**RECEIVED**  
NOV 25 11 34 AM '13  
ASBESTOS CONTROL & LICENSING

|   |  |  |  |
|---|--|--|--|
| Date of Notification (1)<br><u>11/22/13</u>   |  | Name of Building Owner/Operator (2)<br><u>Institute for Advanced Study</u>   |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><u>Einstein Drive</u>  |  |
|   |  | City, State, Zip Code<br><u>Princeton, NJ 08540</u>  |  |
|   |  | Name of Contact<br><u>Tony Bordeiri</u>  |  |
| <b>FACILITY INFORMATION</b>   |  |  |  |
| Name of Facility Where Abatement is Taking Place (3)<br><u>Maintenance Building</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>Einstein Drive</u>   |  | Square Feet<br><u>5,000</u>  | # of Floors<br><u>1</u>  |
| City (5)<br><u>Princeton</u>  |  | Bldg. Age<br><u>60</u>   |  |
| County (6)<br><u>Mercer</u>   | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)<br><u>Maintenance Shops</u>  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>MECS</u>  |  | Name of Abatement Contractor (9)<br><u>Stevens Environmental Services, Inc.</u>  |  |
| Street Address<br><u>PO Box 341</u>   |  | Street Address<br><u>PO Box 322</u>  |  |
| City, State, Zip Code<br><u>Crosswicks, NJ 08515</u>  |  | City, State, Zip Code<br><u>Allentown, NJ 08501</u>  |  |
| Project Manager for Monitoring Firm<br><u>William Weisgarver Jr.</u>  | Telephone No.<br><u>(609) 298-4070</u>   | Telephone No.<br><u>(609) 259-9688</u>   | License No.<br><u>00493</u>  |
| Start Date (10)<br><u>12/6/13</u>   | Scheduled Completion Date (11)<br><u>12/16/13</u>  | Name of OSHA Monitor<br><u>MECS</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: <u>5pm Friday Saturdays only</u> |  | Street Address<br><u>PO Box 341</u>  |  |
|   |  | City, State, Zip Code<br><u>Crosswicks, NJ 08515</u>   |  |
| Scope of Work (Check all that apply)  |  |  |  |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf   |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |
|   |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) |
|   | Yes  | No   |  |
| <u>Shop Areas</u>   |  |  | <u>Thermal Piping</u>  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
| Name of Registered Waste Hauler<br><u>Stevens Environmental Services Inc.</u>   |  | NJDEP Waste Hauler ID No.<br><u>18292</u>  | Cubic Yards of Waste<br><u>3 CU</u>  |
| City, State<br><u>Allentown, NJ 08501</u>   |  | Disposal Date<br><u>12/16/13</u>   | Name of Registered Landfill<br><u>T.R.R.F. Inc.</u>  |
|   |  |  | City, State<br><u>Tullytown, PA.</u>   |
| Completed By<br><u>Mahlon E. Stevens</u>  | Title<br><u>Project Manager</u>  | Signature<br>  | Date<br><u>11/22/13</u>  |



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

**RECEIVED**  
NOV 25 PM 3:30  
ASBESTOS CONTROL & LICENSING

No check

| Date of Notification (1)<br>11 / 19 / 13   |  | Name of Building Owner/Operator (2)<br>City of Vineland / Job #1311-4710 Check #5742   |                                     |  |                           |                                     |                          |                          |                          |
|--|--|--|-------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)  | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended Amendment #2<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>640 East Wood Street<br>City, State, Zip Code<br>Vineland, NJ 08362<br>Name of Contact<br>Gus Foster   |                                     |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |  |                                     |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>V.M.E.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 and commercial buildings, homes, etc.) |                                     |  |                           |                                     |                          |                          |                          |
| Street Address<br>519 Quince Street  |  | Square Feet  | # of Floors                         |  |                           |                                     |                          |                          |                          |
| City (5)<br>Vineland   |  | Bldg. Age  |                                     |  |                           |                                     |                          |                          |                          |
| County (6)<br>Cumberland   | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)<br>Utility   |                                     |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>NA  | ASCM No.   | Name of Abatement Contractor (9)<br>AbateTech, Inc.  |                                     |  |                           |                                     |                          |                          |                          |
| Street Address   |  | Street Address<br>30 Maple Ave. PO Box 25  |                                     |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code  |  | City, State, Zip Code<br>Lumberton, NJ 08048   |                                     |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm  | Telephone No.  | Telephone No.<br>609-265-2107  | License No.<br>00529                |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br>11 / 18 / 13  | Scheduled Completion Date (14)<br>11 / 22 / 13   | Name of OSHA Monitor<br>EMSL 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 - Describe<br>Time of Abatement: ____AM-____PM/____PM-____AM   |  | Street Address<br>200 Route 130 North<br>City, State, Zip Code<br>Cinnaminson, NJ 08077  |                                     |  |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |  |  |                                     |  |                           |                                     |                          |                          |                          |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |                                     |  |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |                                     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|  | Yes  | No   | N/A                                 |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Exterior   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Transite   | 100 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"/> |
| Name of Registered Waste Hauler<br>AbateTech, Inc.   |  | NJDEP Waste Hauler ID No.<br>18750   | Cubic Yards of Waste<br>12          | Name of Registered Landfill<br>G.R.O.W.S. Landfill   |                           |                                     |                          |                          |                          |
| City, State<br>Lumberton, NJ   |  | Disposal Date<br>11/22/13  |                                     | City, State<br>Tullytown, PA   |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>Gwendolyn Trumbetti  | Title<br>Operations Coordinator  |  | Signature<br>                       |  |                           | Date<br>11/19/13                    |                          |                          |                          |



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:126)

