State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:128)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/9/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Alice Novotna</td>
</tr>
<tr>
<td>Address</td>
<td>Street Address</td>
</tr>
<tr>
<td></td>
<td>205 Vanderburg Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Rutherford, NJ</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Alice Novotna</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residential Property</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>205 Vanderburg Ave</td>
</tr>
<tr>
<td>City (5)</td>
<td>Rutherford</td>
</tr>
<tr>
<td>County (6)</td>
<td>Bergen</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ABCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Loznica Management Corp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>22 Troy Ln</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lincoln Park, NJ 07035</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973.706.7960</td>
</tr>
<tr>
<td>License No.</td>
<td>01193</td>
</tr>
</tbody>
</table>

| Start Date (10) | 10/10/15 |
| Scheduled Completion Date (11) | 10/11/15 |
| Occupancy Status During Abatement (Check Only One) | Residential Property |
| Scope of Work (Check All That Apply) | |
| Amount (Specify Type of Facility) (12) | 1,200 SF |

Location of Asbestos-Containing Material (ACM)

| Exterior | X |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED |
| Location Normally Used Solely by Maintenance/Custodial Staff? | N/A |
| Description of Asbestos-Containing Material (ACM) (i.e. thermal system, insulation, surfacing, VAT, or other miscellaneous) | Transite Shingles |
| Amount (Specify SF or LF) | 1,200 SF |
| Abatement Type |

Name of Registered Waste Hauler | Loznica management Corp |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Lincoln Park, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville, PA</td>
</tr>
</tbody>
</table>

Competed by | Title |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>E. Ciric</td>
<td>Secretary</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>10/9/15</td>
</tr>
</tbody>
</table>

ASB-41 (8-06-08) * Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:29E and 12:120)

**Date of Notification (1)**  
10/13/15

**Name of Building Owner/Operator (2)**  
Patricia Grandison

### FACILITY INFORMATION

**Type of Facility (4)**  
- School (K-12)
- Other (e.g., private & commercial buildings, homes, etc.)

**Square Feet**  
2000

**Bldg. Age**  
50+

**Current Use (Prior to being demolished)**  
Residential House

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

**Street Address**  
74 Durand Pl

**City (5)**  
Irvington

**County (6)**  
Essex

### NAME OF MONITORING FIRM HIRED BY BUILDING OWNER (8)

n/a

**ASCM No.**  
n/a

**Name of Abatement Contractor (9)**  
Loznica Management Corp

**Street Address**  
22 Troy Lane

**City, State, Zip Code**  
Lincoln Park NJ 07035

**Telephone No.**  
0737067050

### Project Manager for Monitoring Firm

**Telephone No.**  
0737067050

**License No.**  
01193

**Name of OSAP Monitor**  
Loznica Management Corp

**Street Address**  
22 Troy Lane

**City, State, Zip Code**  
Lincoln Park NJ 07035

### Start Date (10)

10/14/15

### Occuapany Status During Abatement (Check Only One)

- [X] Residential House

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

- [X] 25 sf or 25 ft
- [X] 100 sf or 200 sq ft
- [X] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Reusable Procedure

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

- **Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)**
  - Basement: Pipe insulation
  - Yes: X
  - No: 
  - N/A: 
  - Description: 50 LF

### Name of Registered Waste Hauler

Loznica Management Corp

**City, State**  
Lincoln Park NJ 07035

**Disposal Date**  
TBD

**Name of Registered Landfill**  
GROWS Landfill

**City, State**  
Morrisville PA 19067

**Completed by**  
E. Cirotico

**Title**  
Secretary

**Signature**  
E. Cirotico

**Date**  
10/13/15

---

*Do not use this form for asbestos facultative exemptions activity.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:26 and 12:120)

Date of Notification (1)
10-7-2015

Agency Notified
- EPA
- DDDP
- DOH

Type Notification
- Initial
- Amended
- Emergency (including justifications)
- Cancellation

Name of Building Owner/Operator (2)
BOSI

Street Address
146 Popular St

City, State, Zip Code
Ridgefield Park, NJ

Name of Contractor
Robert Cimmino

Facility Information

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

Street Address
62 W. Edsall Blvd

City (6)
Palisades Park

County (8)
Bergen

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

ABON No.
n/a

Name of Abatement Contractor (9)
Loznika Management Corp

Street Address
22 Troy Ln

City, State, Zip Code
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm
n/a

Telephone No.
n/a

Start Date (10)
Oct 8, 2015

Scheduled Completion Date (11)
Oct 10, 2015

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

Scope of Work (Check All That Apply)
- 3,260 sq ft or 2+ stories
- Demolition
- Full Containment with Negative Pressure
- Gloves Procedure
- Non-Remanufactured and Non-Release Procedure

