

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

D&S Proj. #: 2013-315

|   |   |  |                                |
|---|---|--|--------------------------------|
| Date of Notification (1)<br>10/18/12 6/1/13   |   | Name of Building Owner/Operator (2)<br>JEFF WU |                                |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #: _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>35 PARK AVENUE               |                                |
|   |   | City, State, Zip Code<br>WEST ORANGE, NJ 07052 |                                |
|   |   | Name of Contact<br>JEFF WU                     | Telephone Number<br>[REDACTED] |

FACILITY INFORMATION

|   |                     |                                     |  |  |  |
|---|---------------------|-------------------------------------|--|--|--|
| Name of facility where abatement is taking place (3)<br>JEFF WU |                     |                                     | 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>35 PARK AVENUE                                |                     |                                     | Square Feet    # of Floors    Bldg. Age  |  |  |
| City (5)<br>WEST ORANGE   | County (6)<br>ESSEX | County Code (7)<br>(State use only) | Current Use (Prior if being demolished)  |  |  |

|   |   |          |   |                         |
|---|---|----------|---|-------------------------|
| Name of Monitoring Firm Hired by Bldg. Owner (8)  |   | ASCM No. | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC. |                         |
| Street Address  |   |          | Street Address<br>20 California Ave.                        |                         |
| City, State, Zip Code   |   |          | City, State, Zip Code<br>Paterson, NJ 07503                 |                         |
| Project Manager for Monitoring Firm   | Phone Number                            |          | Telephone Number<br>973-345-8020                            | License Number<br>01169 |
| Start Date (10)<br>09/06/13   | Sched. Completion Date (11)<br>09/20/13 |          | Name of OSHA Monitor<br>D & S Restoration, Inc.             |                         |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |   |          | Street Address<br>20 California Avenue                      |                         |
|   |   |          | City, State, Zip Code<br>Paterson, NJ 07503                 |                         |

Scope of Work (check all that apply)

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

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

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |                                     |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e          | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p    | E<br>n<br>c<br>l         |
|--|--|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
|  | Yes  | No                                  | N/A |   |                           |                                     |                            |                          |                          |
| BASEMENT   |  | <input checked="" type="checkbox"/> |     | PIPE INSULATION                                   | 250 L FT                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| BASEMENT   |  | <input checked="" type="checkbox"/> |     | BARE HEATING PIPES                                | 20 L FT                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                           |                               |   |
|--|---------------------------|-------------------------------|---|
| Registered Waste Hauler<br>D & S RESTORATION, INC. | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>3 YDS | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |
| City, State<br>PATERSON, NJ 07503                  | Disposal Date<br>09/06/13 | City, State<br>TULLYTOWN, PA  |   |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     | Title<br>PRESIDENT        | Signature                     | Date<br>08/26/13  |

EDS13-073

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

Check #1821

Page 1 of 1

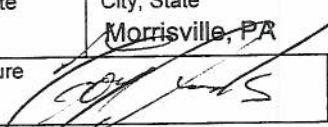
|  |   |  |   |   |                           |                   |        |             |           |
|--|---|--|---|---|---------------------------|-------------------|--------|-------------|-----------|
| Date of Notification (1)<br>8-30-2013  |   | Name of Building Owner/Operator (2)<br>East Orange School District   |   |   |                           |                   |        |             |           |
| 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 checked="" type="checkbox"/> DCA  | Type Notification<br><br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment #1 _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>715 Park Ave                    |   |                           |                   |        |             |           |
|  |   |  | City, State, Zip Code<br>East Orange, NJ 07017    |   |                           |                   |        |             |           |
|  |   | Name of Contact<br>Dr. Morgan  | Telephone Number<br>[REDACTED]                    |   |                           |                   |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |   |   |                           |                   |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Glenwood Campus School Complex - White House Building  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |   |   |                           |                   |        |             |           |
| Street Address<br>139 Glenwood Avenue  |   | Square Feet<br>184,000+  | # of Floors<br>3                                  |   |                           |                   |        |             |           |
| City (5)<br>East Orange  |   | Bldg. Age<br>40+   |   |   |                           |                   |        |             |           |
| County (6)<br>Essex  | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)  |   |   |                           |                   |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>TTI   |   | ASCM No.<br>00003  | Name of Abatement Contractor (9)<br>GL Group, Inc |   |                           |                   |        |             |           |
| Street Address<br>1253 N Church Street   |   | Street Address<br>140 Hamburg Turnpike   |   |   |                           |                   |        |             |           |
| City, State, Zip Code<br>Moorestown, NJ 08057  |   | City, State, Zip Code<br>Bloomingdale, NJ 07403  |   |   |                           |                   |        |             |           |
| Project Manager for Monitoring Firm<br>Michael Stocku  |   | Telephone No.<br>856-840-8800 x 23   | License No.<br>01084                              |   |                           |                   |        |             |           |
| Start Date (10)<br>8-26-13   | Scheduled Completion Date (11)<br>9-4-13  | Name of OSHA Monitor<br>GL Group, Inc  |   |   |                           |                   |        |             |           |
| 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: Sub - 8 Occupied |   | Street Address<br>140 Hamburg Turnpike   |   |   |                           |                   |        |             |           |
|  |   | City, State, Zip Code<br>Bloomingdale, NJ 07403  |   |   |                           |                   |        |             |           |
| Scope of Work (Check All That Apply)   |   |  |   |   |                           |                   |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   |   |                           |                   |        |             |           |
|  |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input 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) <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 |
| Boiler Room #1 & Boiler Room #2  | X   |  |   | Ceiling Plaster   | 350 SF                    | x                 |        |             |           |
| Boiler Room #1 & Boiler Room #2  | X   |  |   | Pipe Insulation   | 50 LF                     | x                 |        |             |           |
|  |   |  |   |   |                           |                   |        |             |           |
| Name of Registered Waste Hauler<br>GL Group, Inc   |   | NJDEP Waste Hauler ID No.<br>0033034   | Cubic Yards of Waste<br>TBD                       | Name of Registered Landfill<br>Grows  |                           |                   |        |             |           |
| City, State<br>Bloomingdale, NJ  |   |  | Disposal Date<br>TBD                              | City, State<br>Morrisville, PA  |                           |                   |        |             |           |
| Completed by<br>Elena Solakov  |   | Title<br>President   | Signature<br><i>Elena Solakov</i>                 |   |                           | Date<br>8-30-2013 |        |             |           |



