

B &amp; G proj. #: 2014-173

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

Check # 6820

Date of Notification (1)

10/03/14

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Name of Building Owner/Operator (2)

John Grzes

Street Address

18 Maple Street

City, State, Zip Code

Kearny, NJ 07032

Name of Contact

John Grzes

Telephone Number

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

John Grzes

Street Address

18 Maple Street

City (5)

Kearny, NJ 07032

County (6)

Hudson

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)  
residential

Name 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

00378

Name of OSHA Monitor

B &amp; G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

10/13/2014

Sched. Completion Date (11)

10/14/2014

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☐ Glovebag procedure☐ Mini-enclosure☐ Non-friable procedureLocation 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  
e  
m  
o  
v  
eR  
e  
p  
a  
i  
rE  
n  
c  
a  
pE  
n  
c  
l

basement

basement

pipe insulation

boiler insulation

50 lf

35 sf

☒☒☐☐☐☐☐☐Registered Waste Hauler  
B & G Restoration, Inc.NJDEP Hauler ID#  
19563Cubic Yards of Waste  
1

Name of Registered Landfill

Tullytown Resource &amp; Recovery Center

City, State  
Lincoln Park, NJDisposal Date  
10/15/2014City, State  
Tullytown, PACompleted by (Print or Type)  
Gordana LunaTitle  
Secretary/Treasurer

Signature

Gordana Luna

Date  
10/03/2014



B &amp; G proj. #: 2014-176

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

Check # 6821

|  |   |  |  |
|--|---|--|--|
| Date of Notification (1)<br>11/01/103/1114 |   | Name of Building Owner/Operator (2)<br>Pat Griffin |  |
| Agencies Notified                          | Type Notification                           | Street Address<br>60 Harper Terrace                |  |
| <input type="checkbox"/> EPA               | <input checked="" type="checkbox"/> Initial | City, State, Zip Code<br>Cedar Grove, NJ 07009     |  |
| <input type="checkbox"/> DEP               | <input type="checkbox"/> Amendment          | Name of Contact<br>Pat Griffin                     |  |
| <input checked="" type="checkbox"/> DOL    | <input type="checkbox"/> Cancellation       | Telephone Number                                   |  |
| <input checked="" type="checkbox"/> DOH    |   |  |  |
| <input type="checkbox"/> DCA               |   |  |  |

## FACILITY INFORMATION

|   |  |  |  |                                     |             |
|---|--|--|--|-------------------------------------|-------------|
| Name of facility where abatement is taking place (3)<br>Pat Griffin   |  |  | 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>60 Harper Terrace   |  |  | Square Feet  |                                     |             |
| City (5)<br>Cedar Grove   |  |  | County (6)<br>Essex  | County Code (7)<br>(State use only) | # of Floors |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>n/a   |  |  | Current Use (Prior if being demolished)<br>residential   |                                     |             |
| Street Address  |  |  | Name of Abatement Contractor (9)<br>B & G Restoration, Inc.  |                                     |             |
| City, State, Zip Code   |  |  | Street Address<br>105 Ryerson Road   |                                     |             |
| Project Manager for Monitoring Firm   |  |  | City, State, Zip Code<br>Lincoln Park, NJ 07035  |                                     |             |
| Phone Number  |  |  | Telephone Number<br>(973)696-6869  |                                     |             |
| Scheduled Start Date (10)<br>10/15/2014   |  |  | License Number<br>00378  |                                     |             |
| Sched. Completion Date (11)<br>10/16/2014   |  |  | 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-<br>Describe:<br><input type="checkbox"/> Other-Describe: |  |  | Street Address<br>105 Ryerson Road   |                                     |             |
|   |  |  | City, State, Zip Code<br>Lincoln Park, NJ 07035  |                                     |             |

## Scope of Work (check all that apply)


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

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |    |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p | E<br>n<br>c<br>l |
|--|--|----|-----|---|---------------------------|----------------------------|----------------------------|-----------------------|------------------|
|  | Yes  | No | N/A |   |                           |                            |                            |                       |                  |
| basement   |  |    | X   | pipe insulation                                   | 18 lf                     | X                          |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |

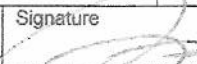
|  |                              |                              |   |
|--|------------------------------|------------------------------|---|
| Registered Waste Hauler<br>B & G Restoration, Inc. | NJDEP Hauler ID#<br>19563    | Cubic Yards of Waste<br>1/2  | Name of Registered Landfill<br>Tullytown Resource & Recovery Center |
| City, State<br>Lincoln Park, NJ                    | Disposal Date<br>10/15/2014  | City, State<br>Tullytown, PA |   |
| Completed by (Print or Type)<br>Gordana Luna       | Title<br>Secretary/Treasurer | Signature<br>Gordana Luna    | Date<br>10/03/2014  |



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

|  |  |   |   |  |                              |                 |        |             |           |
|--|--|---|---|--|------------------------------|-----------------|--------|-------------|-----------|
| Date of Notification (1)<br>10/6/14  |  | Name of Building Owner/Operator (2)<br>DVL Kearney Holdings LLC c/o DVL Inc.  |   |  |                              |                 |        |             |           |
| Agencies Notified  | Type Notification  | Street Address<br>70 East 55th Street   |   |  |                              |                 |        |             |           |
| <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 checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>New York, NY 10022   |   |  |                              |                 |        |             |           |
|  |  | Name of Contact<br>Charles Carames  | Telephone Number<br>212-691-1100  |  |                              |                 |        |             |           |
| FACILITY INFORMATION   |  |   |   |  |                              |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Toch Industrial Park Building 12   |  | 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>166-194 Passiac Ave  |  | Square Feet<br>25,000   | # of Floors<br>5  |  |                              |                 |        |             |           |
| City (5)<br>Kearney  |  | Bldg. Age<br>100  |   |  |                              |                 |        |             |           |
| County (6)<br>Hudson   | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br>Industrial   |   |  |                              |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Testor Technology   |  | ASCM No.  | Name of Abatement Contractor (9)<br>Dynamics Development Services, Inc. |  |                              |                 |        |             |           |
| Street Address<br>10-59 Jackson Ave  |  | Street Address<br>557 Grand Concourse Suite 3-51  |   |  |                              |                 |        |             |           |
| City, State, Zip Code<br>Long Island City, NY 11101  |  | City, State, Zip Code   |   |  |                              |                 |        |             |           |
| Project Manager for Monitoring Firm<br>Sten Evenhouse  |  | Telephone No.<br>718-752-2090   | Telephone No.<br>718-906-1055   |  |                              |                 |        |             |           |
|  |  | License No.<br>01241  |   |  |                              |                 |        |             |           |
| Start Date (10)<br>10/16/14  | Scheduled Completion Date (11)<br>11/12/14   | Name of OSHA Monitor<br>Julio Lopez   |   |  |                              |                 |        |             |           |
| 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>317 9th St  |   |  |                              |                 |        |             |           |
|  |  | City, State, Zip Code<br>Union City, NJ 07087   |   |  |                              |                 |        |             |           |
| 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>TO BE ABATED<br>In Facility<br>(13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount<br>(Specify SF or LF) | Abatement Type  |        |             |           |
|  | Yes  | No  | N/A   |  |                              | Removal         | Repair | Encapsulate | Enclosure |
| 2nd-5th Floors   |  | X   |   | Pipe Insulation  | 295 LF                       | X               |        |             |           |
| Roof   |  | X   |   | Roofing/Flashing   | 1,060 SF                     | X               |        |             |           |
| Roof   |  | X   |   | Caulking   | 60                           | X               |        |             |           |
| Exterior South   |  | X   |   | Caulking/Glazing   | 1035                         | X               |        |             |           |
| Name of Registered Waste Hauler<br>ATC   |  | NJDEP Waste Hauler ID No.<br>24310  | Cubic Yards of Waste<br>52  | Name of Registered Landfill<br>Minerva Enterprises   |                              |                 |        |             |           |
| City, State<br>Shirley, NY 11967   |  | Disposal Date<br>10/22/14   |   | City, State<br>Waynesburg, OH 44688  |                              |                 |        |             |           |
| Completed by<br>Sanford Alper  |  | Title<br>Senior Project Executive   |   | Signature<br>                              |                              | Date<br>10/6/14 |        |             |           |