1310-4699

Check #

*No check*

**RECEIVED**

2013 NOV 25 PM 3:30

ASBESTOS CONTROL & LICENSING

|   |  |  |  |
|---|--|--|--|
| Date of Notification (1)<br><b>11/20/13</b> |  | Name of Building Owner / Operator (2)<br><b>Verizon Communications</b> |  |
| Agencies Notified                           | Type Notification                              | Street Address<br><b>100 Greenwood Ave.</b>                            |  |
| <input checked="" type="checkbox"/> EPA     | <input type="checkbox"/> Initial               | City, State & Zip Code<br><b>Jenkintown, PA 19046</b>                  |  |
| <input type="checkbox"/> DEP                | <input checked="" type="checkbox"/> Amended #3 | Name of Contact<br><b>Alex Baylor</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                |  |  |  |

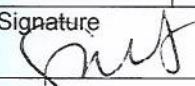
**FACILITY INFORMATION**

|   |   |   |  |  |                                |
|---|---|---|--|--|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Verizon- Rutherford CO</b> |   |   | Type of Facility (4)   |  |                                |
| Street Address<br><b>30-40 Orient Way</b>   |   |   | <input type="checkbox"/> School (K-12)   |  |                                |
| City (5)<br><b>Rutherford</b>   |   |   | <input type="checkbox"/> Subchapter 8 (Other than K-12)                                      |  |                                |
| County (6)<br><b>Bergen</b>   |   |   | <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |                                |
| County Code (7)   |   |   | Square Feet  |  |                                |
|   |   |   | # of Floors  |  |                                |
|   |   |   | Bldg. Age  |  |                                |
| Current Use (Prior if being demolished)<br><b>Offices</b>                             |   |   |  |  |                                |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>USA Environmental</b>       |   |   | Name of Abatement Contractor (9)<br><b>AbateTech, Inc.</b>                                   |  |                                |
| Street Address<br><b>8436 Enterprise Ave.</b>   |   |   | Street Address<br><b>PO Box 25</b>   |  |                                |
| City, State & Zip Code<br><b>Philadelphia, PA 19153</b>                               |   |   | City, State & Zip Code<br><b>Lumberton, NJ 08048</b>   |  |                                |
| Project Manager for Monitoring Firm<br><b>Mark Jenkins</b>                            |   | Telephone Number<br><b>215-365-5810</b> | Telephone Number<br><b>609-265-2107</b>  |  | License Number<br><b>00529</b> |
| Scheduled Start Date (10)<br><b>11/4/13</b>   | Scheduled Completion Date (11)<br><b>11/29/13</b> |   | Name of OSHA Monitor<br><b>EMSL Analytical</b>   |  |                                |
| Occupancy Status During Abatement (Check only one)                                    |   |   | Street Address<br><b>108 Haddon Ave.</b>   |  |                                |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement    |   |   | City, State & Zip Code<br><b>Westmont, NJ 08108</b>  |  |                                |
| <input type="checkbox"/> Abatement Performed Outside of Normal Hours                  |   |   |  |  |                                |
| Describe:   |   |   |  |  |                                |
| <input checked="" type="checkbox"/> Facility Occupied During Abatement                |   |   |  |  |                                |

Scope of Work (Check all that apply)

|   |  |  |
|---|--|--|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf             | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure           |
| <input checked="" type="checkbox"/> $\geq 160$ sf $\geq 260$ lf | <input 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                |
| <b>Small Roof</b>  | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Roof flashing</b>  | <b>1,100 SF</b>           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Large Roof</b>  | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Roof Caulking</b>  | <b>320 SF</b>             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |  |   |   |   |                         |
|--|--|---|---|---|-------------------------|
| 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>6</b>  | Name of Registered Landfill<br><b>TRRF Landfill</b> |                         |
| City, State<br><b>Lumberton, NJ</b>                      |  | Disposal Date<br><b>11/29/13</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>11/20/13</b> |



NO  
check

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

**1310-4706**  
**Check #5740**

**RECEIVED**

2013 NOV 25 PM 3:20  
ASBESTOS CONTROL  
& LICENSING

|   |  |  |  |
|---|--|--|--|
| Date of Notification (1)<br><b>11/20/13</b> |  | Name of Building Owner / Operator (2)<br><b>Verizon Communications</b> |  |
| Agencies Notified                           | Type Notification                              | Street Address<br><b>100 Greenwood Ave.</b>                            |  |
| <input checked="" type="checkbox"/> EPA     | <input type="checkbox"/> Initial               | City, State & Zip Code<br><b>Jenkintown, PA 19046</b>                  |  |
| <input type="checkbox"/> DEP                | <input checked="" type="checkbox"/> Amended #3 | Name of Contact<br><b>Alex Baylor</b>                                  |  |
| <input checked="" type="checkbox"/> DOL     | <input type="checkbox"/> Emergency             |  |  |
| <input checked="" type="checkbox"/> DOH     | <input type="checkbox"/> Cancellation          |  |  |
| <input type="checkbox"/> DCA                |  |  |  |

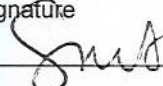
**FACILITY INFORMATION**

|   |  |  |   |                                |           |
|---|--|--|---|--------------------------------|-----------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Verizon- Woodbridge CO</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>138 Main Street</b>  |  |  | Square Feet   | # of Floors                    | Bldg. Age |
| City (5)<br><b>Woodbridge</b>   | County (6)<br><b>Middlesex</b>                   | County Code (7)                                      | Current Use (Prior if being demolished)<br><b>Offices</b>   |                                |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ESIS</b>  |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>AbateTech, Inc.</b>  |                                |           |
| Street Address<br><b>10 Exchange Place, 13<sup>th</sup> Floor</b>   |  | Street Address<br><b>PO Box 25</b>                   |   |                                |           |
| City, State & Zip Code<br><b>Jersey City, NJ 07302</b>  |  | City, State & Zip Code<br><b>Lumberton, NJ 08048</b> |   |                                |           |
| Project Manager for Monitoring Firm<br><b>Brian Kingsbury</b>   |  | Telephone Number<br><b>201-356-5166</b>              | Telephone Number<br><b>609-265-2107</b>   | License Number<br><b>00529</b> |           |
| Scheduled Start Date (10)<br><b>11/4/13</b>   | Scheduled Completion Date (11)<br><b>12/6/13</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>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 type="checkbox"/> Mini-Enclosure                                    |
|  |  | <input type="checkbox"/> Glove Bag Procedures                              |
|  |  | <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure |