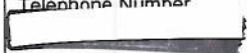

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

OK # 3149

13-056-NJ

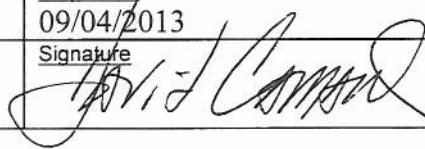
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|--|--|---|--|---|---|----------------|--------------------|-------------|-----------|--|
| Date of Notification (1)<br>08/29/2013   |  | Name of Building Owner/Operator (2)<br>Jeff Mitchell                                  |  |   |   |                |                    |             |           |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br>9 Prospect Terrace         |   |   |                |                    |             |           |  |
|  |  |   | City, State, Zip Code<br>Montclair, NJ 07042 |   |   |                |                    |             |           |  |
|  |  |   | Name of Contact<br>Jeff Mitchell             |   | Telephone Number<br>[REDACTED]                |                |                    |             |           |  |
| <b>FACILITY INFORMATION</b>  |  |   |  |   |   |                |                    |             |           |  |
| Name of Facility Where Abatement is Taking Place (3)<br>Montclair 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>9 Prospect Terrace   |  |   |  | Square Feet   | # of Floors                                   |                |                    |             |           |  |
| City (5)<br>Montclair, NJ 07042  |  |   |  | Bldg. Age   |   |                |                    |             |           |  |
| County (6)<br>Essex  |  | County Code (7)<br>(STATE USE ONLY) _____   |  | Current Use (Prior if being demolished)   |   |                |                    |             |           |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>CA Environmental  |  | ASCM No.  |  | Name of Abatement Contractor (9)<br>SUPER, LLC  |   |                |                    |             |           |  |
| Street Address<br>2200 Paterson Plank Rd # 7   |  | Street Address<br>168 Arundel Rd  |  |   |   |                |                    |             |           |  |
| City, State, Zip Code<br>North Bergen, NJ 07047  |  | City, State, Zip Code<br>Paramus, NJ 07652  |  |   |   |                |                    |             |           |  |
| Project Manager for Monitoring Firm<br>Carmelo Almonte   |  | Telephone No.<br>(201)864-6583  |  | Telephone No.<br>(201)336-0477  | License No.<br>01195                          |                |                    |             |           |  |
| Start Date (10)<br>09/14/2013  |  | Scheduled Completion Date (11)<br>09/24/2013  |  | Name of OSHA Monitor<br>Testor Tech   |   |                |                    |             |           |  |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  |   |  | Street Address<br>10-59 Jackson Ave   |   |                |                    |             |           |  |
|  |  |   |  | City, State, Zip Code<br>LIC, NY 11101  |   |                |                    |             |           |  |
| Scope of Work (Check All That Apply)   |  |   |  |   |   |                |                    |             |           |  |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |                |                    |             |           |  |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |  | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  | Amount (Specify SF or LF)                     | Abatement Type |                    |             |           |  |
|  | Yes  | No  | N/A  |   |   | Removal        | Repair             | Encapsulate | Enclosure |  |
| Basement   |  |   | X  | Pipe Insulation   | 50 LF   | X              |                    |             |           |  |
|  |  |   |  |   |   |                |                    |             |           |  |
|  |  |   |  |   |   |                |                    |             |           |  |
|  |  |   |  |   |   |                |                    |             |           |  |
| Name of Registered Waste Hauler<br>SUPER, LLC  |  | NJDEF Waste Hauler ID No.<br>034893   |  | Cubic Yards of Waste  | Name of Registered Landfill<br>GROWS Landfill |                |                    |             |           |  |
| City, State<br>Paramus, NJ   |  |   |  | Disposal Date<br>TBD  | City, State<br>Morrisville, PA                |                |                    |             |           |  |
| Completed by<br>Tailor Dominguez   |  | Title<br>Project Manager  |  | Signature<br>   |   |                | Date<br>08/29/2013 |             |           |  |

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

|  |  |  |   |   |                           |                    |        |             |           |
|--|--|--|---|---|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1)<br>08/14/2013   |  | Name of Building Owner/Operator (2)<br>Madison Area YMCA   |   |   |                           |                    |        |             |           |
| Agencies Notified<br><br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>111 Kings Road   |   |   |                           |                    |        |             |           |
|  |  | City, State, Zip Code<br>Madison, NJ 07940   |   |   |                           |                    |        |             |           |
|  |  | Name of Contact<br>Robert H. Conley  | Telephone Number<br> |   |                           |                    |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |  |   |   |                           |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Madison YMCA   |  | 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>111 Kings Road   |  | Square Feet  | # of Floors   |   |                           |                    |        |             |           |
| City (5)<br>Madison  |  | 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)  |  | ASCM No.   | Name of Abatement Contractor (9)<br>Kielczewski Corporation   |   |                           |                    |        |             |           |
| Street Address   |  | Street Address<br>235 Watchung Ave   |   |   |                           |                    |        |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>West Orange, NJ 07052   |   |   |                           |                    |        |             |           |
| Project Manager for Monitoring Firm  |  | Telephone No.<br>973-243-9872  | License No.<br>01171  |   |                           |                    |        |             |           |
| Start Date (10)<br>08/31/2013  | Scheduled Completion Date (11)<br>08/31/2013   | Name of OSHA Monitor   |   |   |                           |                    |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address   |   |   |                           |                    |        |             |           |
|  |  | City, State, Zip Code  |   |   |                           |                    |        |             |           |
| Scope of Work (Check All That Apply)   |  |  |   |   |                           |                    |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   |   |                           |                    |        |             |           |
|  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |                           |                    |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type     |        |             |           |
|  | Yes  | No   | N/A   |   |                           | Removal            | Repair | Encapsulate | Enclosure |
| Basement area  |  |  | x   | pipe insulation-glove bag   | 8lf                       | x                  |        |             |           |
|  |  |  |   |   |                           |                    |        |             |           |
|  |  |  |   |   |                           |                    |        |             |           |
|  |  |  |   |   |                           |                    |        |             |           |
| Name of Registered Waste Hauler<br>Kielczewski Corporation   |  | NJDEP Waste Hauler ID No.  | Cubic Yards of Waste  | Name of Registered Landfill<br>Conestoga Landfill   |                           |                    |        |             |           |
| City, State<br>West Orange, NJ   |  | Disposal Date  |   | City, State<br>Morgantown PA  |                           |                    |        |             |           |
| Completed by<br>Slawomir Kielczewski   |  | Title<br>President   | Signature<br>       |   |                           | Date<br>08/30/2013 |        |             |           |



## STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT ISES CHECK # 10574

|   |  |   |  |   |                         |                      |           |
|---|--|---|--|---|-------------------------|----------------------|-----------|
| Date of Notification (1)<br>08/29/2013  |  |   | Name of Building Owner/Operator (2)<br>Mike and Marilyn Ramirez  |   |                         |                      |           |
| Agencies Notified<br>( ) EPA<br>(X) NJDEP<br>(X) NJ DOL<br>(X) DOH<br>( ) DCA   |  | Type of Notification<br>(X) Initial Notification<br>( ) Amended<br>Amendment # _____<br>(X) Emergency (including justification)<br>( ) Cancellation |  | Street Address<br>52 Hudson Place<br>City, State, Zip Code<br>Weehawken, NJ 07086                 |                         | Tel. Number<br>_____ |           |
| FACILITY INFORMATION  |  |   |  |   |                         |                      |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential Property  |  |   | Type of Facility (4)<br>( ) School (K-12)<br>( ) Subchapter 8 (other than K-12)<br>(X) Other (i.e. private & commercial bldgs., homes, etc.) |   |                         |                      |           |
| Street Address<br>52 Hudson Place   |  |   | Sq. Feet: 5,000 # of Floors 3 Bldg. Age 60   |   |                         |                      |           |
| City (5)<br>Weehawken   | County (6)<br>Hudson   | County Code (7)<br>(State Use Only)   | Current Use (if being demolished):   |   |                         |                      |           |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>N/A   |  | ASCM No.<br>N/A   | Name of Contractor (9)<br>Industrial Safety & Environmental Solutions, Inc.  |   |                         |                      |           |
| Street Address<br>N/A   |  |   | Street Address<br>3300 Hudson Avenue   |   |                         |                      |           |
| City, State, Zip Code<br>N/A  |  |   | City, State, Zip Code<br>Union City, NJ 07087  |   |                         |                      |           |
| Project Manager for Monitoring Firm<br>N/A  |  | Telephone Number  | Telephone Number<br>(201)325-0055  |   | License Number<br>01124 |                      |           |
| Scheduled Start Date (10)<br>08/30/2013   |  | Scheduled Completion Date (11)<br>09/04/2013  |  | Name of OSHA Monitor<br>ISES, Inc.  |                         |                      |           |
| Occupancy Status During Abatement (Check only one)<br>( ) Facility Closed/Vacated During Entire Period of Abatement<br>( ) Abatement Performed Outside of Normal Facility Hours -<br>(X) Other - Describe:<br>Work area in basement unoccupied during abatement   |  |   | Street Address<br>3300 Hudson Avenue<br>City, State, Zip Code<br>Union City, NJ 07087  |   |                         |                      |           |
| Source of Work (Check all that apply) ( ) Demolition (X) Renovation<br>( ) Minor Project (< 25 SF or < 10 LF ACM) (X) Full Containment with Negative Pressure<br>( ) Small Project (>25 <160 SF or >10 <260 LF ACM) ( ) Mini-Enclosure<br>(X) Large Project (>160 SF or > 260 LF ACM) ( ) Glove-bag Procedure<br>( ) Non-Exempted (*) and Non-Friable Procedure |  |   |  |   |                         |                      |           |
| Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)  | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)<br>YES NO N/A | Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)   | Amount (Specify SF or LF)  | Abatement Type  |                         |                      |           |
|   |  |   |  | Removal   | Repair                  | Encapsulate          | Enclosure |
| Basement Area   |  | X   | TSI Pipe Insulation Residue on elbows  | 10 LFT  | X                       |                      |           |
| Basement Area   |  | X   | Surfacing Insulation on ceiling  | 800 SFT   | X                       |                      |           |
|   |  |   |  |   |                         |                      |           |
| Name of Reg. Waste Hauler<br>NEWARK CARTING   |  | NJDEP Waste Hauler ID #<br>04509  | Cubic Yards of Waste<br>15   | Name of Reg. Landfill<br>IESI BETHLEHEM LANDFILL  |                         |                      |           |
| City, State<br>369 Raymond Blvd., Newark, NJ 07105  |  | Disp. Date<br>09/04/2013  |  | City, State<br>BETHLEHEM, PA 18015  |                         |                      |           |
| Completed by (Print or Type)<br>David Camacho   |  | Title<br>Project Supervisor   |  | Signature<br> |                         | Date<br>08/28/2013   |           |