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

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

Yes
No
N/A

Description of Asbestos-Containing Material (ACM)
- Asbestos Transite Shingles
- Other

Amount (Specify SF or LP)
1800 SF

Abatement Type
- Removal
- Regrind
- Encapsulate
- Endoscope

Name of Registered Waste Handler
Loznika Management Corp

Hauler ID No.
0033137

Disposal Date
TBD

Name of Registered Landfill
GROWGS Landfill

City, State
Lincoln Park, NJ 07035

Completed by
E. Cihvic

Title
Secretary

* Do not use this form for asbestos items not exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/12/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>BCSI</td>
</tr>
<tr>
<td>Street Address</td>
<td>146 Poplar St</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Ridgefield Park, NJ</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Robert Cimmino</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Abandoned Residential Property for Demo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>221 Grant Ave.</td>
</tr>
<tr>
<td>City (5)</td>
<td>Bergen</td>
</tr>
<tr>
<td>County (6)</td>
<td>Bergen</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>Residential Property</td>
</tr>
<tr>
<td>Square Feet</td>
<td>3000 SF</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Building Age</td>
<td>50+</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (9)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>22 Troy Ln</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lincoln Park, NJ 07035</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-706-7950</td>
<td></td>
</tr>
<tr>
<td>License No.</td>
<td>01183</td>
<td></td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Loznica Management Corp</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>22 Troy Ln</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lincoln Park, NJ 07035</td>
<td></td>
</tr>
</tbody>
</table>

| Start Date (10) | 10/13/2015 |
| Scheduled Completion Date (11) | 10/15/2015 |

<table>
<thead>
<tr>
<th>Occupation Status During Abatement (Check Only One)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outdoors of Normal Facility Hours</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos-Containing Material (ACM) TO BE SHATTED In Facility</td>
<td></td>
</tr>
<tr>
<td>Used Solely by Maintenance/ Custodial Staff</td>
<td></td>
</tr>
<tr>
<td>Desorption of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, sur facing, VAT, other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Loznica Management Corp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hauler ID No.</td>
<td>0033137</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>TBD</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>GROWS Landfill</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>E. Cirovic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Secretary</td>
</tr>
<tr>
<td>Signature</td>
<td>C. Cirovic</td>
</tr>
<tr>
<td>Date</td>
<td>10/12/2015</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:98 and 12:125)

Date of Notification (1)
Oct 10, 2015

Name of Building Owner/Operator (2)
Elite Developers LLC

Agencies Notified
SPA
DEP
DOL
DOH
DCA

Type Notification
Initial
Amended
Amendment 
Emergency (including justification)
Cancellation

Street Address
150 EastFairmount Ave.

City, State, Zip Code
Maywood, NJ 07607

Name of Contact

Telephone Number

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

Residential Address
66 E. Madison Ave.

Square Foot
2,000

# of Floors
2

Current Use (Prior to being demolished)
House

County Code (7)
(n/a)

County
Bergen

Facility Code (7)
(n/a)

Facility
Bergen

Project Manager for Monitoring Firm
n/a

Telephone No.

Start Date (10)
Oct 11, 2015

Scheduled Completion Date (11)
Oct 13, 2015

Ocuppancy Status During Abatement (Check Only One)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours

Scope of Work (Check All That Apply)
Removal
Dismantlement

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 of LF)

Abatement Type

Interior

Exterior

2nd Floor

Asbestos Shingles

VAT

1,200

200 SF

Name of Registered Waste Hauler

Lanzoni Management Corp

Disposal Date
TBD

City, State
Lincoln Park, NJ 07035

Name of Registered Landfill
GROWS Landfill

City, State
Montville PA 08045

Completed by
E. Grivois

Title
Secretary

Signature

Date
Oct 10th

ASR-41 (R-08-08)

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

Date of Notification (1): 10/12/15

Name of Building Owner/Operator (2): EARTHTECH CONTRACTING

AGENCIES NOTIFIED:
- EPA
- DGPR
- DOL
- OSHA
- OCA

Type Notification: Initial

Street Address: 155 RT. 50

City, State, Zip Code: JAMESTOWN, N.J. 08230

Name of Contact: BRUCE BRESLIN

Telephone Number: -

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

RESIDENCE

Street Address: 1040 WESLEY AVE

City (5): OCEAN CITY

County (6): CAPE MAY

Name of Monitoring Firm Hired by Building Owner (8):
N/A

ASCM No: Name of Abatement Contractor (9):

KLEINCO INC.