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

|  |   |   |                            |  |                           |                 |        |             |           |
|--|---|---|----------------------------|--|---------------------------|-----------------|--------|-------------|-----------|
| Date of Notification (1)<br>10/6/14  |   | Name of Building Owner/Operator (2)<br>DVL Kearney Holdings LLC c/o DVL Inc.  |                            |  |                           |                 |        |             |           |
| Agencies Notified  | Type Notification   | Street Address<br>70 East 55th Street   |                            |  |                           |                 |        |             |           |
| <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 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>New York, NY 10022   |                            |  |                           |                 |        |             |           |
|  |   | Name of Contact<br>Charles Carames  | Telephone Number           |  |                           |                 |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |                            |  |                           |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Toch Industrial Park Building 16   |   | 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>166-194 Passiac Ave  |   | Square Feet<br>5,000  | # of Floors<br>1           |  |                           |                 |        |             |           |
| City (5)<br>Kearney  |   | Bldg. Age<br>100  |                            |  |                           |                 |        |             |           |
| County (6)<br>Hudson   | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)<br>Industrial   |                            |  |                           |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Testor Technology   |   | ASCM No.  |                            |  |                           |                 |        |             |           |
| Street Address<br>10-59 Jackson Ave  |   | Name of Abatement Contractor (9)<br>Dynamics Development Services, Inc.   |                            |  |                           |                 |        |             |           |
| City, State, Zip Code<br>Long Island City, NY 11101  |   | Street Address<br>557 Grand Concourse Suite 3-51  |                            |  |                           |                 |        |             |           |
| Project Manager for Monitoring Firm<br>Sten Evenhouse  |   | Telephone No.<br>718-752-2090   | License No.<br>01241       |  |                           |                 |        |             |           |
| Start Date (10)<br>10/16/14  | Scheduled Completion Date (11)<br>11/12/14  | Name of OSHA Monitor<br>Julio Lopez   |                            |  |                           |                 |        |             |           |
| 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>317 9th St  |                            |  |                           |                 |        |             |           |
| 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 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)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type  |        |             |           |
|  | Yes   | No  | N/A                        |  |                           | Removal         | Repair | Encapsulate | Enclosure |
| 1st Floor  |   | x   |                            | Pipe Insulation  | 120 LF                    | x               |        |             |           |
| Roof   |   | x   |                            | Roofing/Flashing   | 1,275 SF                  | x               |        |             |           |
|  |   |   |                            |  |                           |                 |        |             |           |
| Name of Registered Waste Hauler<br>ATC   |   | NJDEP Waste Hauler ID No.<br>24310  | Cubic Yards of Waste<br>22 | Name of Registered Landfill<br>Minerva Enterprises   |                           |                 |        |             |           |
| City, State<br>Shirley, NY 11967   |   | Disposal Date<br>10/20/14   |                            | City, State<br>Waynesburg, OH 44688  |                           |                 |        |             |           |
| Completed by<br>Sanford Alper  |   | Title<br>Senior Project Executive   |                            | Signature<br>                              |                           | Date<br>10/6/14 |        |             |           |



CK# 5658

Print Form

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

|  |  |   |   |   |   |                        |              |             |           |
|--|--|---|---|---|---|------------------------|--------------|-------------|-----------|
| Date of Notification (1)<br><b>10/6/14</b>   |  | Name of Building Owner/Operator (2)<br><b>P.S.E.G.</b>  |   | 2014 OCT -7 PM 4:05   |   |                        |              |             |           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |  | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>1</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br><b>4000 HADLEY ROAD</b>   |   |                        |              |             |           |
|  |  | City, State, Zip Code<br><b>SOUTH PLAINFIELD, NJ. 07080</b>   |   | Telephone Number<br><b>201-211-1111</b>   |   |                        |              |             |           |
|  |  | Name of Contact<br><b>GEORGE VILARO</b>   |   |   |   |                        |              |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |   |   |   |                        |              |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PSE&amp;G</b>   |  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |   |                        |              |             |           |
| Street Address<br><b>RT 1 &amp; PIERSON AVE.</b>   |  |   | Square Feet<br><b>Appx 16000</b>  |   |   |                        |              |             |           |
| City (5)<br><b>METUCHEN</b>  |  |   | # of Floors<br><b>3</b>   |   | Bldg. Age<br><b>Appx 75 yrs</b>                   |                        |              |             |           |
| County (6)<br><b>MIDDLESEX</b>   |  | County Code (7)<br>(STATE USE ONLY)   |   | Current Use (Prior if being demolished)<br><b>SWITCH STATION</b>  |   |                        |              |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ENVIRONMENTAL TACTICS</b>  |  | ASCM No.<br><b>0045</b>   |   | Name of Abatement Contractor (9)<br><b>UNIQUE SYSTEMS OF AMERICA</b>  |   |                        |              |             |           |
| Street Address<br><b>64 BROAD STREET</b>   |  | Street Address<br><b>396 WHITEHEAD AVE.</b>   |   |   |   |                        |              |             |           |
| City, State, Zip Code<br><b>MATAWAN, NJ 07747</b>  |  | City, State, Zip Code<br><b>SOUTH RIVER, NJ 08882</b>   |   |   |   |                        |              |             |           |
| Project Manager for Monitoring Firm<br><b>TOM GEIGER</b>   |  | Telephone No.<br><b>732-292-2217</b>  |   | Telephone No.<br><b>732-432-8350</b>  |   |                        |              |             |           |
|  |  |   |   | License No.<br><b>01111</b>   |   |                        |              |             |           |
| Start Date (10)<br><b>10/9/14</b>  |  | Scheduled Completion Date (11)<br><b>10/9/14</b>  |   | Name of OSHA Monitor<br><b>UNIQUE SYSTEMS OF AMERICA</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<br><input checked="" type="checkbox"/> Other - Describe: <b>necessary operations only</b>   |  |   |   | Street Address<br><b>396 WHITEHEAD AVE.</b>   |   |                        |              |             |           |
|  |  |   |   | City, State, Zip Code<br><b>SOUTH RIVER, NJ 08882</b>   |   |                        |              |             |           |
| Scope of Work (Check All That Apply)<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 checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input 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)<br>Yes No N/A   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                         | Abatement Type         |              |             |           |
|  |  |   |   |   |   | Removal                | Repair       | Encapsulate | Enclosure |
| <b>CONTROL ROOM</b>  |  | <b>X</b>  |   | <b>TRANSITE PANEL</b>   | <b>20 SF</b>                                      | <b>X</b>               |              |             |           |
|  |  | <b>X</b>  |   |   |   | <b>ACM SOCKS</b>       | <b>60 LF</b> | <b>X</b>    |           |
|  |  |   |   |   |   |                        |              |             |           |
|  |  |   |   |   |   |                        |              |             |           |
| Name of Registered Waste Hauler<br><b>WASTE MANAGEMENT</b>   |  | NJDEP Waste Hauler ID No.<br><b>1125</b>  |   | Cubic Yards of Waste<br><b>Appx 7</b>   | Name of Registered Landfill<br><b>GROWS NORTH</b> |                        |              |             |           |
| City, State<br><b>ELIZABETH, NJ</b>  |  |   |   | Disposal Date<br><b>TBD</b>   | City, State<br><b>MORRISVILLE, PA</b>             |                        |              |             |           |
| Completed by<br><b>CAROL RAIMO</b>   |  | Title<br><b>OFFICE MGR.</b>   |   | Signature<br><b>Carol Raimo</b>   |   | Date<br><b>10/6/14</b> |              |             |           |