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

D&S Proj. #: 2013-320

CK#005250

|   |   |  |  |
|---|---|--|--|
| Date of Notification (1)<br>10/8/12 18/13   |   | Name of Building Owner/Operator (2)<br><b>KAREN TURNER</b> |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #:<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>74 HIGHLAND AVENUE</b>                |  |
|   |   | City, State, Zip Code<br><b>MONTCLAIR, NJ 07042</b>        |  |
|   |   | Name of Contact<br><b>KAREN TURNER</b>                     |  |
|   |   | Telephone Number   |  |

**FACILITY INFORMATION**

|   |  |  |  |  |   |
|---|--|--|--|--|---|
| Name of facility where abatement is taking place (3)<br><b>KAREN TURNER</b> |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |   |
| Street Address<br><b>74 HIGHLAND AVENUE</b>                                 |  |  | Square Feet  |  |   |
| City (5)<br><b>MONTCLAIR</b>  |  |  | County (6)<br><b>ESSEX</b>   |  | Bldg. Age                               |
|   |  |  | County Code (7)<br>(State use only)  |  | Current Use (Prior if being demolished) |

|  |  |  |  |  |
|--|--|--|--|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8)   |  | ASCM No.                                       | Name of Abatement Contractor (9)<br><b>D &amp; S RESTORATION, INC.</b> |  |
| Street Address   |  |  | Street Address<br><b>20 California Ave.</b>                            |  |
| City, State, Zip Code  |  |  | City, State, Zip Code<br><b>Paterson, NJ 07503</b>                     |  |
| Project Manager for Monitoring Firm  |  | Phone Number                                   | Telephone Number<br><b>973-345-8020</b>                                |  |
|  |  |  | License Number<br><b>01169</b>   |  |
| Start Date (10)<br><b>09/10/13</b>   |  | Sched. Completion Date (11)<br><b>09/26/13</b> |  |  |
| Occupancy Status During Abatement (Check only one)   |  |  |  |  |
| <input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:<br><input checked="" type="checkbox"/> Other-Describe: <b>NORMAL HOURS</b> |  |  |  |  |
| Name of OSHA Monitor<br><b>D &amp; S Restoration, Inc.</b>   |  |  | Street Address<br><b>20 California Avenue</b>                          |  |
|  |  |  | City, State, Zip Code<br><b>Paterson, NJ 07503</b>                     |  |

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

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |                                     |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | Remove                              | Repair | Encap | Encl |
|--|--|-------------------------------------|-----|---|---------------------------|-------------------------------------|--------|-------|------|
|  | Yes  | No                                  | N/A |   |                           |                                     |        |       |      |
| BASEMENT, BOILER, CORRIDOR, STORAGE CRAWL SPACE                              |  | <input checked="" type="checkbox"/> |     | PIPE INSULATION                                   | 200 L FT                  | <input checked="" type="checkbox"/> |        |       |      |
| GARAGE   |  | <input checked="" type="checkbox"/> |     | PIPE INSULATION                                   | 60 L FT                   | <input checked="" type="checkbox"/> |        |       |      |
|  |  |                                     |     |   |                           |                                     |        |       |      |
|  |  |                                     |     |   |                           |                                     |        |       |      |
|  |  |                                     |     |   |                           |                                     |        |       |      |

|   |  |                                  |                                      |  |                           |
|---|--|----------------------------------|--------------------------------------|--|---------------------------|
| Registered Waste Hauler<br><b>D &amp; S RESTORATION, INC.</b> |  | NJDEP Hauler ID#<br><b>13506</b> | Cubic Yards of Waste<br><b>3 YDS</b> | Name of Registered Landfill<br><b>TULLYTOWN, RESOURCE RECOVERY</b> |                           |
| City, State<br><b>PATERSON, NJ 07503</b>                      |  | Disposal Date<br><b>09/11/12</b> |                                      | City, State<br><b>TULLYTOWN, PA</b>                                |                           |
| Completed by (Print or Type)<br><b>BOGDAN JOLDZIC</b>         |  | Title<br><b>PRESIDENT</b>        | Signature                            |  | Date<br><b>08/28/2013</b> |

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



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

D&S Proj. #: 2013-318

01 # 005254

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br>08/12/13    |  | Name of Building Owner/Operator (2)<br>hildegard bodenstein |  |
| Agencies Notified                       | Type Notification  | Street Address<br>169 harcourt avenue                       |  |
| <input type="checkbox"/> EPA            | <input checked="" type="checkbox"/> Initial                  | City, State, Zip Code<br>BERGENFIELD, NJ                    |  |
| <input type="checkbox"/> DEP            | <input type="checkbox"/> Amended                             |   |  |
| <input checked="" type="checkbox"/> DOL | Amendment #: _____   | Name of Contact<br>hildegard bodenstein                     |  |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Emergency (including justification) |   |  |
| <input type="checkbox"/> DCA            | <input type="checkbox"/> Cancellation                        | Telephone Number<br>_____                                   |  |