Street Address: 369 S. SPRUCE AVE

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

License No: 00449

Current Use (Prior to being demolished): VACANT

Name of OSHA Monitor: JOSEPH KLEIN Jr

Project Manager for Monitoring Firm or Telephone No:

Scheduled Completion Date (11): 10/29/15

Occupancy Status During Abatement: (Check only one)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Scope of Work (Check all that apply):
- Renovation
- Demolition
- 23,000 sf or more
- 2100 sf or more

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

IN Facility

15 Location Normally Used Solely by Asbestos Maintenance, Custodial Staff? (12):

Yes: No

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

Ammonium (Specify SF or LF):

Amount:

Abatement Type:

- Removal
- Encapsulation
- Endoscope
- Non-Exempted (1) and Non-Friable Procedure

Name of Registered Waste Hauler:

KLEINCO INC.

NDEP Waste
Hauler D No: 6 3904

Cubic Yards of Waste:

Name of Registered Landfill:

C.M.C.M.U.A

Disposal Date:

City, State:

MAPLE SHADE N.J

Completed By:

MICHAEL KLEIN

Title: VICE PRESIDENT

Signature:

Date: 10/12/15

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

Date of Notification (1) 10/12/15

Name of Building Owner/Operator (2) EARL B. TRICKETT CONTRACTING

Address 155 RT. 50

City, State, Zip Code GREENFIELD, N.J. 08255

Name of Contractor BRUCE BRENNER

FACILITY INFORMATION

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

Street Address 408 28th St.

City (5) OCEAN CITY

County (6) CAPE MAY

County Code 71/STATE USE ONLY

Current Use (If Prior to being demolished) VACANT

Building Name N/A

Name of Abatement Contractor (9) KLEEMCO INC.

Street Address 369 S. SPRUCE AVE

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

Telephone No 856-325-0427

License No 00944

Name of OSHA Monitor JOSEPH KLEEMCO JR.

Street Address 369 S. SPRUCE AVE

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

Public Status During Abatement: (Check only)

Facility Closed/Abatement Performed Outside of Normal Facility Hours

Scheduled Completion Date (11) 10/19/15

Start Date (10) 10/12/15

SCOPE OF WORK (Check all that apply)

• Fire Suppression System

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (19)

Descriptive of Amount (Specify SF or LF)

Location of Asbestos-Containing Material (ACM) in Internal Systems Insulation, Support, VAT, or Other Material: Siding

Designated Contractor KLEEMCO INC.

Name of Registered Hauler C. M. C. M. V. A.

CITY, STATE MAPLE SHADE, N.J.

Cubic Yards of Waste 2000

Disposal Date 10/12/15

Date 10/12/15

Signature of Registered Hauler

Completed By MICHAEL KLEEMCO

Vice President

N.J. DEP Waste

Hauler ID No. 7904

Do not use this form for asbestos cleanup exempted activities.
<table>
<thead>
<tr>
<th><strong>Date of Notification</strong></th>
<th><strong>10/12/15</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Building Owner/Operator</strong></td>
<td>EARTHTECH CONTRACTING</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>1SS RT 50</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>GREENFIELD, N.J. 08730</td>
</tr>
<tr>
<td><strong>Name of Contact</strong></td>
<td>BRUCE BRENNIG</td>
</tr>
<tr>
<td><strong>Facility Information</strong></td>
<td><strong>Type of Facility</strong></td>
</tr>
<tr>
<td><strong>Facility Name</strong></td>
<td>RESIDENCE</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>831 BRIGHTON PL.</td>
</tr>
<tr>
<td><strong>City</strong></td>
<td>OCANY CITY</td>
</tr>
<tr>
<td><strong>County</strong></td>
<td>CAPE MAY</td>
</tr>
<tr>
<td><strong>Current Use (Prior if being demolished)</strong></td>
<td>VACANT</td>
</tr>
<tr>
<td><strong>Name of Abatement Contractor</strong></td>
<td>KLEMCO INC</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>369 S SPRUCE AVE</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>MAPLE SHAPE, N.J. 08052</td>
</tr>
<tr>
<td><strong>Telephone No</strong></td>
<td>856-779-0472</td>
</tr>
<tr>
<td><strong>License No</strong></td>
<td>00444</td>
</tr>
<tr>
<td><strong>Name of OSHA Monitor</strong></td>
<td>JOSEPH KLEMN JR</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>369 S SPRUCE AVE</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>MAPLE SHAPE, N.J. 08052</td>
</tr>
<tr>
<td><strong>Occupancy Status During Abatement</strong></td>
<td>Vacant</td>
</tr>
<tr>
<td><strong>Location of Asbestos-Containing Material (ACM) TO BE ABATED</strong></td>
<td>SANDING</td>
</tr>
<tr>
<td><strong>Amount (Specify SF or LF)</strong></td>
<td>4000 SF</td>
</tr>
<tr>
<td><strong>Name of Registered Waste Hauler</strong></td>
<td>KLEMCO INC.</td>
</tr>
<tr>
<td><strong>City, State</strong></td>
<td>MAPLE SHAPE, N.J.</td>
</tr>
<tr>
<td><strong>Name of Authorized Representative</strong></td>
<td>MICHAEL KLEMN</td>
</tr>
<tr>
<td><strong>Title</strong></td>
<td>VICE PRESIDENT</td>
</tr>
<tr>
<td><strong>Signature</strong></td>
<td>[Signature]</td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td>10/12/15</td>
</tr>
</tbody>
</table>