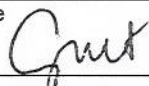
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>in Facility<br>(13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |                          |                                     | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|--|--|--------------------------|-------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Yes  | No                       | N/A                                 |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Roof   | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Roof Sealant   | 20 SF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Roof   | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Coping Stone Caulk   | 120 LF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Roof   | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Vent Caulking  | 26 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"/> |

|  |  |   |  |   |                         |
|--|--|---|--|---|-------------------------|
| 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>6</b>   | Name of Registered Landfill<br><b>TRRF Landfill</b> |                         |
| City, State<br><b>Lumberton, NJ</b>                      |  | Disposal Date<br><b>12/6/13</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>11/20/13</b> |



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

**RECEIVED**

| Date of Notification (1)<br><div style="display: flex; justify-content: space-around; width: 100%;"> <span>11</span> <span>/</span> <span>20</span> <span>/</span> <span>13</span> </div>  |   |   | Name of Building Owner/Operator (2)<br><b>West-Ward Pharmeceutical</b> |  |   |                                     |   |                          |                          |
|--|---|---|--|--|---|-------------------------------------|---|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)  |   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # <u>0</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br><b>2 Esterbrook Lane</b><br>City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b><br>Name of Contact<br><b>John Reber</b>  |   |                                     |   |                          |                          |
| <b>FACILITY INFORMATION</b>  |   |   |  |  |   |                                     |   |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>West-Ward Pharmaceuticals</b>   |   |   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |   |                                     |   |                          |                          |
| Street Address<br><b>2 Esterbrook Lane</b>   |   |   |  | Square Feet<br><div style="border: 1px solid black; width: 100px; height: 20px;"></div>  |   |                                     |   |                          |                          |
| City (5)<br><b>Cherry Hill</b>   |   |   |  | # of Floors<br><div style="border: 1px solid black; width: 100px; height: 20px;"></div>  |   |                                     |   |                          |                          |
| County (6)<br><b>Camden</b>  |   |   |  | County Code (7) (STATE USE ONLY)<br><div style="border: 1px solid black; width: 100px; height: 20px;"></div>   |   |                                     |   |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>1 Source Safety &amp; Health</b>   |   |   |  | Name of Abatement Contractor (9)<br><b>AbateTech, Inc.</b>   |   |                                     |   |                          |                          |
| Street Address<br><b>140 South Village Ave., Suite 130</b>   |   |   |  | Street Address<br><b>30 Maple Ave. PO Box 25</b>   |   |                                     |   |                          |                          |
| City, State, Zip Code<br><b>Exton, PA 19341</b>  |   |   |  | City, State, Zip Code<br><b>Lumberton, NJ 08048</b>  |   |                                     |   |                          |                          |
| Project Manager for Monitoring Firm<br><b>Brian Hovendon</b>   |   | Telephone No.<br><b>610-524-5525</b>  |  | Telephone No.<br><b>609-265-2107</b>   |   |                                     |   |                          |                          |
| Start Date (10)<br>12 / 4 / 13   |   | Scheduled Completion Date (11)<br>12 / 11 / 13  |  | License No.<br><b>00529</b>  |   |                                     |   |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>7AM-3:30PM/3:30PM-11:30AM</u> |   |   |  | Name of OSHA Monitor<br><b>EMSL Analytical</b>   |   |                                     |   |                          |                          |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure   |   |   |  | Street Address<br><b>108 Haddon Ave.</b><br>City, State, Zip Code<br><b>Westmont, NJ 08108</b>   |   |                                     |   |                          |                          |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition   |   |   |  |  |   |                                     |   |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |   |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   | Amount (Specify SF or LF)   | Abatement Type                      |   |                          |                          |
|  | Yes   | No  | N/A  |  |   | Removal                             | Repair  | Encapsulate              | Enclosure                |
| Production Area  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>                                    | Floor tile & Epoxy   | 3,500 SF  | <input checked="" type="checkbox"/> | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Production Area  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>                                    | Mastic (NF)  | 3,500 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>12</b>   |                                     | Name of Registered Landfill<br><b>TRRF Landfill</b> |                          |                          |
| City, State<br><b>Lumberton, NJ</b>  |   |   | Disposal Date<br><b>12/11/13</b>                                       |  | City, State<br><b>Tullytown, PA</b>   |                                     |   |                          |                          |
| Completed By (Print or Type)<br><b>Gwendolyn Trumbetti</b>   |   |   | Title<br><b>Operations Coordinator</b>                                 |  | Signature<br> |                                     |   | Date<br><b>11/20/13</b>  |                          |



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

RECEIVED  
2013 NOV 25 PM 1:59  
E-105 CONTROL & LICENSING

Date of Notification (1): **11/18/2013**

Name of Building Owner/Operator (2): **Benjamin Kaminow**

Street Address: **24 Broadway Ave.**

City, State, Zip Code: **Passaic Ave. 07055**

Name of Contact: **Benjamin Kaminow**

Telephone Number: \_\_\_\_\_

Agencies Notified: ☐ EPA, ☒ DCI, ☒ DOH, ☐ NJCA (NJAC 8:23-A)

Type Notification: ☐ Initial, ☐ Amended, ☒ Emergency including justification, ☐ Cancellation