FACILITY INFORMATION

|  |  |                                     |   |             |
|--|--|-------------------------------------|---|-------------|
| Name of facility where abatement is taking place (3)<br>hildegard bodenstein |  |                                     | Type of Facility (4)  |             |
| Street Address<br>169 harcourt avenue  |  |                                     | <input type="checkbox"/> School (K - 12)  |             |
|  |  |                                     | <input type="checkbox"/> Subchapter 8 (Other than K-12)                           |             |
| City (5)<br>BERGENFIELD,   |  |                                     | <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |             |
|  |  |                                     | Current Use (Prior if being demolished)   |             |
| County (6)<br>BERGEN   |  | County Code (7)<br>(State use only) | Square Feet   | # of Floors |
| City, State, Zip Code  |  |                                     | Bldg. Age   |             |

|  |  |   |   |                         |
|--|--|---|---|-------------------------|
| Name of Monitoring Firm Hired by Bldg. Owner (8)   |  | ASCM No.                                    | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC. |                         |
| Street Address   |  |   | Street Address<br>20 California Ave.                        |                         |
|  |  |   | City, State, Zip Code<br>Paterson, NJ 07503                 |                         |
| City, State, Zip Code  |  |   | Telephone Number<br>973-345-8020                            | License Number<br>01169 |
| Project Manager for Monitoring Firm  |  | Phone Number                                | Name of OSHA Monitor<br>D & S Restoration, Inc.             |                         |
| Start Date (10)<br>09/09/13  |  | Sched. Completion Date (11)<br>09/26/13     | Street Address<br>20 California Avenue                      |                         |
| Occupancy Status During Abatement (Check only one)   |  | City, State, Zip Code<br>Paterson, NJ 07503 |   |                         |
|  |  |   |   |                         |
| <input type="checkbox"/> Facility closed/vacated during entire period of abatement.            |  |   |   |                         |
| <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ |  |   |   |                         |
| <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS                               |  |   |   |                         |

Scope of Work (check all that apply)

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

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |                                     |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | Remove                              | Repair                   | Encap                    | Encl                     |
|--|--|-------------------------------------|-----|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Yes  | No                                  | N/A |   |                           |                                     |                          |                          |                          |
| BASEMENT   |  | <input checked="" type="checkbox"/> |     | DUCT INSULATION                                   | 80 SQ FT                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BASEMENT   |  | <input checked="" type="checkbox"/> |     | FURNACE INSULATION                                | 60 SQ FT                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |  |                           |                               |   |  |
|--|--|---------------------------|-------------------------------|---|--|
| Registered Waste Hauler<br>D & S RESTORATION, INC. |  | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>2 YDS | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |  |
| City, State<br>PATERSON, NJ 07503                  |  | Disposal Date<br>09/10/13 |                               | City, State<br>TULLYTOWN, PA                                |  |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     |  | Title<br>PRESIDENT        |                               | Signature<br>_____  |  |
|  |  |                           |                               | Date<br>08/28/2013  |  |

\* 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)

RECEIVED  
SEP 4 2013

|  |  |   |                               |
|--|--|---|-------------------------------|
| Date of Notification (1)<br><u>8/31/13</u>   |  | Name of Building Owner/Operator (2)<br><u>EMERSON CONTRACTING</u> |                               |
| Agencies Notified  | Type Notification  | Street Address  | City, State, Zip Code         |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><input 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 | <u>155 RT. 50</u>   | <u>GREENFIELD, N.J. 08230</u> |
|  |  | Name of Contact   | Telephone Number              |
|  |  | <u>BRUCE BREUNIG</u>  |                               |

|  |                             |  |                         |
|--|-----------------------------|--|-------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><u>RESIDENCE</u>   |                             | Type of Facility (4)   |                         |
| Street Address<br><u>1744 ASBURY AVE.</u>  |                             | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |                         |
| City (5)<br><u>OCEAN CITY</u>  | County (6)<br><u>CADDER</u> | Square Feet<br><u>1000</u>   | # of Floors<br><u>2</u> |
| County Code (7) (STATE USE ONLY)   |                             | Bldg Age<br><u>40+</u>   |                         |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>N/A</u>  |                             | Current Use (Prior to being demolished)<br><u>VACANT</u>   |                         |
| ASCM No.   |                             | Name of Abatement Contractor (9)   |                         |
|  |                             | <u>KLEMMCO INC.</u>  |                         |
| Street Address   |                             | Street Address   |                         |
|  |                             | <u>369 S. SPRUCE AVE.</u>  |                         |
| City, State, Zip Code  |                             | City, State, Zip Code  |                         |
|  |                             | <u>MAPLE SHADE, N.J. 08052</u>   |                         |
| Project Manager for Monitoring Firm  |                             | Telephone No.  | License No.             |
|  |                             | <u>856-779-0422</u>  | <u>00444</u>            |
| Sign Date (10)<br><u>9/9/13</u>  |                             | Name of OSHA Monitor<br><u>JOSEPH KLEMM</u>  |                         |
| Scheduled Completion Date (11)<br><u>9/16/13</u>   |                             | Street Address   |                         |
|  |                             | <u>369 S. SPRUCE AVE.</u>  |                         |
| Occupancy Status During Abatement (Check only one)   |                             | City, State, Zip Code  |                         |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |                             | <u>MAPLE SHADE, N.J. 08052</u>   |                         |

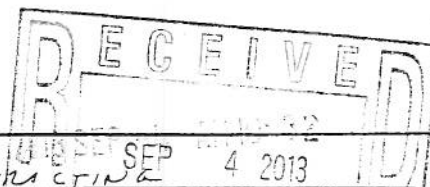
|   |  |   |  |
|---|--|---|--|
| Scope of Work (Check all that apply)  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Min. Enclosure<br><input checked="" type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure |  |
| <input type="checkbox"/> 23 sq ft or 23 in<br><input type="checkbox"/> 2160 sq ft or 2260 in  | <input type="checkbox"/> 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)  |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)<br><u>SIDING</u> | Yes No N/A<br><u>X</u>   | <u>TRANSITE</u>   |  |
| Amount (Specify SF or LF)<br><u>15000</u>   |  | Abatement Type<br>Removal Enclosure Full enclosure Partial enclosure<br><u>X</u>  |  |

|  |   |                                      |   |
|--|---|--------------------------------------|---|
| Name of Registered Waste Hauler<br><u>KLEMMCO INC.</u> | NJOEP Waste Hauler ID No.<br><u>17904</u> | Cubic Yards of Waste<br><u>5</u>     | Name of Registered Landfill<br><u>C.M.C. M.U.A.</u> |
| City, State<br><u>MAPLE SHADE, N.J. 08052</u>          | Disposal Date                             | City, State<br><u>WOODBINE, N.J.</u> |   |
| Completed By<br><u>JOSEPH KLEMM</u>                    | Title<br><u>OWNER</u>                     | Signature<br><u>Joseph Klemm</u>     | Date<br><u>8/31/13</u>                              |



OK  
2598

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



|  |  |  |   |  |        |               |       |
|--|--|--|---|--|--------|---------------|-------|
| Date of Notification (1)<br><b>8/29/13</b>   |  | Name of Building Owner/Operator (2)<br><b>EARTHTECH CONTRACTING</b>  |   |  |        |               |       |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>155 R. 50</b>   |   |  |        |               |       |
|  |  | City, State, Zip Code<br><b>GREENFIELD, N.J.</b>   |   |  |        |               |       |
|  |  | Name of Contact<br><b>BRUCE BREUKIG</b>  | Telephone Number<br><b>[REDACTED]</b>     |  |        |               |       |
| 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 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |   |  |        |               |       |
| Street Address<br><b>418 ELBERON AVE.</b>  |  | Square Feet  | # of Floors                               |  |        |               |       |
| City, State, Zip Code<br><b>CHelsea HEIGHTS</b>  |  | Bldg. Age  |   |  |        |               |       |
| County (6)<br><b>ATLANTIC</b>  | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)<br><b>VACANT</b>   |   |  |        |               |       |
| Name of Monitoring Firm Hired by Building Owner<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>856-779-0472</b>   | License No.<br><b>00444</b>               |  |        |               |       |
| Start Date (10)<br><b>9/10/13</b>  | Scheduled Completion Date (11)<br><b>9/17/13</b>   | Name of OSHA Monitor<br><b>JOSEPH KLEMM</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>369 S. SPRUCE AVE.</b>  |   |  |        |               |       |
|  |  | City, State, Zip Code<br><b>MAPLE SHADE, N.J. 08052</b>  |   |  |        |               |       |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> 2015 or 2011<br><input type="checkbox"/> 2160 SF or 2260 SF<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 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 | Encapsulation | Other |
| <b>SIDING</b>  | <b>X</b>   | <b>TRANSITE</b>  | <b>1500 LF</b>                            | <b>X</b>                                       |        |               |       |
|  |  |  |   |  |        |               |       |
|  |  |  |   |  |        |               |       |
| Name of Registered Waste Hauler<br><b>KLEMMCO INC.</b>   |  | NJDEP Waste Hauler ID No.<br><b>17904</b>  | Cubic Yards of Waste                      | Name of Registered Landfill<br><b>A.C.U.A.</b> |        |               |       |
| City, State<br><b>MAPLE SHADE, N.J.</b>  |  | Disposal Date  | City, State<br><b>PLEASANTVILLE, N.J.</b> |  |        |               |       |
| Completed By<br><b>JOSEPH KLEMM</b>  | Title<br><b>V/P</b>  | Signature<br><b>Joseph Klemm</b>   | Date<br><b>8/29/13</b>                    |  |        |               |       |