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

Date of Notification (1):
10/12/15

Name of Building Owner/Operator (2):
PINELAND CONSTRUCTION

Street Address:
300 77th ST.

City, State, Zip Code:
SEA ISLE CITY N J 08243

Name of Contact:
FRANK EDWARD

FACILITY INFORMATION

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

Street Address:
26 W 18th ST

City (5):
AVALON

County (6):
CAPE MAY

County Code (7) / STATE USE ONLY:

Square Feet:
1000

Type of Facility (4):

Current Use (Prior to being demolished):
VACANT

# of Floors:
1

Bldg. Age:
40 +

Name of Monitoring Firm Hired by Building Owner (8):
N/A

ASCM No.:

Name of Abatement Contractor (9):
KLEMCO INC.

Street Address:
369 S. SPRUCE AVE

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

Telephone No.:

License No.:
856-779-0472

044

Name of OSHA Monitor:
JOSEPH KLEMM

Street Address:
369 S. SPRUCE AVE

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

Scope of Work (Check all that apply):

- √ ≥3 sf or ≥3 ft
- √ ≥160 sf or ≥260 sf
- ☐ Renovation
- ☒ Demolition
- ☒ Full Containment with Negative Pressure
- ☐ Mini-Enclosure
- ☐ Glovebag Procedure
- ☒ Non-Exempted (*) and Non-Friable Procedure

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):
TRANSITE 2000 SF

Name of Registered Waste Hauler:
KLEMCO INC

NUDEP Waste Hauler No.:
17904

Cubic Yards of Waste:

Name of Registered Landfill:
C. W. M. C. M. V. A

City, State:
MAPLE SHADE N J

Completed By:
MICHAIL KLEMM
Title:
V.P.

Signature:

Date:
10/12/15

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

**Date of Notification (1)**  
10/10/15

**Name of Building Owner/Operator (2)**  
Norvel & Sarah Eagleton

**Name of Facility Where Abatement is Taking Place (3)**  
Norvel & Sarah Eagleton Estate

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

<table>
<thead>
<tr>
<th>Type Notification</th>
<th>Initial</th>
<th>Amended</th>
<th>Amendment #</th>
<th>Emergency (including justification)</th>
<th>Cancellation</th>
</tr>
</thead>
</table>

**Street Address**  
522 US 206

**City, State, Zip Code**  
522 US 206,Trenton NJ 08610

**Name of Contact**  
Norvel & Sarah Eagleton

**Telephone Number**

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Facility (4)</th>
<th>School (K-12)</th>
<th>Subchapter 8 (Other than K-12)</th>
<th>Other (i.e. private &amp; commercial buildings, homes, etc.)</th>
</tr>
</thead>
</table>

**Square Feet**  
1400

**# of Floors**  
2

**Bldg. Age**  
1950's

**County Code (7)**  
County (6)  
Mercer  
(State Use Only)

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**

Indian Arrow Industries Co.

**Street Address**  
144 Mill St

**City, State, Zip Code**  
Paterson NJ 07501

**Project Manager for Monitoring Firm**

**Telephone No.**

**Telephone No.**  
973-653-9652

**License No.**  
1257

**Name of OSHA Monitor**

Scott Bluth

**Street Address**  
101 Gibbsboro Rd.

**City, State, Zip Code**  
Lindenwood,NJ,08021

**Start Date (10)**  
10/23/15

**Scheduled Completion Date (11)**  
10/31/15

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

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

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

- [ ] ¾ 3 of or ¾ 3 If
- [ ] ≥1600 sf or ≥2600 If
- [ ] Renovation
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>Location Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>TSI</td>
<td>120 LF</td>
<td>x</td>
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**Name of Registered Waste Hauler**

Indian Arrow Industries Co.

**NJDEP Waste Hauler ID No.**  
100161

**Cubic Yards of Waste**

**Name of Registered Landfill**

G.R.O.W.S.