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

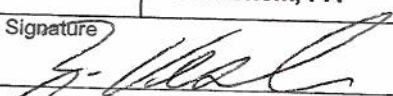
| Date of Notification (1)<br><b>9/29/14</b>  |   | Name of Building Owner/Operator (2)<br><b>P.S.E.G.</b>  |   | <b>2014 OCT -7 PM 4:00</b>  |   |                        |        |             |           |
|---|---|---|---|---|---|------------------------|--------|-------------|-----------|
| Agencies 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>4000 HADLEY ROAD</b><br>City, State, Zip Code<br><b>SOUTH PLAINFIELD, NJ. 07080</b><br>Name of Contact<br><b>GEORGE VILARO</b> |   |                        |        |             |           |
|   |   |   |   | Telephone Number<br><b>1100</b>   |   |                        |        |             |           |
| <b>FACILITY INFORMATION</b>   |   |   |   |   |   |                        |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PSE &amp; G</b>  |   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |   |                        |        |             |           |
| Street Address<br><b>RT 1 &amp; PIERSON AVE.</b>  |   |   | Square Feet<br><b>Appx 16000</b> # of Floors<br><b>3</b> Bldg. Age<br><b>Appx 75yrs.</b>  |   |   |                        |        |             |           |
| City (5)<br><b>METUCHEN</b>   |   |   | Current Use (Prior if being demolished)<br><b>SWITCH STATION</b>  |   |   |                        |        |             |           |
| County (6)<br><b>MIDDLESEX</b>  |   | County Code (7)<br>(STATE USE ONLY) _____   |   |   |   |                        |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ENVIRONMENTAL TACTICS</b>   |   | ASCM No.<br><b>0045</b>   |   | Name of Abatement Contractor (9)<br><b>UNIQUE SYSTEMS OF AMERICA</b>  |   |                        |        |             |           |
| Street Address<br><b>64 BROAD STREET</b>  |   | Street Address<br><b>396 WHITEHEAD AVE.</b>   |   |   |   |                        |        |             |           |
| City, State, Zip Code<br><b>MATAWAN, NJ 07747</b>   |   | City, State, Zip Code<br><b>SOUTH RIVER, NJ 08882</b>   |   |   |   |                        |        |             |           |
| Project Manager for Monitoring Firm<br><b>TOM GEIGER</b>  |   | Telephone No.<br><b>732-292-2217</b>  |   | Telephone No.<br><b>732-432-8350</b> License No.<br><b>01111</b>  |   |                        |        |             |           |
| Start Date (10)<br><b>10/9/14</b>   |   | Scheduled Completion Date (11)<br><b>10/9/14</b>  |   | Name of OSHA Monitor<br><b>UNIQUE SYSTEMS OF AMERICA</b>  |   |                        |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <b>necessary operations only</b>   |   |   |   | Street Address<br><b>396 WHITEHEAD AVE.</b><br>City, State, Zip Code<br><b>SOUTH RIVER, NJ 08882</b>  |   |                        |        |             |           |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input 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 |
| <b>CONTROL ROOM</b>   |   | <b>X</b>  |   | <b>TRANSITE PANEL</b>   | <b>20 SF</b>                                      | <b>X</b>               |        |             |           |
|   |   |   |   |   |   |                        |        |             |           |
|   |   |   |   |   |   |                        |        |             |           |
|   |   |   |   |   |   |                        |        |             |           |
| Name of Registered Waste Hauler<br><b>WASTE MANAGEMENT</b>  |   | NJDEP Waste Hauler ID No.<br><b>1125</b>  |   | Cubic Yards of Waste<br><b>Appx 4</b>   | Name of Registered Landfill<br><b>GROWS NORTH</b> |                        |        |             |           |
| City, State<br><b>ELIZABETH, NJ</b>   |   | Disposal Date<br><b>TBD</b>   |   | City, State<br><b>MORRISVILLE, PA</b>   |   |                        |        |             |           |
| Completed by<br><b>CAROL RAIMO</b>  |   | Title<br><b>OFFICE MGR.</b>   |   | Signature<br><b>Carol Raimo</b>   |   | Date<br><b>9/29/14</b> |        |             |           |



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

| Date of Notification (1)<br><b>10/03/2014</b>  |  | Name of Building Owner/Operator (2)<br><b>Lanwin Development Corp.</b>   |  |   |                           |                           |        |             |           |
|--|--|--|--|---|---------------------------|---------------------------|--------|-------------|-----------|
| Agencies Notified  | Type Notification  | Street Address<br><b>195 Nassau Street</b>   |  |   |                           |                           |        |             |           |
| <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 type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br><b>Princeton, NJ 08542</b>  |  |   |                           |                           |        |             |           |
|  |  | Name of Contact<br><b>Konrad Johnson</b>   | Telephone Number<br><b>609-981-1000</b>                      |   |                           |                           |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |  |  |   |                           |                           |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>5 Pschom Lane</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.)                    |  |   |                           |                           |        |             |           |
| City (5)<br><b>Hillsboro</b>   | County (6)<br><b>Somerset</b>  | County Code (7)<br>(STATE USE ONLY)  | Square Feet  |   |                           |                           |        |             |           |
| Current Use (Prior if being demolished)<br><b>Vacant</b>   |  | # of Floors  | Bldg. Age  |   |                           |                           |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>  |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>VMC Company, Inc.</b> |   |                           |                           |        |             |           |
| Street Address   |  | Street Address<br><b>208 Piaget Avenue</b>   |  |   |                           |                           |        |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br><b>Clifton, NJ 07011</b>  |  |   |                           |                           |        |             |           |
| Project Manager for Monitoring Firm  |  | Telephone No.  | Telephone No.<br><b>973-153-8828</b>                         |   |                           |                           |        |             |           |
| Start Date (10)<br><b>10/20/2014</b>   |  | Scheduled Completion Date (11)<br><b>10/24/2014</b>  | License No.<br><b>00704</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: |  | Name of OSHA Monitor<br><b>VMC Co. Inc.</b>  |  |   |                           |                           |        |             |           |
|  |  | 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 |
| Basement   |  |  | X  | VAT/Mastic  | 300 SF                    | X                         |        |             |           |
| Basement   |  |  | X  | Linoleum  | 150 SF                    | X                         |        |             |           |
| Exterior   |  |  | X  | Window caulk  | 40 LF                     | X                         |        |             |           |
| Exterior   |  |  | X  | Roofing material  | 2,000 SF                  | X                         |        |             |           |
| Name of Registered Waste Hauler<br><b>Newark Carting, Inc.</b>   |  | NJDEP Waste Hauler ID No.<br><b>05409</b>  | Cubic Yards of Waste<br><b>40y</b>                           | Name of Registered Landfill<br><b>GROWS</b>   |                           |                           |        |             |           |
| City, State<br><b>Newark, NJ</b>   |  | Disposal Date<br><b>10/24/14</b>   |  | City, State<br><b>Morrisville, PA</b>   |                           |                           |        |             |           |
| Completed by<br><b>Voytek Roszkowski</b>   |  | Title<br><b>President</b>  | Signature<br><i>Voytek Roszkowski</i>                        |   |                           | Date<br><b>10/03/2014</b> |        |             |           |