CHECK #  
2898

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

|  |  |  |   |
|--|--|--|---|
| Date of Notification (1)<br><u>8/16/13</u>   |  | Name of Building Owner/Operator (2)<br><u>EMTECH CONTRACTING</u>   |   |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><u>155 RT. 50</u>  | SEP 4 2013  |
|  |  | City, State, Zip Code<br><u>GREENFIELD, N.J. 08230</u>   |   |
|  |  | Name of Contact<br><u>BRUCE BREUNIG</u>  | Telephone Number<br>[REDACTED]  |
| FACILITY INFORMATION   |  |  |   |
| Name of Facility Where Abatement is Taking Place (3)<br><u>RESIDENCE</u>   |  | 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><u>20 BROOKDALE ROAD</u>   |  | Square Feet<br><u>1000</u>   | # of Floors<br><u>2</u>   |
| City (5)<br><u>TOWN BARR</u>   |  | Bldg Age<br><u>40+</u>   |   |
| County (6)<br><u>CAPE MAY</u>  | County Code (7) (STATE USE ONLY)   | Current Use (Prior to being demolished)<br><u>VACANT</u>   |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>N/A</u>  | ASCM No.   | Name of Abatement Contractor (9)<br><u>KLEMMCO INC.</u>  |   |
| Street Address   |  | Street Address<br><u>369 S. SPRUCE AVE.</u>  |   |
| City, State, Zip Code  |  | City, State, Zip Code<br><u>MAPLE SHADE, N.J. 08052</u>  |   |
| Project Manager for Monitoring Firm  |  | Telephone No.<br><u>856-779-0422</u>   | License No.<br><u>00444</u>   |
| Start Date (10)<br><u>9/3/13</u>   | Scheduled Completion Date (11)<br><u>9/10/13</u>   | Name of OSHA Monitor<br><u>JOSEPH KLEMM</u>  |   |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address<br><u>369 S. SPRUCE AVE.</u>  |   |
|  |  | City, State, Zip Code<br><u>MAPLE SHADE, N.J. 08052</u>  |   |
| Scope of Work (Check all that apply)   |  |  |   |
| <input type="checkbox"/> 23 sq ft or 23 lb<br><input type="checkbox"/> 2160 sq ft or 2260 lb   |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |   |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Min. Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (1) and Non-Frangible Procedure  |  |  |   |
| Location of Asbestos-Containing Material (ACM) IN Facility (12)<br><u>SIDING</u>   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A<br><u>X</u>  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)<br><u>TRANSITE</u>  | Amount (Specify SF or LB)<br><u>1000 LB</u>   |
|  |  |  | Abatement Type<br>Removal <input checked="" type="checkbox"/> Encapsulation <input type="checkbox"/> Other <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><u>KLEMMCO INC.</u>   |  | NUDEP Waste Hauler ID No.<br><u>12904</u>  | Name of Registered Landfill<br><u>C.M.C.M.U.A.</u>  |
| City, State<br><u>MAPLE SHADE, N.J. 08052</u>  |  | Cubic Yards of Waste<br><u>5</u>   | City, State<br><u>WOODBINE, N.J.</u>  |
| Disposal Date  |  | Signature<br><u>Joseph Klemm</u>   | Date<br><u>8/16/13</u>  |
| Completed By<br><u>JOSEPH KLEMM</u>  |  | Title<br><u>OWNER</u>  |   |



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

|   |   |   |                           |
|---|---|---|---------------------------|
| Date of Notification (1)<br><b>8/31/13</b>  |   | Name of Building Owner/Operator (2)<br><b>CANTRY TECH CONTRACTING</b> |                           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><br><input 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>CHERRYFIELD, N.J. 08230</b>               |                           |
|   |   | Name of Contact<br><b>DAVE BREUNIG</b>                                | Telephone Number<br>_____ |

| 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 S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |                             |
| Street Address<br><b>14 E. TECUMSEH AVE</b>  |                                  | Square Feet<br><b>1000</b>   | # of Floors<br><b>2</b>     |
| City (5)<br><b>STRAITHEIMER</b>  |                                  | Bldg. Age<br><b>40 Y</b>   |                             |
| County (6)<br><b>CORUMAY</b>   | 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.                         | Name of Abatement Contractor (9)<br><b>KLEMMCO INC.</b>  |                             |
| Street Address   |                                  | Street Address<br><b>369 S. SPRUCE AVE.</b>  |                             |
| City, State, Zip Code  |                                  | City, State, Zip Code<br><b>MAPLE SHADE, N.J. 08052</b>  |                             |
| Project Manager for Monitoring Firm  |                                  | Telephone No.<br><b>856-779-0422</b>   | License No.<br><b>00444</b> |
| Start Date (10)<br><b>9/9/13</b>   |                                  | Scheduled Completion Date (11)<br><b>9/16/13</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>  |                             |
|  |                                  | Street Address<br><b>369 S. SPRUCE AVE.</b>  |                             |
|  |                                  | City, State, Zip Code<br><b>MAPLE SHADE, N.J. 08052</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 |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition | <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 |
|--|--|---|---|

| Location of Asbestos-Containing Material (ACM) (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        | Encapsulation |
| <b>SIDING TO BE ABATED IN FACILITY</b>              |   |    | <b>X</b> | <b>TRANSITE</b>  | <b>1500 LF</b>            | <b>X</b>       |               |
|   |   |    |          |  |                           |                |               |
|   |   |    |          |  |                           |                |               |

|  |   |                                      |   |
|--|---|--------------------------------------|---|
| Name of Registered Waste Hauler<br><b>KLEMMCO INC.</b> | NJDEP Waste Hauler ID No.<br><b>17904</b> | Cubic Yards of Waste<br><b>5</b>     | Name of Registered Landfill<br><b>C.M.C. M.U.A.</b> |
| City, State<br><b>MAPLE SHADE, N.J. 08052</b>          | Disposal Date                             | City, State<br><b>WOODBINE, N.J.</b> |   |
| Completed By<br><b>JOSEPH KLEMM</b>                    | Title<br><b>OWNER</b>                     | Signature<br><i>Joseph Klemm</i>     | Date<br><b>8/31/13</b>                              |