FACILITY INFORMATION

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

Street Address: **24 - Broadway Ave.**

City, State, Zip Code: **Passaic N.J.**

County (6): \_\_\_\_\_

County Code (NJ State Use Only): \_\_\_\_\_

County Use (Print if being demolished): **yes**

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

Square Feet: **4,000**

# of Floors: **2**

Blgd. Age: **105**

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

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

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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

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

Name of Abatement Contractor (7): **Sharon Quality Construction LLC.**

Street Address: **22 Van Orden Place**

City, State, Zip Code: **Hackensack NJ 07601**

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

License No.: \_\_\_\_\_

Start Date (10): **11/19/2013**

Scheduled Completion Date (11): **11/26/2013**

Name of OSHA Monitor: **EMSL, ANALYTICAL, INC.**

Street Address: **307 West 38th St.**

City, State, Zip Code: **New York, N.Y. 10018**

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

Time of Abatement: \_\_\_\_\_ AM, \_\_\_\_\_ PM, \_\_\_\_\_ AM

Scope of Work (Check all that apply): ☐ > 3 stories, ☒ 1-3 stories, ☐ Renovation, ☒ Demolition, ☐ Full Containment with Negative Pressure, ☐ Wet Enclosure, ☐ Shrinkwrap Procedure, ☒ Non-Encapsulated (i.e. and Non-Encapsulated)

| Location of Asbestos Containing Material (ACM) TO BE ABATED (8): | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |                                     |                          | Description of Asbestos Containing Material (ACM): i.e. Electrical systems insulation, surfacing, VAI, or other miscellaneous | Amount (Specify sq. ft.) | Abatement Type                      |                          |                          |                          |
|--|--|-------------------------------------|--------------------------|---|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Yes  | No                                  | N/A                      |   |                          | Encapsulated                        | Removal                  | Partial Removal          | Full Removal             |
| Ground Floor (out door)  | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Roofing Material  | 3,000                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |   |                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |   |                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |   |                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Name of Registered Waste Hauler: **Sharon quality Co.**

NJDEP Waste Hauler ID No.: **003967**

Cubic Yards of Waste: **TBD**

Name of Registered Landfill: **Minerva Enterprise, Inc.**

City, State: **Hackensack N.J.**

Disposal Date: **TBD**

City, State: **Waynesburg, Ohio**

Completed By (Print or Type): **Carlos Esquivel**

Title: **Safety Manager**

Signature: \_\_\_\_\_


Date: **11-18-2013**



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

CK 3733

**RECEIVED**  
NOV 25 PM 1:32  
ASBESTOS CONTROL & LICENSING

|   |   |   |  |   |                           |                |        |                  |           |
|---|---|---|--|---|---------------------------|----------------|--------|------------------|-----------|
| Date of Notification (1)<br>11/21/13  |   | Name of Building Owner/Operator (2)<br>NJ Transite  |  |   |                           |                |        |                  |           |
| Agencies Notified   | Type Notification   | Street Address<br>1 Penn Plaza East   |  |   |                           |                |        |                  |           |
| <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   | <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>Newark NJ 07105  |  |   |                           |                |        |                  |           |
|   |   | Name of Contact<br>Russel Samaroo   |  |   |                           |                |        |                  |           |
| <b>FACILITY INFORMATION</b>   |   |   |  |   |                           |                |        |                  |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Radburn Station   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)         |  |   |                           |                |        |                  |           |
| Street Address<br>intersection of Pollitt Dr and Fairlawn NJ  |   | Square Feet<br>1000+  | # of Floors<br>1                                 |   |                           |                |        |                  |           |
| City (5)<br>Fairlawn NJ 07410   |   | Bldg. Age<br>35+  |  |   |                           |                |        |                  |           |
| County (6)<br>Bergin  | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)   |  |   |                           |                |        |                  |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>TTI Environmental  |   | ASCM No.<br>00003   | Name of Abatement Contractor (9)<br>Pernaco Inc. |   |                           |                |        |                  |           |
| Street Address<br>1253 North Church St  |   | Street Address<br>PO Box 329  |  |   |                           |                |        |                  |           |
| City, State, Zip Code<br>Moorestown NJ 08057  |   | City, State, Zip Code<br>West Berlin NJ   |  |   |                           |                |        |                  |           |
| Project Manager for Monitoring Firm<br>James Garlardi   |   | Telephone No.<br>856-840-8815   | Telephone No.<br>856-753-9800                    |   |                           |                |        |                  |           |
|   |   | License No.<br>00727  |  |   |                           |                |        |                  |           |
| Start Date (10)<br>12/3/13  | Scheduled Completion Date (11)<br>12/4/13   | Name of OSHA Monitor<br>Same  |  |   |                           |                |        |                  |           |
| 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: after 8 pm |   | Street Address  |  |   |                           |                |        |                  |           |
|   |   | City, State, Zip Code   |  |   |                           |                |        |                  |           |
| Scope of Work (Check All That Apply)  |   |   |  |   |                           |                |        |                  |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf   |   | <input type="checkbox"/> Renovation<br><input 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 (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 |
| Lobby Clean up Behind Benches   |   |   | X  | Miscellaneous Material  | 2 lf                      |                |        |                  |           |
|   |   |   |  |   |                           |                |        |                  |           |
|   |   |   |  |   |                           |                |        |                  |           |
|   |   |   |  |   |                           |                |        |                  |           |
| Name of Registered Waste Hauler<br>Pernaco Inc  |   | NJDEP Waste Hauler ID No.<br>21787  | Cubic Yards of Waste<br>1 Bag                    | Name of Registered Landfill<br>G.R.O.W.S.   |                           |                |        |                  |           |
| City, State<br>West Berlin NJ   |   | Disposal Date<br>12/6/13  |  | City, State<br>Morrisville PA 19067   |                           |                |        |                  |           |
| Completed by<br>Anthony T Perna   |   | Title<br>President  |  | Signature<br>                           |                           |                |        | Date<br>11/21/13 |           |