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

|  |  |   |  |
|--|--|---|--|
| Date of Notification (1)<br><b>10 / 03 / 14</b>  |  | Name of Building Owner/Operator (2)<br><b>Navesink-Prestige c/o Timothy Hendley</b>   |  |
| Agencies Notified<br><input checked="" 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 checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br><b>187 Monmouth Ave</b>  |  | City, State, Zip Code<br><b>Atlantic Highlands, NJ 07716</b>  |  |
| Name of Contact<br><b>Anthony Marchese</b>   |  | Telephone Number  |  |
| <b>FACILITY INFORMATION</b>  |  |   |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residential 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>17 River Road</b>   |  | Square Feet # of Floors Bldg. Age   |  |
| City (5)<br><b>Port Republic, NJ 08241</b>   |  | County (6)<br><b>Atlantic</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.  |  |
| Street Address<br><b>P.O. Box 1224</b>   |  | Name of Abatement Contractor (9)<br><b>ALL PRO MANAGEMENT LLC</b>   |  |
| City, State, Zip Code<br><b>Union, NJ</b>  |  | Street Address<br><b>27 Outwater Lane</b>   |  |
| Project Manager for Monitoring Firm<br><b>Rick Eustaquio</b>   |  | City, State, Zip Code<br><b>Garfield, NJ 07026</b>  |  |
| Telephone No.<br><b>973-494-3762</b>   |  | Telephone No.<br><b>973-928-4888</b>  |  |
| Start Date (10)<br><b>10 / 04 / 14</b>   |  | License No.<br><b>1188</b>  |  |
| Scheduled Completion Date (11)<br><b>11 / 07 / 15</b>  |  | 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>   |  |
| 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   |  | <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  |  |
| City, State, Zip Code<br><b>Garfield, NJ 07026</b>   |  |   |  |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED IN Facility (13)</b>   |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A   |  |
| Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   |  | Amount (Specify SF or LF)   |  |
| Abatement Type   |  |   |  |
| Removal Repair Encapsulate Enclosure   |  |   |  |
| Side/ Exterior   |  | Transite Siding   |  |
| 1000 SF  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
| Name of Registered Waste Hauler<br><b>Newark Carting</b>   |  | NJDEP Waste Hauler ID No.<br><b>04509</b>   |  |
| City, State<br><b>Newark, NJ</b>   |  | Cubic Yards of Waste<br><b>As Needed</b>  |  |
| Disposal Date<br><b>TBD</b>  |  | Name of Registered Landfill<br><b>IESI Landfill</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>10/3/14</b>  |  |



PK 34211

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

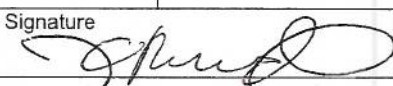
2014 OCT

|  |                                  |   |                         |
|--|----------------------------------|---|-------------------------|
| Date of Notification (1)<br><b>9-22-14</b>   |                                  | Name of Building Owner/Operator (2)<br><b>EARTHTECH-CONTRACTING</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>155 RT-50</b>   |                                  | City, State, Zip Code<br><b>GREENFIELD N.J. 08230</b>   |                         |
| Name of Contact<br><b>BRUCE BREUNIG</b>  |                                  | Telephone Number  |                         |
| FACILITY INFORMATION   |                                  |   |                         |
| Name of Facility Where Abatement is Taking Place (3)<br><b>RESIDENCE</b>   |                                  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter B (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)                            |                         |
| Street Address<br><b>221 N CLERMONT AVE</b>  |                                  | Square Feet<br><b>1000</b>  | # of Floors<br><b>2</b> |
| City (5)<br><b>MARGATE</b>   |                                  | Bldg Age<br><b>40+</b>  |                         |
| County (6)   | County Code (7) (STATE USE ONLY) | Current Use (Prior to being demolished)<br><b>VACANT</b>  |                         |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>  |                                  | ASCM No.  |                         |
| Street Address   |                                  | Name of Abatement Contractor (9)<br><b>KLEMMCO INC.</b>   |                         |
| City, State, Zip Code  |                                  | Street Address<br><b>369 S. SPRUCE AVE.</b>   |                         |
| Project Manager for Monitoring Firm  |                                  | City, State, Zip Code<br><b>MAPLE SHADE, N.J. 08052</b>   |                         |
| Telephone No.  |                                  | Telephone No.<br><b>856-779-0422</b>  |                         |
| License No.  |                                  | License No.<br><b>00444</b>   |                         |
| Start Date (10)<br><b>10/6/14</b>  |                                  | Scheduled Completion Date (11)<br><b>10/13/14</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:   |                                  | Name of OSHA Monitor<br><b>JOSEPH KLEMM</b>   |                         |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> 23 sq ft or 23 ft<br><input type="checkbox"/> 2160 sq ft or 2260 ft<br><input checked="" type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Win-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure |                                  | Street Address<br><b>369 S. SPRUCE AVE.</b>   |                         |
| City, State, Zip Code<br><b>MAPLE SHADE, N.J. 08052</b>  |                                  | City, State, Zip Code<br><b>MAPLE SHADE, N.J. 08052</b>   |                         |
| Location of Asbestos-Containing Material (ACM) (12)<br><b>TO BE ABATED IN FACILITY</b>   |                                  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br><b>X</b>   |                         |
| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  |                                  | Amount, Specify in ft <sup>2</sup> or LF<br><b>2200 sq ft</b>   |                         |
| Name of Registered Waste Hauler<br><b>KLEMMCO INC.</b>   |                                  | Cubic Yards of Waste<br><b>5</b>  |                         |
| City, State<br><b>MAPLE SHADE, N.J. 08052</b>  |                                  | Disposal Date<br><b>WOODBINE, N.J.</b>  |                         |
| Name of Registered Landfill<br><b>C.M.C. M.U.A.</b>  |                                  | City, State<br><b>WOODBINE, N.J.</b>  |                         |
| Completed By<br><b>JOSEPH KLEMM</b>  |                                  | Signature<br><b>Joseph Klemm</b>  |                         |
| Title<br><b>OWNER</b>  |                                  | Date<br><b>9-22-</b>  |                         |

2014 OCT-7 PM 2:14



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

|  |   |   |   |  |                           |                |                 |             |           |
|--|---|---|---|--|---------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1)<br>9/22/14  |   | Name of Building Owner/Operator (2)<br>Kinder Morgan  |   |  |                           |                |                 |             |           |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>78 Lafayette Street   |   |  |                           |                |                 |             |           |
|  |   | City, State, Zip Code<br>Carteret, NJ 07008   |   |  |                           |                |                 |             |           |
|  |   | Name of Contact<br>Ezio Tambarello  |   |  |                           |                |                 |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |   |  |                           |                |                 |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Kinder Morgan  |   | 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>78 Lafayette Street  |   | Square Feet<br>3,600  | # of Floors<br>0  |  |                           |                |                 |             |           |
| City (5)<br>Carteret   |   | Bldg. Age<br>40   |   |  |                           |                |                 |             |           |
| County (6)<br>Middlesex  |   | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)                                       |  |                           |                |                 |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Groundwater & Environmental Services, Inc.  |   | ASCM No.<br>N/A   | Name of Abatement Contractor (9)<br>VersiTech Industrial Services of PA, Inc. |  |                           |                |                 |             |           |
| Street Address<br>1340 Campus Parkway, Suite B4  |   | Street Address<br>100 Alexander Drive   |   |  |                           |                |                 |             |           |
| City, State, Zip Code<br>Neptune, NJ 07753   |   | City, State, Zip Code<br>Monaca, PA 15061   |   |  |                           |                |                 |             |           |
| Project Manager for Monitoring Firm<br>Matthew Ferrari   |   | Telephone No.<br>800-220-3068   | Telephone No.<br>724-728-6144   |  |                           |                |                 |             |           |
| License No.<br>01123   |   |   |   |  |                           |                |                 |             |           |
| Start Date (10)<br>10/06/14  | Scheduled Completion Date (11)<br>10/17/14  | Name of OSHA Monitor<br>VersiTech Industrial Services of PA, 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>100 Alexander Drive   |   |  |                           |                |                 |             |           |
|  |   | City, State, Zip Code<br>Monaca, PA 15061   |   |  |                           |                |                 |             |           |
| Scope of Work (Check All That Apply)   |   |   |   |  |                           |                |                 |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |   |  |                           |                |                 |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                 |             |           |
|  | Yes   | No  | N/A   |  |                           | Removal        | Repair          | Encapsulate | Enclosure |
| Firehouse  | X   |   |   | Black roofing material   | 3,600                     | X              |                 |             |           |
|  |   |   |   |  |                           |                |                 |             |           |
|  |   |   |   |  |                           |                |                 |             |           |
| Name of Registered Waste Hauler<br>Waste Management  |   | NJDEP Waste Hauler ID No.<br>17273  | Cubic Yards of Waste<br>10  | Name of Registered Landfill<br>Monmouth County Reclamation Center  |                           |                |                 |             |           |
| City, State<br>Newark, NJ  |   | Disposal Date<br>10/27/14   |   | City, State<br>Tinton Falls, NJ 07753  |                           |                |                 |             |           |
| Completed by<br>James Kreider  |   | Title<br>Project Manager  |   | Signature<br>                              |                           |                | Date<br>9/22/14 |             |           |