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

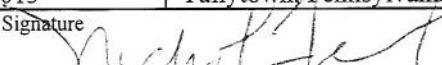
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

|   |   |   |                  |
|---|---|---|------------------|
| Date of Notification (1)<br>8/30/2013   |   | Name of Building Owner/Operator (2)<br>Messercola Enterprises |                  |
| Agencies Notified                       | Type of Notification  | Street Address  |                  |
| <input checked="" type="checkbox"/> EPA | <input type="checkbox"/> Initial Notification                           | 549 East 3 <sup>rd</sup> Street                               |                  |
| <input type="checkbox"/> DEP            | <input type="checkbox"/> Amended Notification                           | City, State, Zip Code   |                  |
| <input checked="" type="checkbox"/> DOL | Amendment # _____   | Plainfield, NJ 07060  |                  |
| <input type="checkbox"/> DOH            | <input checked="" type="checkbox"/> Emergency (including justification) | Name of Contact   | Telephone Number |
| <input type="checkbox"/> DCA            | <input type="checkbox"/> Cancellation                                   | Fernando  |                  |

**FACILITY INFORMATION**

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| Name of Facility Where Abatement is Taking Place (3)<br>Residence                             |  |  | Type of Facility (4)  |  |  |
| Street Address<br>102 Delmonte Avenue   |  |  | <input type="checkbox"/> School (K-12)  |  |  |
|   |  |  | <input type="checkbox"/> Subchapter 8 (other than K12)  |  |  |
| Toms River Township   |  |  | <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |  |  |
|   |  |  | Current Use (Prior if being demolished)<br>Residence  |  |  |
| County (6)<br>Ocean   | County Code (7)<br>(STATE USE ONLY)          | Square feet<br>1000 sf                                     | # of Floors<br>1  | Bldg. Age<br>60  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A                                    |  | ASCM No.   | Name of Abatement Contractor (9)<br>Guardian Contracting, Inc.                                |  |  |
| Street Address  |  | Street Address<br>1889 Route 9, Unit 61                    |   |  |  |
| City, State, Zip Code   |  | City, State, Zip Code<br>Toms River, New Jersey 08755-1271 |   |  |  |
| Project Manager for Monitoring Firm   | Telephone Number                             | Telephone Number<br>732-349-9932                           | License Number<br>00624   |  |  |
| Scheduled Start Date (10)<br>08/31/2013   | Scheduled Completion Date (11)<br>09/03/2013 | Name of OSHA Monitor<br>E.M.S.L. Analytical                |   |  |  |
| Occupancy Status During Abatement (Check only one)  |  | Street Address<br>1056 Stelton Road                        |   |  |  |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement |  | City, State, Zip Code<br>Piscataway, New Jersey 08854      |   |  |  |
| <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours                 |  |  |   |  |  |
| <input type="checkbox"/> Other - Describe _____   |  |  |   |  |  |
| Scope of Work (Check all that apply)  |  |  |   |  |  |
| <input type="checkbox"/> >3 sf or ≥3 lf   |  | <input type="checkbox"/> Renovation                        |   | <input type="checkbox"/> Full Containment with Negative Pressure               |  |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Demolition             |   | <input type="checkbox"/> Mini-Enclosure  |  |
|   |  |  |   | <input type="checkbox"/> Glovebag Procedure                                    |  |
|   |  |  |   | <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>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   |  | X |  | Asbestos siding   | 800sf                     | X                               |                            |   |   |
|  |  |   |  |   |                           |                                 |                            |   |   |
|  |  |   |  |   |                           |                                 |                            |   |   |
|  |  |   |  |   |                           |                                 |                            |   |   |

|   |                                    |   |   |
|---|------------------------------------|---|---|
| Name of Registered Waste Hauler<br>Guardian Contracting, Inc. | NJDEP Waste Hauler ID No.<br>20223 | Cubic Yards of Waste<br>3   | Name of Registered Landfill<br>T.R.R.F. |
| City, State<br>Toms River, New Jersey                         | Disposal Date<br>09/04/2013        | City, State<br>Tullytown, Pennsylvania  |   |
| Completed by (Print or Type)<br>Nicholas Fernicola            | Title<br>Project Manager           | Signature<br> | Date<br>8/30/2013                       |

\*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)<br>August 30, 2013  |  | Name of Building Owner/Operator (2)<br>Ron Starner   |  |
| Agencies Notified<br>[ x ] EPA<br>[ ] DEP<br>[ x ] DOL<br><br>[ x ] DOH<br>[ ] DCA | Type of Notification<br>[ ] Initial Notification<br>[ ] Amended Notification<br>Amendment # _____<br>[ x ] Emergency (including justification)<br>[ ] Cancellation | Street Address<br>18 Hampton St<br>City, State, Zip Code<br>Cranford, NJ 07016<br>Name of Contact<br>Ron Starner<br>Telephone Number _____ |  |

**FACILITY INFORMATION**

|   |                     |  |  |  |                         |
|---|---------------------|--|--|--|-------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Residence   |                     |  | 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.) |  |                         |
| Street Address<br>140 11 <sup>th</sup> Ave.   |                     |  | Square feet<br>1000 sf   |  |                         |
| City<br>Seaside Park  | County (6)<br>Ocean | County Code (7)<br>(STATE USE ONLY)      | # of Floors<br>1   | Bldg. Age<br>60                                  |                         |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |                     |  | Name of Abatement Contractor (9)<br>Guardian Contracting, Inc.   |  |                         |
| Street Address  |                     |  | Street Address<br>1889 Route 9, Unit 61  |  |                         |
| City, State, Zip Code   |                     |  | City, State, Zip Code<br>Toms River, New Jersey 08755-1271   |  |                         |
| Project Manager for Monitoring Firm   |                     | Telephone Number                         | Telephone Number<br>732-349-9932   |  | License Number<br>00624 |
| Scheduled Start Date (10)<br>8/31/13  |                     | Scheduled Completion Date (11)<br>9/3/13 |  | Name of OSHA Monitor<br>E.M.S.L. Analytical      |                         |
| 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>1056 Stelton Road  |  |                         |
|   |                     |  | City, State, Zip Code<br>Piscataway, New Jersey 08854  |  |                         |
| Scope of Work (Check all that apply)  |                     |  |  |  |                         |
| [ ] >3 sf or ≥3 lf  |                     | [ ] Renovation                           |  | [ ] Full Containment with Negative Pressure      |                         |
| [ x ] ≥160 sf or ≥260 lf  |                     | [ x ] Demolition                         |  | [ ] Mini-Enclosure                               |                         |
|   |                     |  |  | [ ] Glovebag Procedure                           |                         |
|   |                     |  |  | [ x ] Non-Exempted (*) and Non-Friable Procedure |                         |

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>in facility<br>(13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12) |    |     | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                  |                            |   |   |
|--|--|----|-----|--|---------------------------|---------------------------------|----------------------------|---|---|
|  | YES  | NO | N/A |  |                           | 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   |  | X  |     | Asbestos siding  | 800 sf                    | X                               |                            |   |   |
|  |  |    |     |  |                           |                                 |                            |   |   |
|  |  |    |     |  |                           |                                 |                            |   |   |
|  |  |    |     |  |                           |                                 |                            |   |   |

|   |  |                                    |   |   |                   |
|---|--|------------------------------------|---|---|-------------------|
| Name of Registered Waste Hauler<br>Guardian Contracting, Inc. |  | NJDEP Waste Hauler ID No.<br>20223 | Cubic Yards of Waste<br>3   | Name of Registered Landfill<br>T.R.R.F. |                   |
| City, State<br>Toms River, New Jersey                         |  | Disposal Date<br>9/4/13            | City, State<br>Tullytown, Pennsylvania  |   |                   |
| Completed by (Print or Type)<br>Nicholas Fernicola            |  | Title<br>Project Manager           | Signature<br> |   | Date<br>8/30/2013 |