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

**RECEIVED**  
Check # 9128

|   |   |   |  |
|---|---|---|--|
| Date of Notification (1)<br><b>November 18, 2013</b>  |   | Name of Building Owner / Operator (2)<br><b>Palisades Interstate Parks Commission</b> |  |
| Agencies Notified   | Type Notification   | Street Address  |  |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Cancellation | <b>Alpine Approach Road</b>   |  |
|   |   | City, State & Zip Code<br><b>Alpine, NJ 07620</b>                                     |  |
|   |   | Name of Contact<br><b>Christoph Szeglin</b>   |  |


**FACILITY INFORMATION**

|  |  |   |                                |
|--|--|---|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Headquarters 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, home, etc.) |                                |
| Street Address<br><b>Alpine Approach Road</b>  |  | Square Feet<br><b>2,000</b>   | # of Floors<br><b>1</b>        |
| City (5)<br><b>Alpine</b>  |  | Bldg. Age<br><b>55</b>  |                                |
| County (6)<br><b>Bergen</b>  |  | Current Use (Prior if being demolished)<br><b>Garage</b>  |                                |
| County Code (7)<br><b>USE ONLY</b>   |  |   |                                |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>PM Environmental</b>   |  | ASCM No.  |                                |
| Street Address<br><b>170 Changebridge Road, Building C5-4</b>  |  | Name of Abatement Contractor (9)<br><b>Synatech, Inc.</b>   |                                |
| City, State & Zip Code<br><b>Montvale, NJ 07045</b>  |  | Street Address<br><b>829 Radio Road</b>   |                                |
| Project Manager for Monitoring Firm<br><b>William Mener</b>  |  | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |                                |
| Telephone Number<br><b>973-479-6475</b>  |  | Telephone Number<br><b>609-296-6916</b>   | License Number<br><b>00817</b> |
| Scheduled Start Date (10)<br><b>December 7, 2013</b>   | Scheduled Completion Date (11)<br><b>January 6, 2014</b> | Name of OSHA Monitor<br><b>Synatech, Inc.</b>   |                                |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Hours<br><input type="checkbox"/> Other - Describe:<br><input type="checkbox"/> Facility Occupied During Abatement |  | Street Address<br><b>829 Radio Road</b>   |                                |
|  |  | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |                                |

Scope of Work (Check all that apply)

|  |  |   |
|--|--|---|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf               | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure              |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input type="checkbox"/> Demolition            | <input checked="" type="checkbox"/> Mini-Enclosure                            |
|  |  | <input checked="" type="checkbox"/> Glovebag Procedure                        |
|  |  | <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (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 |
| Steam Lines in Basement   |  |    | X   | Pipe Fittings/Insulation   | 40 LF                     | X              |        |             |           |
| Lobby   |  |    | X   | Floor Tile and Mastic  | 400 SF                    | X              |        |             |           |
|   |  |    |     |  |                           |                |        |             |           |

|  |   |  |  |
|--|---|--|--|
| Name of Registered Waste Hauler<br><b>Synatech, Inc.</b> | NJDEP Waste Hauler ID No.<br><b>27429</b> | Cubic Yards of Waste<br><b>4</b>   | Name of Registered Landfill<br><b>Grows Landfill</b> |
| City, State<br><b>Little Egg Harbor, NJ 08087</b>        | Disposal Date<br><b>January 7, 2014</b>   | City, State<br><b>Morrisville, PA</b>  |  |
| Completed By<br><b>Diane Aloia</b>                       | Title<br><b>Executive Administrator</b>   | Signature<br> | Date<br><b>November 18, 2013</b>                     |



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

Check # 9128

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1) <b>Amended November 20, 2013</b><br><b>November 18, 2013</b>   |  | Name of Building Owner / Operator (2)<br><b>Palisades Interstate Parks Commission</b> |  |
| Agencies Notified   | Type Notification  | Street Address  | <div style="position: absolute; top: 0; right: 0; transform: rotate(-15deg); border: 1px solid black; padding: 5px;"> RECEIVED<br/> NOV 25 PM 1:37<br/> ASBESTOS CONTROL<br/> &amp; LICENSING </div> |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>1</u><br><input type="checkbox"/> Cancellation | Alpine Approach Road  |  |
|   |  | City, State & Zip Code<br><b>Alpine, NJ 07620</b>                                     |  |
|   |  | Name of Contact<br><b>Christoph Szeglin</b>   | Telephone Number   |

**FACILITY INFORMATION**

|  |  |   |                                |
|--|--|---|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Headquarters 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, home, etc.) |                                |
| Street Address<br><b>Alpine Approach Road</b>  |  | Square Feet<br><b>2,000</b>   | # of Floors<br><b>1</b>        |
| City (5)<br><b>Alpine</b>  |  | Bldg. Age<br><b>55</b>  |                                |
| County (6)<br><b>Bergen</b>  |  | Current Use (Prior if being demolished)<br><b>Garage</b>  |                                |
| County Code (7)<br><b>USE ONLY</b>   |  |   |                                |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>PM Environmental</b>   |  | ASCM No.  |                                |
| Street Address<br><b>170 Changebridge Road, Building C5-4</b>  |  | Name of Abatement Contractor (9)<br><b>Synatech, Inc.</b>   |                                |
| City, State & Zip Code<br><b>Montvale, NJ 07045</b>  |  | Street Address<br><b>829 Radio Road</b>   |                                |
| Project Manager for Monitoring Firm<br><b>William Mener</b>  |  | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |                                |
| Telephone Number<br><b>973-479-6475</b>  |  | Telephone Number<br><b>609-296-6916</b>   | License Number<br><b>00817</b> |
| Scheduled Start Date (10)<br><b>December 6, 2013</b>   | Scheduled Completion Date (11)<br><b>January 6, 2014</b> | Name of OSHA Monitor<br><b>Synatech, Inc.</b>   |                                |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours<br><input type="checkbox"/> Other – Describe:<br><input type="checkbox"/> Facility Occupied During Abatement   |  | Street Address<br><b>829 Radio Road</b>   |                                |
|  |  | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |                                |
| Scope of Work (Check all that apply)   |  |   |                                |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 50$ 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 checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure |  |   |                                |


| Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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 |
| Steam Lines in Basement   |  |   | X                                | Pipe Fittings/Insulation  | 40 LF  | X              |        |             |           |
| Lobby   |  |   | X                                | Floor Tile and Mastic   | 400 SF   | X              |        |             |           |
|   |  |   |                                  |   |  |                |        |             |           |
| Name of Registered Waste Hauler<br><b>Synatech, Inc.</b>                            |  | NJDEP Waste Hauler ID No.<br><b>27429</b> | Cubic Yards of Waste<br><b>4</b> | Name of Registered Landfill<br><b>Grows Landfill</b>  |  |                |        |             |           |
| City, State<br><b>Little Egg Harbor, NJ 08087</b>                                   |  | Disposal Date<br><b>January 7, 2014</b>   |                                  | City, State<br><b>Morrisville, PA</b>   |  |                |        |             |           |
| Completed By<br><b>Diane Aloia</b>  | Title<br><b>Executive Administrator</b>                                  | Signature<br><i>Diane Aloia</i>           |                                  |   | Date<br><b>Amended November 20, 2013</b><br><b>November 18, 2013</b> |                |        |             |           |



\*Emergency\*

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

CR 3952 RECEIVED  
2013 NOV 25 PM 1:36  
ASBESTOS CONT.  
& LICENSE CONT.

|  |  |  |   |   |                           |                  |        |             |           |
|--|--|--|---|---|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1)<br>11/20/13   |  | Name of Building Owner/Operator (2)<br>William Gnade (Private Home)  |   |   |                           |                  |        |             |           |
| Agencies Notified  | Type Notification  | Street Address<br>22 East New York Ave.  |   |   |                           |                  |        |             |           |
| <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 type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Long Beach Twp. NJ 08008  |   |   |                           |                  |        |             |           |
|  |  | Name of Contact<br>Bill  |   |   |                           |                  |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |  |   |   |                           |                  |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>William Gnade (Private Home)   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |   |   |                           |                  |        |             |           |
| Street Address<br>22 East New York Ave.  |  | Square Feet<br>1000+   | # of Floors<br>2  |   |                           |                  |        |             |           |
| City (5)<br>Long Beach Twp. NJ 08008   |  | Bldg. Age<br>35+   |   |   |                           |                  |        |             |           |
| County (6)<br>Ocean  | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br>Home  |   |   |                           |                  |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | ASCM No.   | Name of Abatement Contractor (9)<br>Pernaco Inc.  |   |                           |                  |        |             |           |
| Street Address   |  | Street Address<br>PO Box 329   |   |   |                           |                  |        |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>West Berlin NJ 08091  |   |   |                           |                  |        |             |           |
| Project Manager for Monitoring Firm  |  | Telephone No.<br>856-753-9800  | License No.<br>00727  |   |                           |                  |        |             |           |
| Start Date (10)<br>11/21/13  | Scheduled Completion Date (11)<br>11/22/13   | Name of OSHA Monitor<br>Same   |   |   |                           |                  |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |  | Street Address   |   |   |                           |                  |        |             |           |
|  |  | City, State, Zip Code  |   |   |                           |                  |        |             |           |
| Scope of Work (Check All That Apply)   |  |  |   |   |                           |                  |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |   |   |                           |                  |        |             |           |
|  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |                           |                  |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type   |        |             |           |
|  | Yes  | No   | N/A   |   |                           | Removal          | Repair | Encapsulate | Enclosure |
| Exterior Siding  |  |  | x   | Exterior Siding   | 2400 SF                   | x                |        |             |           |
|  |  |  |   |   |                           |                  |        |             |           |
|  |  |  |   |   |                           |                  |        |             |           |
|  |  |  |   |   |                           |                  |        |             |           |
| Name of Registered Waste Hauler<br>United Containers   |  | NJDEP Waste Hauler ID No.<br>22459   | Cubic Yards of Waste<br>4   | Name of Registered Landfill<br>G.R.O.W.S.   |                           |                  |        |             |           |
| City, State<br>Elm NJ  |  | Disposal Date<br>11/22/13  |   | City, State<br>Morrisville PA 19067   |                           |                  |        |             |           |
| Completed by<br>Anthony T Perna  |  | Title<br>President   | Signature<br> |   |                           | Date<br>11/20/13 |        |             |           |