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

|   |  |   |  |   |                           |                |        |             |           |
|---|--|---|--|---|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1)<br>10/2/2014   |  | Name of Building Owner/Operator (2)<br>BOROUGH OF LINCOLN PARK  |  |   |                           |                |        |             |           |
| Agencies Notified   | Type Notification  | Street Address<br>34 CHAPEL HILL ROAD   |  |   |                           |                |        |             |           |
| <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><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>LINCOLN PARK, NJ 07035   |  |   |                           |                |        |             |           |
|   |  | Name of Contact<br>PAUL DARMOFALSKI   | Telephone Number   |   |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>   |  |   |  |   |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>VACANT RESIDENCE  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)         |  |   |                           |                |        |             |           |
| Street Address<br>1 LAWRENCE STREET   |  | Square Feet   | # of Floors  |   |                           |                |        |             |           |
| City (5)<br>LINCOLN PARK  |  | Bldg. Age   |  |   |                           |                |        |             |           |
| County (6)<br>MORRIS  | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)   |  |   |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |  | ASCM No.  | Name of Abatement Contractor (9)<br>TWO BROTHERS CONTRACTING, INC. |   |                           |                |        |             |           |
| Street Address  |  | Street Address<br>250 RUTHERFORD BLVD.  |  |   |                           |                |        |             |           |
| City, State, Zip Code   |  | City, State, Zip Code<br>CLIFTON, NJ 07014  |  |   |                           |                |        |             |           |
| Project Manager for Monitoring Firm   |  | Telephone No.   | License No.  |   |                           |                |        |             |           |
|   |  | 973-956-8700  | 00494  |   |                           |                |        |             |           |
| Start Date (10)<br>10/13/2014   | Scheduled Completion Date (11)<br>10/22/2014   | Name of OSHA Monitor<br>SAME AS (9) ABOVE   |  |   |                           |                |        |             |           |
| 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: VACANT |  | 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 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 |
| THROUGHOUT INTERIOR,  |  | X   |  | JOINT COMPOUND VIA  | 2,500 SF +/-              | X              |        |             |           |
| WALLS W/SHEETROCK   |  |   |  | LIMITED CONTAINMENT   |                           |                |        |             |           |
|   |  |   |  | PROCEDURES  |                           |                |        |             |           |
| Name of Registered Waste Hauler<br>TWO BROTHERS CONTRACTING   |  | NJDEP Waste Hauler ID No.<br>18743  | Cubic Yards of Waste<br>15   | Name of Registered Landfill<br>WASTE MANAGEMENT G.R.O.W.S.  |                           |                |        |             |           |
| City, State<br>CLIFTON, NJ  |  |   | Disposal Date<br>10/22/2014  | City, State<br>MORRISVILLE, PA  |                           |                |        |             |           |
| Completed by<br>VIVECA RAMOS  |  | Title<br>PROJECT COORDINATOR  | Signature<br><i>Viveca Ramos</i>                                   | Date<br>10/2/2014   |                           |                |        |             |           |



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

|  |   |  |  |   |                           |                |        |             |           |
|--|---|--|--|---|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1)<br>10/3/2014  |   | Name of Building Owner/Operator (2)<br>BOROUGH OF LINCOLN PARK   |  |   |                           |                |        |             |           |
| Agencies Notified  | Type Notification   | Street Address<br>34 CHAPEL HILL ROAD  |  |   |                           |                |        |             |           |
| <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>LINCOLN PARK, NJ 07035  |  |   |                           |                |        |             |           |
|  |   | Name of Contact<br>PAUL DARMOFALSKI  |  |   |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |  |   |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>VACANT RESIDENCE   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |  |   |                           |                |        |             |           |
| Street Address<br>61 RIVEREDGE ROAD  |   | Square Feet  | # of Floors  |   |                           |                |        |             |           |
| City (5)<br>LINCOLN PARK   |   | Bldg. Age  |  |   |                           |                |        |             |           |
| County (6)<br>MORRIS   | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)  |  |   |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |   | ASCM No.   | Name of Abatement Contractor (9)<br>TWO BROTHERS CONTRACTING, INC. |   |                           |                |        |             |           |
| Street Address   |   | Street Address<br>250 RUTHERFORD BLVD.   |  |   |                           |                |        |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>CLIFTON, NJ 07014   |  |   |                           |                |        |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.<br>973-956-8700  | License No.<br>00494   |   |                           |                |        |             |           |
| Start Date (10)<br>10/16/2014  | Scheduled Completion Date (11)<br>10/30/2014  | Name of OSHA Monitor<br>SAME AS (9) ABOVE  |  |   |                           |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>VACANT</u> |   | Street Address   |  |   |                           |                |        |             |           |
|  |   | City, State, Zip Code  |  |   |                           |                |        |             |           |
| Scope of Work (Check All That Apply)   |   |  |  |   |                           |                |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |   | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |  |   |                           |                |        |             |           |
|  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input 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 WALLS   |   | X  |  | EXTERIOR STUCCO MATERIAL  | 4,140 SF                  | X              |        |             |           |
|  |   |  |  |   |                           |                |        |             |           |
|  |   |  |  |   |                           |                |        |             |           |
|  |   |  |  |   |                           |                |        |             |           |
| Name of Registered Waste Hauler<br>TWO BROTHERS CONTRACTING  |   | NJDEP Waste Hauler ID No.<br>18743   | Cubic Yards of Waste<br>8  | Name of Registered Landfill<br>WASTE MANAGEMENT G.R.O.W.S.  |                           |                |        |             |           |
| City, State<br>CLIFTON, NJ   |   |  | Disposal Date<br>10/30/2014  | City, State<br>MORRISVILLE, PA  |                           |                |        |             |           |
| Completed by<br>VIVECA RAMOS   |   | Title<br>PROJECT COORDINATOR   | Signature<br><i>Viveca Ramos</i>                                   | Date<br>10/3/2014   |                           |                |        |             |           |



## State of New Jersey

## NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

MO#21901449148

RECEIVED

|   |  |  |                          |  |   |                    |                                     |                          |                          |                          |
|---|--|--|--------------------------|--|---|--------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>10 / 03 / 14  |  | Name of Building Owner/Operator (2)<br>Eli Aronoff   |                          | 2014 OCT -7 PM 1:54  |   |                    |                                     |                          |                          |                          |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)   |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                          | Street Address<br>85 Lincoln Avenue<br>City, State, Zip Code<br>Montclair, NJ 07042<br>Name of Contact<br>Eli Aronoff<br>Telephone Number  |   |                    |                                     |                          |                          |                          |
| FACILITY INFORMATION  |  |  |                          |  |   |                    |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Private home<br>Street Address<br>85 Lincoln Avenue<br>City (5)<br>Montclair, NJ 07042<br>County (6)<br>Essex   |  |  |                          | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-1 2)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)<br>Square Feet<br># of Floors<br>Bldg. Age |   |                    |                                     |                          |                          |                          |
| County Code (7) (STATE USE ONLY)<br>Essex   |  | Current Use (Prior if being demolished)  |                          |  |   |                    |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Street Address<br>City, State, Zip Code  |  | ASCM No.   |                          | Name of Abatement Contractor (9)<br>Gr Tech LLC<br>Street Address<br>576 Valley Rd #283<br>City, State, Zip Code<br>Wayne, NJ 07470  |   |                    |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm   |  | Telephone No.  |                          | License No.  |   |                    |                                     |                          |                          |                          |
| Start Date (10)<br>10 / 13 / 14   |  | Scheduled Completion Date (11)<br>10 / 14 / 14   |                          | Name of OSHA Monitor<br>Envirovision Consultants, Inc<br>Street Address<br>20-21 Wagaraw Road, Bldg. # 34A<br>City, State, Zip Code<br>Fair Lawn, NJ 07410   |   |                    |                                     |                          |                          |                          |
| 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  |  |  |                          |  |   |                    |                                     |                          |                          |                          |
| 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<br><input type="checkbox"/> Clean up and decontamination with negative pressure<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Tent with Negative Pressure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |                          |  |   |                    |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility<br>(13)  |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |                          | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   | Amount (Specify SIF or LF)  | Abatement Type     |                                     |                          |                          |                          |
|   |  | Yes  | No                       |  |   | N/A                | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| First floor   |  | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/>  | Pipe insulation   | 30 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>Gr Tech LLC<br>City, State<br>Wayne, NJ 07470  |  | NJDEP Waste Hauler ID No.<br>0033785   |                          | Cubic Yards of Waste<br>TBD  | Name of Registered Landfill<br>T.R.R.F. Inc<br>City, State<br>Tullytown, PA |                    |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>N.Jevtic  |  | Title<br>Owner   |                          | Signature<br><i>N. Jevtic</i>  |   | Date<br>10/03/2014 |                                     |                          |                          |                          |