**Disposal Date**

**City, State**

**Tullytown PA**

**Completed by**

Goran Igoe

**Title**  
Secretary

**Signature**

**Date**  
10/10/15

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner / Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/5/2015</td>
<td>Judith McClellan</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State &amp; Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>☒ EPA</td>
<td>Initial</td>
<td>489 South Edgemere Drive</td>
<td>Allenhurst NJ</td>
<td>Judith McClellan</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<tbody>
<tr>
<td>Residence</td>
<td></td>
<td>2000</td>
<td>2</td>
<td>50+</td>
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<table>
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<th>Current Use (Prior if being demolished)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
<th>City, State &amp; Zip Code</th>
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<tbody>
<tr>
<td>Residence</td>
<td></td>
<td>ALPHA ENVIRONMENTAL</td>
<td>2129 Rt 33</td>
<td>Hamilton, NJ</td>
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<table>
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<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Telephone Number</td>
<td>License Number</td>
</tr>
<tr>
<td></td>
<td>215-295-1004</td>
<td>01222</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
<th>City, State &amp; Zip Code</th>
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<tbody>
<tr>
<td>EMSL Analytical</td>
<td>107 Haddon Avenue</td>
<td>Westmont, NJ 08108</td>
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<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<td>10/15/2015</td>
<td>10/17/2015</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
<th>Abatement Performed Outside of Normal Hours – 7am to 3pm</th>
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<tbody>
<tr>
<td>☒ Facility Occupied During Abatement</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ ≥3 sf or ≥3 if</td>
</tr>
<tr>
<td>☒ ≥160 sf ≥260 if</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) to be Abated in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>Pipe Insulation</td>
<td>120lf</td>
<td>Endosulfase</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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</thead>
<tbody>
<tr>
<td>ALPHA ENVIRONMENTAL</td>
<td>1</td>
<td>Grows Landfill</td>
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<table>
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<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
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<tbody>
<tr>
<td>Hamilton, NJ</td>
<td></td>
<td>Morrisville, PA</td>
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<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Rod Richardson</td>
<td>PM</td>
<td>Rod Richardson</td>
<td>10/5/2015</td>
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</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 6 / 26 / 15

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment #3-10/13/15
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction

Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Orsoro

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University-Firestone Library

Street Address
Washington Rd

City (6)
Princeton

County (6)
MERGER

County Code (7)/(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
ATC Associates Inc.

ASCM No.

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Telephone No.
609-386-8800

License No.
215-788-6040

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

Time of Abatement: 7:00 AM - 3:30 PM, 5:00 PM - 1:30 AM

Start Date (10) 7 / 10 / 15

Scheduled Completion Date (11) 11 / 30 / 15

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 if
☐ ≥ 160 sf or ≥ 260 sf

☐ Renovation
☐ Demolition

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

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

(13)

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

Throughout Levels C, B and A ☑ ☐ ☐ Floor tile and mastic 2,035 SF ☑ ☐ ☐

Level C North Atrium ☑ ☐ ☐ Windows 14 ea ☑ ☐ ☐

Level A offices ☑ ☐ ☐ Windows 20 ea ☑ ☐ ☐

Ext. Trustees Reading Room ☑ ☐ ☐ Waterproofing 850 SF ☑ ☐ ☐

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP INC

NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste

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

City, State
NEW CASTLE, DE

Disposal Date

City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature

Date 10/13/15

MAY 11 8515068 - A

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

Date of Notification (1):
October 09, 2015

Name of Building Owner/Operator (2):
CYMA Builders

Street Address:
725 Skippack Pike Suite 230
City, State, Zip Code:
Blue Bell, PA 19422

Name of Contact:

Project Manager:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
DPT SVP
1200 Paco Way
Lakewood, NJ

County:
Ocean

County Code (7):

Current Use (Prior if being demolished):
TBD

Type of Facility (4):

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

Square Feet:

# of Floors:

Bidg. Age:

Name of Monitoring Firm Hired by Building Owner (8):
AET, Inc.

Street Address:
222 Church Road
Bridgewater, NJ 08807

Project Manager for Monitoring Firm:
Eric Houseknecht

Telephone No.:
(908) 218-1108

License No.:
00781

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

Street Address:
1500 Kings HWY N, STE 209
Cherry Hill, NJ 08034

License No.:

Start Date (10):
10/26/15

Scheduled Completion Date (11):
11/26/15

Name of OSHA Monitor:
The MACK Group, LLC.