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

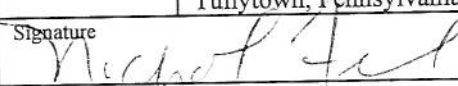
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

|  |   |  |                           |
|--|---|--|---------------------------|
| Date of Notification (1)<br>August 30, 2013  |   | Name of Building Owner/Operator (2)<br>Frick Joint Ventures, LLC |                           |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type of Notification<br><input type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>2401 Route 22 West                             |                           |
|  |   | City, State, Zip Code<br>Union, NJ 07083                         |                           |
|  |   | Name of Contact<br>Enzo  | Telephone Number<br>_____ |

**FACILITY INFORMATION**

|   |                     |  |  |   |                         |
|---|---------------------|--|--|---|-------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Proposed Shop Rite  |                     |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (other than K12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)                    |   |                         |
| Street Address<br>2401 Route 22 west  |                     |  |  |   |                         |
| City<br>Union   | County (6)<br>Union | County Code (7)<br>(STATE USE ONLY)      | Square feet<br>30,000 sf   | # of Floors<br>1                            | Bldg. Age<br>60         |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |                     |  | Name of Abatement Contractor (9)<br>Guardian Contracting, Inc.   |   |                         |
| Street Address  |                     |  | Street Address<br>1889 Route 9, Unit 61  |   |                         |
| City, State, Zip Code   |                     |  | City, State, Zip Code<br>Toms River, New Jersey 08755-1271   |   |                         |
| Project Manager for Monitoring Firm   |                     | Telephone Number                         | Telephone Number<br>732-349-9932   |   | License Number<br>00624 |
| Scheduled Start Date (10)<br>8/30/13  |                     | Scheduled Completion Date (11)<br>9/3/13 |  | Name of OSHA Monitor<br>E.M.S.L. Analytical |                         |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____ |                     |  | Street Address<br>1056 Stelton Road  |   |                         |
|   |                     |  | City, State, Zip Code<br>Piscataway, New Jersey 08854  |   |                         |
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> >3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf   |                     |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |                         |
| <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |                     |  |  |   |                         |

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12)<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 |
| Interior  |  | X |  | fittings  | 150                       | X                               |                            |   |   |
|   |  |   |  |   |                           |                                 |                            |   |   |
|   |  |   |  |   |                           |                                 |                            |   |   |
|   |  |   |  |   |                           |                                 |                            |   |   |

|   |                                    |   |   |
|---|------------------------------------|---|---|
| Name of Registered Waste Hauler<br>Guardian Contracting, Inc. | NJDEP Waste Hauler ID No.<br>20223 | Cubic Yards of Waste<br>5   | Name of Registered Landfill<br>T.R.R.F. |
| City, State<br>Toms River, New Jersey                         | Disposal Date<br>9/4/13            | City, State<br>Tullytown, Pennsylvania  |   |
| Completed by (Print or Type)<br>Nicholas Fernicola            | Title<br>Project Manager           | Signature<br> | Date<br>8/30/2013                       |

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



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

CK  
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|   |  |  |   |
|---|--|--|---|
| Date of Notice 8/27/13  |  | Name of Building Owner / Operator (2)<br><b>Mark Roshanski</b>   |   |
| Type Notification   |  | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b><br/> SEP 4 2013<br/> ASBESTOS CONTROL &amp; REMEDIATION </div> |   |
| Agencies Notified   | Street Address   |  |   |
| <input checked="" type="checkbox"/> EPA   | <b>910 Amboy Avenue</b>  |  |   |
| <input checked="" type="checkbox"/> DEP   | City, State & Zip Code   |  |   |
| <input checked="" type="checkbox"/> DOL   | <b>Edison, NJ 08837</b>  |  |   |
| <input checked="" type="checkbox"/> DOH   | Name of Contact  | Telephone Number   |   |
| <input checked="" type="checkbox"/> DCA   | <b>Mark Roshanski</b>  |  |   |
| <b>FACILITY INFORMATION</b>   |  |  |   |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>  |  | Type of Facility (4)   |   |
| <b>783 Old Raritan Road</b>   |  | School (K-12)  |   |
|   |  | Subchapter 8 (Other than K-12)   |   |
|   |  | <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)  |   |
| City (5)<br><b>Edison</b>   | County (6)<br><b>Middlesex</b>   | Square Feet<br><b>2000</b>   | # of Floors<br><b>2</b>                     |
| County Code (7)   |  | 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>Environmental Tactics, Inc</b>  |  | ASCM No.   |   |
| Street Address<br><b>64 Broad Street</b>  |  | Name of Abatement Contractor (9)<br><b>Global Abatement Services, LLC</b>  |   |
| City, State & Zip Code<br><b>Matawan, NJ 07747</b>  |  | Street Address<br><b>443 Schoolhouse Road</b>  |   |
| Project Manager for Monitoring Firm<br><b>Tom Geiger</b>  |  | City, State & Zip Code<br><b>Monroe Township, NJ 08831</b>   |   |
| Telephone Number<br><b>732-290-2217</b>   |  | Telephone Number<br><b>732-605-9062</b>  | License Number<br><b>00714</b>              |
| Scheduled Start Date (10)<br><b>8/28/13</b>   | Scheduled Completion Date (11)<br><b>8/29/13</b>                         | Name of OSHA Monitor<br><b>Global Abatement Services, LLC</b>  |   |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br>Abatement Performed Outside of Normal Facility Hours -<br>Describe: <b>Area Isolated During Abatement</b><br>Other - Describe: |  | Street Address<br><b>443 Schoolhouse Road</b>  |   |
|   |  | City, State & Zip Code<br><b>Monroe Township, NJ 08831</b>   |   |
| Scope of Work (Check all that apply)  |  |  |   |
| <input checked="" type="checkbox"/> Demolition  |  | Renovation   |   |
| Large Project   |  | Full Containment with Negative Pressure  |   |
| <input checked="" type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM  |  | Mini-Enclosure   |   |
| Quantity is $\geq 160$ SF or $\geq 260$ LF ACM  |  | Glovebag Procedure   |   |
|   |  | <input checked="" type="checkbox"/> Other: Non-friable   |   |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)                                | Amount (Specify Square Feet or Linear Feet) |
| <b>Shed</b>   | <b>N/A</b>   | <b>Transite</b>  | <b>200 SF</b>                               |
| <b>2<sup>nd</sup> floor</b>   | <b>N/A</b>   | <b>Sheet flooring</b>  | <b>60 SF</b>                                |
| <b>1<sup>st</sup> floor kitchen, laundry/mudroom</b>  | <b>N/A</b>   | <b>Sheet flooring</b>  | <b>266 SF</b>                               |
| <b>Mother/daughter section roof</b>   | <b>N/A</b>   | <b>Roof</b>  | <b>300 SF</b>                               |
| Name of Registered Waste Hauler<br><b>Freehold Cartage</b>  |  | NJDEP Waste Hauler ID #<br><b>18693</b>  | Cu. Yds. of Waste<br><b>10</b>              |
| City, State<br><b>Freehold, NJ</b>  |  | Disposal Date<br><b>8/29/13</b>  | Name of Registered Landfill<br><b>TRRF</b>  |
| Completed By (Print or Type)<br><b>Dominick Tringali</b>  |  | Title<br><b>Project Manager</b>  | Signature<br><i>Dominick Tringali</i>       |
|   |  |  | Date<br><b>8/27/13</b>                      |