ASB-41

MAY 11

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



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

Check # 7620

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br><b>10/4/14</b>  |  | Name of Building Owner/Operator (2)<br><b>Monroe Township</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 of Notification                                     | Street Address<br><b>One Municipal Plaza</b>                  |  |
|   | <input checked="" type="checkbox"/> Initial Notification | City, State, Zip Code<br><b>Monroe Twp., NJ 08831</b>         |  |
|   | <input type="checkbox"/> Amended Notification            | Name of Contact<br><b>Tim Stoessler</b>                       |  |
| <input type="checkbox"/> Cancellation   |  | Telephone Number  |  |

**FACILITY INFORMATION**

|  |  |  |   |                         |                                |
|--|--|--|---|-------------------------|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Water treatment facility</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>143 Union Valley Road</b>   |  |  | Square Feet<br><b>20000</b>   | # of Floors<br><b>1</b> | Bldg. Age<br><b>~80</b>        |
| City (5)<br><b>Monroe Twp</b>  | County (6)<br><b>Middlesex</b>                 | County Code (7)<br>(STATE USE ONLY)                    | Current Use (Prior if being demolished)<br>Utility building   |                         |                                |
| Name of Monitoring Firm Hired by Building Owner<br><b>Whitman Companies, Inc.</b>  |  | ASCN No.<br><b>00110</b>                               | Name of Abatement Contractor (9)<br><b>Jupiter Environmental Services, Inc.</b>   |                         |                                |
| Street Address<br><b>7 Pleasant Hill Road</b>  |  | Street Address<br><b>3 Lynn Court</b>                  |   |                         |                                |
| City, State, Zip Code<br><b>Cranbury, NJ 08512</b>   |  | City, State, Zip Code<br><b>Lincoln Park, NJ 07035</b> |   |                         |                                |
| Project Manager for Monitoring Firm<br><b>Kevin Lovely</b>   |  | Telephone Number<br><b>732-390-5858</b>                | Telephone Number<br><b>973-709-0200</b>   |                         | License Number<br><b>00852</b> |
| Scheduled Start Date (10)<br><b>10/14/14</b>   | Sched. Completion Date (11)<br><b>10/20/14</b> |  | Name of OSHA Monitor<br><b>J &amp; S Environmental Laboratories, LLC</b>  |                         |                                |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe:<br><input checked="" type="checkbox"/> Other – Describe: <u>partially vacant</u> |  |  | Street Address<br><b>2333 Route 22W</b>   |                         |                                |
|  |  |  | City, State, Zip Code<br><b>Union, NJ 07083</b>   |                         |                                |

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

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

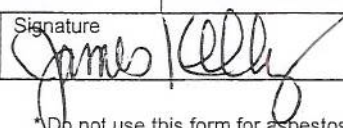
| Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff (12) |    |     | Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |   |   |   |  |
|--|--|----|-----|--|---------------------------|----------------|---|---|---|--|
|  | Yes  | No | N/A |  |                           | R              | R | E | E |  |
| throughout   |  | x  |     | TSI  | 2000 LF                   |                | X | X |   |  |
|  |  |    |     |  |                           |                |   |   |   |  |
|  |  |    |     |  |                           |                |   |   |   |  |

|  |  |   |   |  |                        |
|--|--|---|---|--|------------------------|
| Name of Registered Waste Hauler<br><b>Jupiter Environmental Services</b> |  | NJDEP Waste Hauler ID No.<br><b>04782</b> | Cubic Yards Of Waste<br><b>1</b>  | Name of Registered Landfill<br><b>Minerva Landfill</b> |                        |
| City, State<br><b>Lincoln Park, NJ</b>                                   |  | Disposal Date<br><b>10/31/14</b>          |   | City, State<br><b>Waynesburg, OH</b>                   |                        |
| Completed By (Print or Type)<br><b>Pane Repic</b>                        |  | Title<br><b>General Manager</b>           | Signature<br> |  | Date<br><b>10/4/14</b> |



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

Check# 11038

|  |  |   |   |   |                |                        |  |  |
|--|--|---|---|---|----------------|------------------------|--|--|
| Date of Notification (1)<br><b>10-3-14</b>   |  | Name of Building Owner/Operator (2)<br><b>Broadway Associates 2010, LLC</b>   |   |   |                |                        |  |  |
| Agencies Notified<br><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><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>832 Germantown Pike</b>  |   |   |                |                        |  |  |
|  |  | City, State, Zip Code<br><b>Plymouth Meeting, PA 19462</b>  |   |   |                |                        |  |  |
|  |  | Name of Contact<br><b>Larry Pelullo</b>   |   |   |                |                        |  |  |
| Telephone Number<br>_____  |  |   |   |   |                |                        |  |  |
| <b>FACILITY INFORMATION</b>  |  |   |   |   |                |                        |  |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>501 Pine Street</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>501 Pine Street</b>   |  |   |   |   |                |                        |  |  |
| City (5)<br><b>Camden, NJ 08103</b>  |  | Square Feet<br><b>1,500</b>   | # of Floors<br><b>2</b>   |   |                |                        |  |  |
| County (6)<br><b>Camden</b>  |  | County Code (7)<br>(STATE USE ONLY) _____   | Bldg. Age<br><b>65yrs.</b>  |   |                |                        |  |  |
| Current Use (Prior if being demolished)<br><b>vacant</b>   |  |   |   |   |                |                        |  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>EHS Environmental, Inc.</b>  |  | ASCM No.<br>_____   | Name of Abatement Contractor (9)<br><b>Plymouth Environmental Co., Inc.</b>   |   |                |                        |  |  |
| Street Address<br><b>411 Southgate Court, Suite E</b>  |  | Street Address<br><b>923 Haws Avenue</b>  |   |   |                |                        |  |  |
| City, State, Zip Code<br><b>Mickleton, NJ 08056</b>  |  | City, State, Zip Code<br><b>Norristown, PA 19401</b>  |   |   |                |                        |  |  |
| Project Manager for Monitoring Firm<br><b>Jack Carney</b>  |  | Telephone No.<br><b>856-224-0080</b>  | Telephone No.<br><b>610-239-9920</b>  |   |                |                        |  |  |
| License No.<br><b>00398</b>  |  |   |   |   |                |                        |  |  |
| Start Date (10)<br><b>10-20-14</b>   | Scheduled Completion Date (11)<br><b>10-24-14</b>  |   | Name of OSHA Monitor<br><b>Plymouth Environmental Co., Inc.</b>   |   |                |                        |  |  |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____   |  |   | Street Address<br><b>923 Haws Avenue</b>  |   |                |                        |  |  |
|  |  |   | City, State, Zip Code<br><b>Norristown, PA 19401</b>  |   |                |                        |  |  |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |   |   |                |                        |  |  |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)<br><br><b>basement</b>   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes    No    N/A<br><b>x</b>  |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)<br><br><b>VAT</b> | Amount (Specify SF or LF)<br><br><b>400 SF</b>  | Abatement Type |                        |  |  |
|  | Removal  | Repair  |   |   | Encapsulate    | Enclosure              |  |  |
|  |  |   |   |   | <b>x</b>       |                        |  |  |
|  |  |   |   |   |                |                        |  |  |
|  |  |   |   |   |                |                        |  |  |
| Name of Registered Waste Hauler<br><b>Robinson Waste Disposal</b>  |  | NJDEP Waste Hauler ID No.<br><b>17304</b>   | Cubic Yards of Waste<br><b>2</b>  | Name of Registered Landfill<br><b>GROWS Landfill</b>  |                |                        |  |  |
| City, State<br><b>Bellmawr, NJ</b>   |  | Disposal Date<br><b>10-24-14</b>  |   | City, State<br><b>Fairless Hills, PA</b>  |                |                        |  |  |
| Completed by<br><b>James Kelly</b>   |  | Title<br><b>President</b>   |   | Signature<br> |                | Date<br><b>10-3-14</b> |  |  |