Street Address:
1500 Kings HWY N, STE 209
Cherry Hill, NJ 08034

Facility Closed/Vacated During Entire Period of Abatement:

Abatement Performed Outside of Normal Facility Hours:

Other - Describe:

Scope of Work (Check All That Apply):

- [x] ≥3 sf or ≥3 if
- ≥160 sf or ≥280 if

- [ ] Renovation
- [ ] Demolition

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

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

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

Yes

No

NIA

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

Amount (Specify SF or LF):
15 LF

Abatement Type:

Removal

Repair

Encapsulate

Endorse

Name of Registered Waste Hauler:
Newark Carting / Freehold Cartage

Hauler ID No.:
22233

Cubic Yards of Waste:
0.2

Name of Registered Landfill:
Cumberland Co./ BFI / GROWS / TRRF

City, State:
Newburg / Imperial / Morrisville, PA

Completed by:
Michael Cooper
Title:
President

Signature:

Date:
10/9/15

* Do not use this form for asbestos licensure exempted activities.
**STATE OF NEW JERSEY**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Permits pursuant to NJAC 8:58 and 5:16)

**Emergency Notification**

**Name of Building Owner/Operator:** Paul J. Lattarulo

**Address:**
- **32 McKinley Avenue**
- **Colonia, NJ 07067**

**Name of Contact:**
- **Paul J. Lattarulo**

**Telephone Number:**
- **973-638-1777**

**FACILITY INFORMATION**

**Private House:**
- **Yes**

**Street Address:**
- **32 McKinley Avenue**

**City:**
- **Colonia, NJ 07067**

**County:**
- **Union**

**Type of Facility:**
- **Other (i.e., private and commercial buildings, homes, etc.)**

**Square Feet:**
- **1200**

**# of Floors:**
- **2**

**Bldg. Age:**
- **30 years**

**Name of Project Manager for Monitoring Firm:**
- **Envirovision Consultants, Inc.**

**Telephone No.:**
- **973-638-1777**

**License No.:**
- **01127**

**Name of OSHA Monitor:**
- **Gr Tech LLC**

**ASCM No.:**
- **0033785**

**Name of Abatement Contractor:**
- **Gr Tech LLC**

**Street Address:**
- **575 Valley Rd #283**

**City, State, Zip Code:**
- **Wayne, NJ 07470**

**Start Date (10):**
- **09/10/15**

**Scheduled Completion Date (11):**
- **09/15/15**

**Occupancy Status During Abatement:**
- **Facility Closed/Vacated During Entire Period of Abatement**

**Time of Abatement:**
- **AM:**
  - **8:00 AM**
  - **PM:**
    - **5:00 PM**

**Scope of Work:**
- **Clean up and decontamination with negative pressure**
- **Full Containment with Negative Pressure**
- **Glue-Stepping Procedure**
- **Non-exempted (**) and Non-Perifiable Procedure**
- **Renovation**
- **Dismantling**

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility:**
- **Transite siding**

<table>
<thead>
<tr>
<th><strong>Attic</strong></th>
<th><strong>Yes</strong></th>
<th><strong>No</strong></th>
<th><strong>N/A</strong></th>
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<tbody>
<tr>
<td><strong>Transite siding</strong></td>
<td><strong>X</strong></td>
<td><strong>[]</strong></td>
<td><strong>[]</strong></td>
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</tbody>
</table>

**Name of Registered Waste Hauler:**
- **Gr Tech LLC**

**NMB Waste Hauler #:**
- **0033785**

**Cubic Yards of Waste:**
- **TBD**

**Name of Registered Landfill:**
- **T.R.R.F. Inc.**

**City, State:**
- **Wayne, NJ 07470**

**Disposal Date:**
- **TBD**

**Tullytown, PA**

**Completed By (Print or Type):**
- **N. Jervis**

**Title:**
- **Owner**

**Signature:**
- **[Signature]**

**Date:**
- **10/13/2015**

**MAY 11**

---

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

Date of Notification (1)
October 12, 2015

Name of Building Owner/Operator (2)
Monroe Properties LLC

Agency Notified

☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

Type of Notification

☐ Initial
☐ Amended
☐ Amendment #1
☐ Emergency (including justification)
☐ Cancellation

Street Address
80 Main Street #510

City, State, Zip Code
West Orange, NJ 07052

Name of Contact
Roger Drill

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
940 Monroe Avenue

City (5)
Hoboken

County (6)
Somerset

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Sky Environmental Services Inc.

ASCM No.

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)
Office Space

Name of Abatement Contractor (9)
Be Construction Corporation

Street Address
235 Watchung Avenue

City, State, Zip Code
West Orange, NJ 07052

Telephone No.
973-669-2900

License No.
01231

Name of OSHA Monitor
Schneider Laboratories Global Inc.