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

CL 4779 RECEIVED  
2013 NOV 25 PM 1:30  
ASBESTOS CONTROL  
& LICENSING

| Date of Notification (1)<br>11/20/13   |   | Name of Building Owner/Operator (2)<br>MS. JENNIFER KAZANJIAN   |                               |  |                           |                |        |             |
|--|---|---|-------------------------------|--|---------------------------|----------------|--------|-------------|
| Agency Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>43 McKinley Ave<br>City, State, Zip Code<br>DUMONT, NJ, 07628<br>Name of Contact<br>MS. KAZANJIAN   |                               |  |                           |                |        |             |
| <b>FACILITY INFORMATION</b>  |   |   |                               |  |                           |                |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br>MS. KAZANJIAN  |   | 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>43 McKinley Ave  |   | Square Feet<br>1700   | # of Floors<br>2              |  |                           |                |        |             |
| City (5)<br>DUMONT   |   | Bldg. Age<br>68 yrs   |                               |  |                           |                |        |             |
| County (6)<br>BERGEN   | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)<br>RESIDENCE  |                               |  |                           |                |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)  | ASCM No.  | Name of Abatement Contractor (9)<br>Best Removal Inc  |                               |  |                           |                |        |             |
| Street Address   |   | Street Address<br>450 S. River St   |                               |  |                           |                |        |             |
| City, State, Zip Code  |   | City, State, Zip Code<br>Hackensack, N.J. 07601   |                               |  |                           |                |        |             |
| Project Manager for Monitoring Firm  | Telephone No.   | Telephone No.<br>201-329-7444   | License No.<br>00388          |  |                           |                |        |             |
| Start Date (10)<br>12/2/13   | Scheduled Completion Date (11)<br>12/3/13   | Name of OSHA Monitor<br>Omega Environmental Inc   |                               |  |                           |                |        |             |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: 8AM TO 5PM  |   | Street Address<br>280 Huyler St<br>City, State, Zip Code<br>South Hackensack, N.J. 07606  |                               |  |                           |                |        |             |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> ≥ 3 sf or ≥ 3 lf<br><input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |                               |  |                           |                |        |             |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |                               | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |
|  | Yes   | No  | N/A                           |  |                           | Removal        | Repair | Encapsulate |
| BASEMENT   |   |   | Y                             | VAT  | 800 SF                    | X              |        |             |
|  |   |   |                               |  |                           |                |        |             |
|  |   |   |                               |  |                           |                |        |             |
|  |   |   |                               |  |                           |                |        |             |
| Name of Registered Waste Hauler<br>Best Removal Inc  |   | NJDEP Waste Hauler ID No.<br>17109  | Cubic Yards of Waste<br>3 1/2 | Name of Registered Landfill<br>Minerva Enterprises   |                           |                |        |             |
| City, State<br>Hackensack, N.J. 07601  |   | Disposal Date<br>12/3/13  | City, State<br>Waynesburg, Oh |  |                           |                |        |             |
| Completed by<br>J. Maiorano  | Title<br>Estimator  | Signature<br><i>J. Maiorano</i>   | Date<br>11/20/13              |  |                           |                |        |             |



State of New Jersey

Check # 10040

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

|   |  |   |  |   |
|---|--|---|--|---|
| Date of Notification (1)<br><b>11-8-13</b>  |  | Name of Building Owner/Operator (2)<br><b>Larney Rutledge</b> |  | <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>DOL - 10 DAY</b> </div> |
| Agencies Notified   | Type Notification  | Street Address<br><b>37 Fulton Street</b>                     |  |   |
| <input type="checkbox"/> IEPA<br><input type="checkbox"/> IDEP<br><input checked="" type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br><input type="checkbox"/> EMERGENCY<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br><b>East Orange, NJ, 07017</b>        |  |   |
|   |  | Name of Contact<br><b>Larney Rutledge</b>                     |  |   |

## FACILITY INFORMATION

|  |                  |  |  |                                    |                                |
|--|------------------|--|--|------------------------------------|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Same as above</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   |                  |  | Square Feet<br><b>1800</b>   | # of Floors<br><b>1</b>            | Bldg. Age<br><b>83</b>         |
| City (5)   | County (6) Essex | County Code (7)<br>(STATE USE ONLY)            | Current Use (Prior if being demolished)  |                                    |                                |
| Name of Monitoring Firm hired by Building Owner (8)<br><b>N/A</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>11-10-13</b>   |                  | Sched. Completion Date (11)<br><b>11-11-13</b> |  | Name of OSHA Monitor<br><b>N/A</b> |                                |
| Month Day Year   |                  | Month Day Year                                 |  |                                    |                                |
| Occupancy Status During Abatement (Check only one)   |                  |  |  |                                    |                                |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>Off Hours Describe</u><br><input type="checkbox"/> Other - Describe: <u>Other Occupancy Describe</u> |                  |  |  |                                    |                                |
| Street Address   |                  |  |  |                                    |                                |
| City, State, Zip Code  |                  |  |  |                                    |                                |

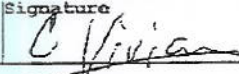
Scope of Work (Check all that apply)

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

☒ Renovation  
☐ Demolition

☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glovebag Procedure  
☐ Non-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 | ENCLOSURE | ENCLOSURE | ENCLOSURE |
| Boiler Room  |  |    | X   | Pipe Insulation  | 12 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<br><b>1</b> | Name of Registered Landfill<br><b>G.R.O.W.S.</b>  |                        |
| City, State<br><b>Montclair, NJ 07042</b>                         |  | Disposal Date<br><b>11-12-13</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>11-8-13</b> |



State of New Jersey

Check # 10043

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

|   |   |  |  |
|---|---|--|--|
| Date of Notification (1)<br><b>11-13-13</b> |   | Name of Building Owner/Operator (2)<br><b>Lucy Brogle</b>  |  |
| Agencies Notified                           | Type Notification                             | Street Address<br><b>8 Kenneth Road</b>                    |  |
| <input type="checkbox"/> EPA                | <input type="checkbox"/> Initial Notification | City, State, Zip Code<br><b>Upper Montclair, NJ, 07043</b> |  |
| <input type="checkbox"/> DEP                | <input type="checkbox"/> Amended Notification | Name of Contact<br><b>Lucy Brogle</b>                      |  |
| <input checked="" type="checkbox"/> DOL     | <input checked="" type="checkbox"/> EMERGENCY | Telephone  |  |
| <input checked="" type="checkbox"/> DOH     | <input type="checkbox"/> Cancellation         |  |  |
| <input type="checkbox"/> IDCA               |   |  |  |