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

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br><b>September 19, 2014</b> |  | Name of Building Owner/Operator (2)<br><b>Messercola Enterprises</b> <i>25336</i> |  |
| Agencies Notified                                     | Type of Notification   | Street Address  |  |
| <input checked="" type="checkbox"/> EPA               | <input type="checkbox"/> Initial Notification                | <b>P O Box 790</b> <i>2014 OCT -7 PM 2:02</i>                                     |  |
| <input type="checkbox"/> DEP                          | <input type="checkbox"/> Amended Notification                | City, State, Zip Code<br><b>Matawan, NJ 07747</b> <i>ASBESTOS CONTROL</i>         |  |
| <input checked="" type="checkbox"/> DOL               | Amendment # _____  |   |  |
| <input type="checkbox"/> DOH                          | <input type="checkbox"/> Emergency (including justification) | Name of Contact<br><b>Fernando</b>  |  |
| <input type="checkbox"/> DCA                          | <input checked="" type="checkbox"/> Off Hold                 |   |  |

**FACILITY INFORMATION**

|   |  |  |  |                         |                                |
|---|--|--|--|-------------------------|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence garage</b>   |  |  | Type of Facility (4)   |                         |                                |
| Street Address<br><b>72 Mark Drive</b>  |  |  | <input type="checkbox"/> School (k-12)   |                         |                                |
|   |  |  | <input type="checkbox"/> Subchapter 8 (other than k-12)  |                         |                                |
| City<br><b>Beach Haven West</b>   |  |  | <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)  |                         |                                |
|   |  |  | County (6)<br><b>Ocean</b>   |                         |                                |
| County Code (7)<br>(STATE USE ONLY)   |  | Square feet<br><b>1000 sf</b>                    |  | # of Floors<br><b>1</b> | Bldg. Age<br><b>60</b>         |
| Current Use (Prior if being demolished)<br><b>Residence</b>   |  |  |  |                         |                                |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>   |  |  | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b>  |                         |                                |
| Street Address  |  |  | Street Address<br><b>1889 Route 9, Unit 61</b>   |                         |                                |
| City, State, Zip Code   |  |  | City, State, Zip Code<br><b>Toms River, New Jersey 08755-1271</b>  |                         |                                |
| Project Manager for Monitoring Firm   |  | Telephone Number                                 | Telephone Number<br><b>732-349-9932</b>  |                         | License Number<br><b>00624</b> |
| Scheduled Start Date (10)<br><b>10/6/14</b>   |  | Scheduled Completion Date (11)<br><b>10/7/14</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 _____ |  |  | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b>   |                         |                                |
|   |  |  | Street Address<br><b>1056 Stelton Road</b>   |                         |                                |
|   |  |  | City, State, Zip Code<br><b>Piscataway, New Jersey 08854</b>   |                         |                                |
|   |  |  | Scope of Work (Check all that apply)   |                         |                                |
| <input type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition  |  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                         |                                |

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>in facility<br>(13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12)<br><br>YES NO N/A |   |  | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                  |                            |   |   |
|--|--|---|--|---|---------------------------|---------------------------------|----------------------------|---|---|
|  |  |   |  |   |                           | R<br>E<br>M<br>O<br>V<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Exterior garage  |  | X |  | Asbestos siding   | 500 sf                    | X                               |                            |   |   |
|  |  |   |  |   |                           |                                 |                            |   |   |
|  |  |   |  |   |                           |                                 |                            |   |   |
|  |  |   |  |   |                           |                                 |                            |   |   |

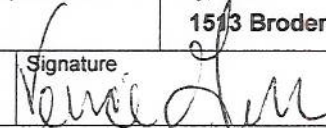
|  |   |   |  |
|--|---|---|--|
| Name of Registered Waste Hauler<br><b>Guardian Contracting, Inc.</b> | NJDEP Waste Hauler ID No.<br><b>20223</b> | Cubic Yards of Waste<br><b>2</b>              | Name of Registered Landfill<br><b>T.R.R.F.</b> |
| City, State<br><b>Toms River, New Jersey</b>                         | Disposal Date<br><b>10/8/14</b>           | City, State<br><b>Tullytown, Pennsylvania</b> |  |
| Completed by (Print or Type)<br><b>Nicholas Fernicola</b>            | Title<br><b>Project Manager</b>           | Signature<br><i>Nicholas Fernicola</i>        | <b>9/19/2014</b>                               |

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



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


Check # 1124

|  |   |  |  |   |                                     |   |                          |                          |
|--|---|--|--|---|-------------------------------------|---|--------------------------|--------------------------|
| Date of Notification (1)<br><b>09 / 29 / 14</b>  |   |  | Name of Building Owner/Operator (2)<br><b>Dina Davis</b>   |   |                                     |   |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  |   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br><b>320 N. Gladstone Ave</b><br>City, State, Zip Code<br><b>Margate, N.J. 08402</b><br>Name of Contact<br><b>Dina Davis</b>   Telephone Number   |                                     |   |                          |                          |
| <b>FACILITY INFORMATION</b>  |   |  |  |   |                                     |   |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Resident</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>320 N. Gladstone Ave</b>  |   |  | Square Feet<br><b>1900Sf</b>   # of Floors<br><b>3 Floors</b>   Bldg. Age<br><b>45 Years</b>   |   |                                     |   |                          |                          |
| City (5)<br><b>Margate</b>   |   | County (6)<br><b>US; Atlantic CO.</b>  |  | County Code (7) (STATE USE ONLY)<br><b>US; Atlantic CO.</b>   Current Use (Prior if being demolished)<br><b>Resident</b>  |                                     |   |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)  |   | ASCM No.   |  | Name of Abatement Contractor (9)<br><b>Graham-Tech Environmental Service, LLC.</b>  |                                     |   |                          |                          |
| Street Address   |   | Street Address<br><b>14 Read Drive</b>   |  | City, State, Zip Code<br><b>Sicklerville, NJ 08081</b>  |                                     |   |                          |                          |
| City, State, Zip Code  |   | Project Manager for Monitoring Firm  |  | Telephone No.<br><b>856-318-1341</b>   License No.<br><b>01158</b>  |                                     |   |                          |                          |
| Start Date (10)<br><b>10 / 08 / 14</b>   |   | Scheduled Completion Date (11)<br><b>10 / 13 / 14</b>  |  | Name of OSHA Monitor<br><b>Graham-Tech Environmental Services, 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: <b>7AM-11:30PM</b> / ____PM-____AM |   |  | Street Address<br><b>14 Read Drive</b><br>City, State, Zip Code<br><b>Sicklerville, NJ 08081</b>   |   |                                     |   |                          |                          |
| Scope of Work (Check all that apply)   |   |  |  |   |                                     |   |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf   |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                     |   |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |  | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  | Amount (Specify SF or LF)<br><b>1900SF</b>  | Abatement Type                      |   |                          |                          |
|  | Yes   | No   |  |   | N/A                                 | Removal   | Repair                   | Encapsulate              |
| <b>Outside of House</b>  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <b>Asbestos Siding</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   |   | <input type="checkbox"/>            | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   |   | <input type="checkbox"/>            | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   |   | <input type="checkbox"/>            | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Graham-Tech Environmental Service, LLC</b>   |   | NJDEP Waste Hauler ID No.<br><b>0034600</b>  |  | Cubic Yards of Waste  |                                     | Name of Registered Landfill<br><b>G.R.O.W. North Landfill &amp; Tullytown</b> |                          |                          |
| City, State<br><b>14 Read Drive Sicklerville, NJ 08081</b>   |   | Disposal Date  |  | City, State<br><b>1513 Brodentown Rd. Morrisville, PA</b>   |                                     |   |                          |                          |
| Completed By (Print or Type)<br><b>Vernice Graham</b>  |   | Title<br><b>President</b>  |  | Signature<br>   |                                     | Date<br><b>9-26-14</b>  |                          |                          |