Street Address
2512 W Cary Street

City, State, Zip Code
Richmond, VA. 23220

Start Date (10)
October 19, 2015

Scheduled Completion Date (11)
October 31, 2015

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

Scope of Work (Check All That Apply)

☒ ≥ 23 sf or ≥ 23 if
☒ ≥ 160 sf or ≥ 260 if
☐ Renovation
☒ Demolition

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

Yes
No
N/A

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

Upper Level Office Area
Utility Room above Mezzanine
Utility Room above Mezzanine

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

Floor Tile
Boiler Insulation
Pipe & Pipe elbow/joint insulation

Amount (Specify SF or LF)
625 SF
140 SF
300 LF

Abatement Type

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

Name of Registered Waste Hauler
Be Construction Corporation

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill
Tullytown Facility

City, State
West Orange, NJ 07052

Completed by
Barbara Reed

Title
President

Signature

Date
10/12/2015

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10-12-2015</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>William Baker</td>
</tr>
<tr>
<td>Street Address</td>
<td>8 Valhalla Way</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Verona, NJ 07044</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>William Baker</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>31-</td>
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<tr>
<td>FACILITY INFORMATION</td>
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</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Same as above</td>
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<tr>
<td>Street Address</td>
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<td>City (5)</td>
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<td>County Code (7)</td>
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<td>(STATE USE ONLY)</td>
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<tr>
<td>Name of Monitoring Firm hired by Building Owner (8)</td>
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<tr>
<td>Street Address</td>
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<tr>
<td>City, State, Zip Code</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td>N/A</td>
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<tr>
<td>Telephone Number</td>
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<tr>
<td>Scheduled Start Date (10)</td>
<td>10/21/15</td>
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<td>Sched. Completion Date (11)</td>
<td>10/23/15</td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
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<tr>
<td>[X] Facility Closed/Vacated During Entire Period of Abatement</td>
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</tr>
<tr>
<td>[ ] Abatement Performed Outside of Normal Facility Hours - Describe: Off-Hours Descriptive</td>
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<tr>
<td>[ ] Other - Describe: Other Occupancy Descriptor</td>
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<tr>
<td>Scope of Work (Check all that apply)</td>
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<tr>
<td>[X] ≥2 sf or ≥2 ft.</td>
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</tr>
<tr>
<td>[ ] ≥160 sf or ≥260 ft.</td>
<td></td>
</tr>
<tr>
<td>(13)</td>
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</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility</td>
<td>X Piping</td>
</tr>
<tr>
<td>Location Normally Used Solely By Maintenance/Custodial Staff (12)</td>
<td></td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>AZTECH MANAGEMENT, INC.</td>
</tr>
<tr>
<td>Hauler ID No.</td>
<td>17040</td>
</tr>
<tr>
<td>City, State</td>
<td>Montclair, NJ 07042</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>10/26/15</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Minerva Entp Inc.</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville, PA 19067</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Constantine Vivian</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>10/12/15</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 10/8/15

Name of Building Owner/Operator (2) Little

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA

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

Name of Contact
Prince Moore - Isles E4

Telephone Number

FACILITY INFORMATION

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

Street Address
336 Rutherford Ave.

City (5)
Trenton, NJ 08618

County (6)
Mercer

County Code (7) (STATE USE ONLY)

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

Current Use (Prior to being demolished)
Residential

Square Feet
1800

# of Floors
2

Bldg. Age
80+/-

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

Street Address
PO Box 322

City, State, Zip Code
Allentown, NJ 08501

Telephone No.
(609) 259-9688

License No.
00493

Name of Monitoring Firm Hired by Building Owner
MECS

Street Address
PO Box 341

City, State, Zip Code
Crosswicks, NJ 08515

Telephone No.
(609) 298-4070

Project Manager for Monitoring Firm
Bill Weisgarber

Start Date (10) 10/8/15

Scheduled Completion Date (11) 10/19/15

Occupancy Status During Abatement (Check only one)
☑ Facility Closed/Vacated During Entire Period of Abatement
☑ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: 8 am to 4 pm

Scope of Work (Check all that apply)
☐ 3rd floor or more
☐ 160 sf or more
☐ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)

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

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

Amount (Specify SF or LF)

Abatement Type

Removal

Enclose

Name of Registered Waste Hauler
Stevens Environmental Services, Inc.