## FACILITY INFORMATION

|  |                  |                                     |  |                         |                        |
|--|------------------|-------------------------------------|--|-------------------------|------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Same as above</b> |                  |                                     | Type of Facility (4)   |                         |                        |
| Street Address   |                  |                                     | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |                         |                        |
| City (5)   | County (6) Essex | County Code (7)<br>(STATE USE ONLY) | Square Feet<br><b>2800</b>   | # of Floors<br><b>2</b> | Bldg. Age<br><b>85</b> |
|  |                  |                                     | Current Use (Prior if being demolished)  |                         |                        |

|   |          |  |
|---|----------|--|
| Name of Monitoring Firm hired by Building Owner (8)<br><b>N/A</b> | ASCM No. | 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>11-14-13</b>   | Sched. Completion Date (11)<br><b>11-15-13</b> | Name of OSHA Monitor<br><b>N/A</b> |
| Month Day Year   | Month Day Year                                 |                                    |
| Occupancy Status During Abatement (Check only one)   |  | Street Address                     |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>Off Hours Describe</u><br><input type="checkbox"/> Other - Describe: <u>Other Occupancy Describe</u> |  | City, State, Zip Code              |

Scope of Work (Check all that apply)

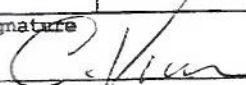
☒ >3 sf or >3 lf  
☐ >160 sf or >250 lf

☒ 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                                 |   |                           | REMOVAL                             | REPAIR | ENCLOSURE | ENCLOSURE |
| Basement  |  |    | <input checked="" type="checkbox"/> | Pipe Insulation   | 80 lf                     | <input checked="" type="checkbox"/> |        |           |           |
|   |  |    |                                     |   |                           |                                     |        |           |           |

|   |   |   |  |
|---|---|---|--|
| Name of Registered Waste Hauler<br><b>AZTECH MANAGEMENT, INC.</b> | NJDEP Waste Hauler ID No.<br><b>17040</b> | Cubic Yards of Waste 1.                     | Name of Registered Landfill<br><b>G.R.O.W.S.</b> |
| City, State<br><b>Montclair, NJ 07042</b>                         | Disposal Date<br><b>11-18-13</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>11-13-13</b> |
|---|---------------------------|---|-------------------------|



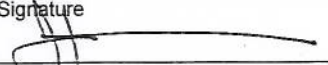
(PROJECT DELAYED RESTART 12/2)

Print Form

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

RECEIVED

2013 NOV 25 PM 1:32  
ASBESTOS CONTROL  
& LICENSING

|  |  |   |  |   |                |                    |        |             |           |
|--|--|---|--|---|----------------|--------------------|--------|-------------|-----------|
| Date of Notification (1)<br>11/19/2013   |  | Name of Building Owner/Operator (2)<br>NJ Department of Military and Veteran Affairs  |  |   |                |                    |        |             |           |
| Agencies Notified  | Type Notification  | Street Address<br>101 Eggert Crossing Road  |  |   |                |                    |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA  | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment #002<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Lawrenceville, NJ 08648  |  |   |                |                    |        |             |           |
|  |  | Name of Contact<br>Mark Clemmenson  |  |   |                |                    |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |  |   |                |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>NJ National Guard Training 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>100 Camp Drive   |  | Square Feet<br>30,000   | # of Floors<br>1   |   |                |                    |        |             |           |
| City (5)<br>Sea Girt   |  | Bldg. Age<br>30+  |  |   |                |                    |        |             |           |
| County (6)<br>Monmouth   | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br>offices  |  |   |                |                    |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Whitman Co.   |  | ASCM No.  | Name of Abatement Contractor (9)<br>Neuber Environmental Services, Inc.  |   |                |                    |        |             |           |
| Street Address<br>7 Pleasant Hill Road   |  | Street Address<br>42 Ridge Road   |  |   |                |                    |        |             |           |
| City, State, Zip Code<br>Cranbury, NJ 08512  |  | City, State, Zip Code<br>Phoenixville, PA 19460   |  |   |                |                    |        |             |           |
| Project Manager for Monitoring Firm<br>Kevin Lovely  |  | Telephone No.<br>732-390-5858   | Telephone No.<br>610-933-4332  |   |                |                    |        |             |           |
|  |  | License No.<br>00836  |  |   |                |                    |        |             |           |
| Start Date (10)<br>10/30/2013  | Scheduled Completion Date (11)<br>12/27/2013   | Name of OSHA Monitor<br>Neuber Environmental Services, Inc.   |  |   |                |                    |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address<br>41 Ridge Road   |  |   |                |                    |        |             |           |
|  |  | City, State, Zip Code<br>Phoenixville, PA 19460   |  |   |                |                    |        |             |           |
| Scope of Work (Check All That Apply)   |  |   |  |   |                |                    |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |                |                    |        |             |           |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  | Amount (Specify SF or LF)                                 | Abatement Type |                    |        |             |           |
|  | Yes  | No  |  |   | N/A            | Removal            | Repair | Encapsulate | Enclosure |
| throughout building interior   |  |   | X  | floor tile and mastic                                     | 22,140 sf      | X                  |        |             |           |
| throughout building exterior   |  |   | X  | transite siding   | 26,700         |                    |        |             |           |
|  |  |   |  |   |                |                    |        |             |           |
|  |  |   |  |   |                |                    |        |             |           |
| Name of Registered Waste Hauler<br>Samboney Ent./Carnevale Disposal  |  | NJDEP Waste Hauler ID No.<br>17297  | Cubic Yards of Waste<br>200  | Name of Registered Landfill<br>Cumberland County Landfill |                |                    |        |             |           |
| City, State<br>Williamstown, NJ  |  |   | Disposal Date<br>12/13   | City, State<br>Millville, NJ                              |                |                    |        |             |           |
| Completed by<br>Jeffrey A. LaRiviere   |  | Title<br>V.P.   | Signature<br>  |   |                | Date<br>11/19/2013 |        |             |           |