NO CK

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

RECEIVED


|  |   |   |     |   |                           |  |        |             |           |
|--|---|---|-----|---|---------------------------|--|--------|-------------|-----------|
| Date of Notification (1)<br><b>10-3-14</b>   |   | Name of Building Owner/Operator (2)<br><b>New Jersey Restaurants, LP</b>  |     |   |                           |  |        |             |           |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   |   | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>1</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |     |   |                           |  |        |             |           |
| Street Address<br><b>14 Balligomingo Road</b>  |   | City, State, Zip Code<br><b>Conshohocken, PA 19428</b>  |     |   |                           |  |        |             |           |
| Name of Contact<br><b>Alex DeSimone</b>  |   | Telephone Number  |     |   |                           |  |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |     |   |                           |  |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Former Taco Bell</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>1521 Blackwood Clementon Road</b>   |   | Square Feet<br><b>2,000</b>   |     |   |                           |  |        |             |           |
| City (5)<br><b>Blackwood</b>   |   | # of Floors<br><b>1</b>   |     |   |                           |  |        |             |           |
| County (6)<br><b>Camden</b>  |   | Bldg. Age<br><b>50yrs.</b>  |     |   |                           |  |        |             |           |
| County Code (7)<br><b>(STATE USE ONLY)</b>   |   | Current Use (Prior if being demolished)<br><b>restaurant</b>  |     |   |                           |  |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Batta Environmental</b>  |   | ASCM No.  |     |   |                           |  |        |             |           |
| Street Address<br><b>6 Garfield Way</b>  |   | Name of Abatement Contractor (9)<br><b>Plymouth Environmental Co., Inc.</b>   |     |   |                           |  |        |             |           |
| City, State, Zip Code<br><b>Newark, DE 19713</b>   |   | Street Address<br><b>923 Haws Avenue</b>  |     |   |                           |  |        |             |           |
| Project Manager for Monitoring Firm<br><b>Neeraj K. Batta</b>  |   | City, State, Zip Code<br><b>Norristown, PA 19401</b>  |     |   |                           |  |        |             |           |
| Telephone No.<br><b>302-737-3376</b>   |   | Telephone No.<br><b>610-239-9920</b>  |     |   |                           |  |        |             |           |
| Start Date (10)<br><b>9-30-14</b>  |   | License No.<br><b>00398</b>   |     |   |                           |  |        |             |           |
| Scheduled Completion Date (11)<br><b>10-17-14</b>  |   | Name of OSHA Monitor<br><b>EHS Environmental, 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>411 Southgate Court, Suite E</b>   |     |   |                           |  |        |             |           |
|  |   | City, State, Zip Code<br><b>Mickleton, NJ 08056</b>   |     |   |                           |  |        |             |           |
| Scope of Work (Check All That Apply)   |   |   |     |   |                           |  |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |     |   |                           |  |        |             |           |
| Location of Asbestos-Containing Material (ACM)<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   | x   |   |     | roofing   | 900 SF                    | x  |        |             |           |
|  |   |   |     |   |                           |  |        |             |           |
|  |   |   |     |   |                           |  |        |             |           |
|  |   |   |     |   |                           |  |        |             |           |
| Name of Registered Waste Hauler<br><b>Robinson Waste Disposal Service</b>  |   | NJDEP Waste Hauler ID No.<br><b>17304</b>   |     | Cubic Yards of Waste<br><b>10</b>   |                           | Name of Registered Landfill<br><b>TRRF</b> |        |             |           |
| City, State<br><b>Voorhees, NJ 08043</b>   |   | Disposal Date<br><b>10-17-14</b>  |     | City, State<br><b>Tullytown, PA</b>   |                           |  |        |             |           |
| Completed by<br><b>James M. Kelly</b>  |   | Title<br><b>Vice-President</b>  |     | Signature<br>                           |                           | Date<br><b>10-3-14</b>                     |        |             |           |



NO CK

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

313-NJ-14

|  |  |  |   |   |                           |                    |        |             |           |
|--|--|--|---|---|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1)<br>10/03/2014   |  | Name of Building Owner/Operator (2)<br>Rakugo Realty LLC   |   |   |                           |                    |        |             |           |
| Agencies Notified<br>(X) 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>123 Washington Place # 7   |   |   |                           |                    |        |             |           |
|  |  | City, State, Zip Code<br>Passaic, NJ 07055   |   |   |                           |                    |        |             |           |
|  |  | Name of Contact<br>Jorge Knudson   |   |   |                           |                    |        |             |           |
| <div style="text-align: right;">2014 OCT -7 PM 2:06<br/>ASBESTOS 00 11.01<br/>2 LIC 11.01</div>  |  |  |   |   |                           |                    |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |  |   |   |                           |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><br>Street Address<br>1 Church Street  |  | Type of Facility (4)<br>( ) School (K-12)<br>( ) Subchapter 8 (other than K-12)<br>(X) Other (i.e. private & commercial buildings, homes, etc.)                                    |   |   |                           |                    |        |             |           |
| City (5)<br>Sea Bright   |  | Square Feet  | # of Floors<br>Bldg. Age                  |   |                           |                    |        |             |           |
| County (6)<br>Monmouth   | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)  |   |   |                           |                    |        |             |           |
| Name of Monitoring Firm Hired by Bldg. Owner (8)   |  | ASCM No.   | Name of Contractor (9)<br>Cid & Sons, LLC |   |                           |                    |        |             |           |
| Street Address   |  | Street Address<br>365 River Drive  |   |   |                           |                    |        |             |           |
| City, State, Zip Code  |  | City State, Zip Code<br>Garfield, NJ 07026   |   |   |                           |                    |        |             |           |
| Project Manager for Monitoring Firm  | Telephone Number   | Telephone Number<br>(973)685-9791  | License Number<br>01191 "A"               |   |                           |                    |        |             |           |
| Scheduled Start Date (10)<br>10/06/2014- JOB IN HOLD   | Scheduled Completion Date (11)<br>11/06/2014 JOB IN HOLD   | Name of OSHA Monitor<br>Testor Tech  |   |   |                           |                    |        |             |           |
| 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   |   |   |                           |                    |        |             |           |
|  |  | City, State, Zip Code<br>Long Island City, NY 11101  |   |   |                           |                    |        |             |           |
| Source of Work (Check all that apply)  |  |  |   |   |                           |                    |        |             |           |
| (X) ≥ 3 sf or ≥ 3 lf<br>(X) ≥ 160 sf or ≥ 260 lf   |  | (X) Renovation<br>( ) Demolition<br>( ) Full Containment with Negative Pressure<br>( ) Mini-Enclosure<br>( ) Glove bag Procedure<br>(X) Non-Exempted (*) and Non-Friable Procedure |   |   |                           |                    |        |             |           |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type     |        |             |           |
|  | Yes  | No   | N/A                                       |   |                           | Removal            | Repair | Encapsulate | Enclosure |
| Exterior Siding  |  |  | X   | Asphalt Asbestos Barrier Paper  | 1800 SF                   | 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>10/03/2014 |        |             |           |