NJDEP Waste Hauler ID No. 18292

Cubic Yards of Waste 2 CU

Name of Registered Landfill
GROWS Landfill

City, State
Allentown, NJ

Disposal Date 10/16/15

Completed By
Mahlon E. Stevens

Project Manager

Signature

Date 10/8/15

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:18)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10 / 9 / 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Atlantic States Cast Iron Pipe Company</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>☑ DOLWD</td>
<td>Amended</td>
</tr>
<tr>
<td>☑ OOH</td>
<td>Amendment #_______</td>
</tr>
<tr>
<td>☐ OCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>☐ Cancellation</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
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</thead>
<tbody>
<tr>
<td>Atlantic States Cast Iron Pipe Company</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>183 Sitgreaves St</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>Phillipsburg</td>
</tr>
<tr>
<td>State</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip Code</td>
<td>08865</td>
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</table>

<table>
<thead>
<tr>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
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<tbody>
<tr>
<td>Warren</td>
<td>Industrial</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHS Environmental</td>
<td>Plymouth Environmental Co. Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jack Carney</td>
<td>856-224-0080</td>
<td>00398</td>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>10 / 28 / 15</th>
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<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>11 / 13 / 15</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHS Environmental Inc.</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ ≥ 3 sf or ≥ 3 If</td>
</tr>
<tr>
<td>☑ ≥ 100 sf or ≥ 250 If</td>
</tr>
<tr>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☑ Demolition</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>window caulking</td>
<td>window caulking</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>48LF</td>
<td></td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID No.</th>
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</thead>
<tbody>
<tr>
<td>Robinson Waste Disposal</td>
<td>17304</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>1CY</td>
<td>Grows Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Voorhees, NJ 08043</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposal Date</td>
<td>10/9/15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>James M. Kelly</td>
<td>Vice President</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

Date of Notification (1)
10/12/2015

Name of Building Owner/Operator (2)
PSEG

Street Address
4000 HADLEY ROAD

City, State, Zip Code
SOUTH PLAINFIELD, NJ 07080

Name of Contact
KEITH SOPER

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSE&G - WARREN POINT SUBSTATION

Street Address
5-45 BANTA PLACE

City (5)
FAIR LAWN

County (6)
BERGEN

Name of Monitoring Firm (8)
ENVIRONMENTAL TACTICS

Street Address
64 BROAD STREET

City, State, Zip Code
MATAWAN, NJ 07747

Project Manager for Monitoring Firm
TOM GEIGER

Telephone No.
732-290-2217

Start Date (10)
10/20/2015

Hayden Completion Date (11)
10/22/2015

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

Scope of Work (Check All That Apply)

Renovation
Demolition

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

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

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

Amount (Specify SP or LF)

Abatement Type

OUTDOORS

TRANSITE PIPE

36 LF

Name of Registered Waste Hauler
ETGI

City, State
FLANDERS, NJ

Disposal Date
TBD

Name of Registered Landfill
CONESTOGA LANDFILL

City, State
MORGANTOWN, PA

Completed by
CAROL RAIMO

Signature

Title
OFFICE MGR

Date
10/12/2015

* Do not use this form for asbestos laundering exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

Date of Notification (1) 9/4/15

Name of Building Owner/Operator (2) Newark Beth Israel Medical Center

A agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification
☐ Initial
☐ Amended
☐ Amendment # 1
☐ Emergency (Including
Justification)
☐ Cancellation

Street Address 201 Lyons Ave.

City, State, Zip Code Newark, NJ 07113

Name of Contact Mr. Ron Carvalho

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Newark Beth Israel Medical Center

Street Address 201 Lyons Ave.

City (5) Newark, NJ

County (6) Essex

County Code (7) (STATE USE ONLY)

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

Square Feet 200000

# of Floors 6

Bldg. Age 80+

Current Use (Prior if being demolished)
Hospital

Name of Monitoring Firm Hired by Building Owner Environmental Tactics

ASCM No.

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

Street Address PO Box 322

City, State, Zip Code Allentown, NJ 08501

Telephone No. (609) 259-9688

License No. 00493

Project Manager for Monitoring Firm Tom Geiger

Telephone No. (732) 290-2217

Start Date (10) 9/4/15

Scheduled Completion Date (11) 11/30/15

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

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 if
☐ ≥160 sf or ≥260 if
☒ Renovation
☒ Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>☒</td>
<td>Thermal Pipe, Joint Insulation (Glove Bag)</td>
<td>9 lf</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>☒</td>
<td>Thermal Pipe, Joint Insulation (Wrap &amp; Cut)</td>
<td>150 lf</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Stevens Environmental Services, Inc.

NUDEP Waste Hauler ID No. 18292

Cubic Yards of Waste 3 CU

Name of Registered Landfill GROWS Landfill

City, State Allentown, NJ

Disposal Date 11/30/15

City, State Morrisville, PA

Completed By Mahlon E. Stevens

Title Project Manager

Signature

Date 10/12/15

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