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

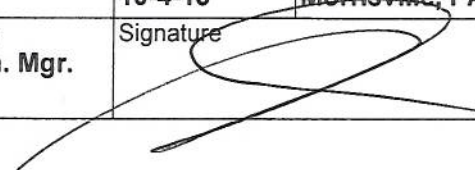
**CHECK # 1076**

|  |  |   |  |
|--|--|---|--|
| Date of Notification (1)<br><b>8-28-13</b>   |  | Name of Building Owner / Operator (2)<br><b>Environmental Liability Transfer</b>  |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br><input type="checkbox"/> Emergency<br><input type="checkbox"/> Cancellation |  |
| Street Address<br><b>1650 Des Peres Rd., Suite 306</b>   |  | City, State & Zip Code<br><b>St. Louis, MO 63131</b>  |  |
| Name of Contact<br><b>Ron Froh, ELT</b>  |  | Telephone Number<br><b>ASBESTOS CONTROL</b>   |  |

**RECEIVED**  
SEP 4 2013

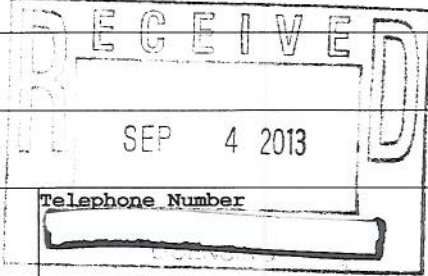
| FACILITY INFORMATION   |  |  |                                |
|--|--|--|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Building #15, former ASARCO facility</b>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                  |                                |
| Street Address<br><b>1160 State Street</b>   |  | Square Feet<br><b>NA</b>   | # of Floors<br><b>NA</b>       |
| City (5)<br><b>Perth Amboy</b>   | County (6)<br><b>Middlesex</b>                   | Bldg. Age<br><b>NA</b>   |                                |
| County Code (7)<br><b>NA</b>   |  | Current Use (Prior if being demolished)<br><b>None</b>   |                                |
| Name of Monitoring Firm Hired by Building Owner (8)  |  | Name of Abatement Contractor (9)<br><b>Mid Atlantic Abatement, LLC</b>   |                                |
| Street Address   |  | Street Address<br><b>PO Box 1314</b>   |                                |
| City, State & Zip Code   |  | City, State & Zip Code<br><b>Cherry Hill, NJ 08003</b>   |                                |
| Project Manager for Monitoring Firm  |  | Telephone Number<br><b>609-567-0950</b>  | License Number<br><b>01187</b> |
| Scheduled Start Date (10)<br><b>9-6-13</b>   | Scheduled Completion Date (11)<br><b>10-4-13</b> | Name of OSHA Monitor<br><b>EMSL Analytical</b>   |                                |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm<br>Describe:<br><input type="checkbox"/> Facility Occupied During Abatement |  | Street Address<br><b>107 Haddon Ave.</b>   |                                |
|  |  | City, State & Zip Code<br><b>Westmont, NJ 08108</b>  |                                |
| Scope of Work (Check all that apply)   |  |  |                                |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures<br><input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure |                                |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |                          |                                     | 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>Roof</b>  | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Roofing material</b>   | 26,000 s.f.               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Roof</b>  | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Roof flashing material</b>   | 1,115 s.f.                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |  |                                 |   |  |                         |
|---|--|---------------------------------|---|--|-------------------------|
| Name of Registered Waste Hauler<br><b>Bull Waste &amp; Recycling, LLC</b> |  | NJDEP Waste Hauler ID No.       | Cubic Yards of Waste<br><b>400</b>  | Name of Registered Landfill<br><b>G.R.O.W.S.</b> |                         |
| City, State<br><b>Berlin, NJ</b>  |  | Disposal Date<br><b>10-4-13</b> |   | City, State<br><b>Morrisville, PA</b>            |                         |
| Completed By (Print or Type)<br><b>Theodore S. Budzynski</b>              |  | Title<br><b>Gen. Mgr.</b>       | Signature<br> |  | Date<br><b>08-28-13</b> |



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

|  |  |   |  |
|--|--|---|--|
| Date of Notification (1)<br><b>8-29-13</b> |  | Name of Building Owner/Operator (2)<br><b>Kristen Gates</b> |  |
| Agencies Notified                          | Type Notification  | Street Address  |  |
| <input type="checkbox"/> EPA               | <input checked="" type="checkbox"/> Initial Notification | <b>15 Mitchell Ave.</b>                                     |  |
| <input type="checkbox"/> DEP               | <input type="checkbox"/> Amended Notification            | City, State, Zip Code<br><b>Roseland, NJ, 07068</b>         |  |
| <input checked="" type="checkbox"/> DOL    | <input type="checkbox"/> EMERGENCY                       | Name of Contact<br><b>Kristen Gates</b>                     |  |
| <input checked="" type="checkbox"/> DOH    | <input type="checkbox"/> Cancellation                    | Telephone Number  |  |
| <input type="checkbox"/> DCA               |  |   |  |

## FACILITY INFORMATION

|  |                         |                                     |  |                         |                        |
|--|-------------------------|-------------------------------------|--|-------------------------|------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Same as above</b> |                         |                                     | Type of Facility (4)   |                         |                        |
| Street Address   |                         |                                     | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |                         |                        |
|  |                         |                                     | Square Feet<br><b>1550</b>   | # of Floors<br><b>2</b> | Bldg. Age<br><b>65</b> |
| City (5)   | County (6) <b>Essex</b> | County Code (7)<br>(STATE USE ONLY) | Current Use (Prior if being demolished)  |                         |                        |

|   |   |   |  |  |
|---|---|---|--|--|
| Name of Monitoring Firm hired by Building Owner (8)<br><b>N/A</b>   |   | ASCM No.                                  | Name of Abatement Contractor (9)<br><b>AZTECH MANAGEMENT, Inc.</b> |  |
| Street Address  |   |   | Street Address<br><b>86 Christopher St.</b>                        |  |
| City, State, Zip Code   |   |   | City, State, Zip Code<br><b>Montclair, NJ 07042</b>                |  |
| Project Manager for Monitoring Firm   | Telephone Number<br><b>N/A</b>                | Telephone Number<br><b>(973) 744-8800</b> | License Number<br><b>00371</b>                                     |  |
| Scheduled Start Date (10)<br><b>9-10-13</b>   | Sched. Completion Date (11)<br><b>9-11-13</b> | Name of OSHA Monitor<br><b>N/A</b>        |  |  |
| Month Day Year<br>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: «OffHours Descript»<br><input type="checkbox"/> Other - Describe: «Other Occupancy Descript» |   | Street Address                            |  |  |
|   |   | City, State, Zip Code                     |  |  |

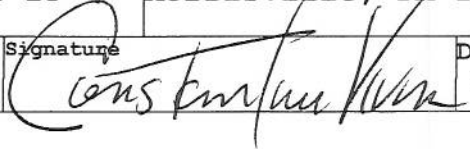
Scope of Work (Check all that apply)

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

☒ Renovation  
☐ Demolition

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely By Maintenance/Custodial Staff (12) |    |          | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                  |                            |   |   |
|--|--|----|----------|--|---------------------------|---------------------------------|----------------------------|---|---|
|  | Yes  | No | N/A      |  |                           | 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 |
| <b>Basement</b>  |  |    | <b>X</b> | <b>Pipe Insulation</b>   | <b>30 LF</b>              | <b>X</b>                        |                            |   |   |
|  |  |    |          |  |                           |                                 |                            |   |   |

|   |                           |   |   |  |  |
|---|---------------------------|---|---|--|--|
| Name of Registered Waste Hauler<br><b>AZTECH MANAGEMENT, INC.</b> |                           | NJDEP Waste Hauler ID No.<br><b>17040</b>   | Cubic Yards of Waste<br><b>1.5</b>          | Name of Registered Landfill<br><b>G.R.O.W.S.</b> |  |
| City, State<br><b>Montclair, NJ 07042</b>                         |                           | Disposal Date<br><b>9-12-13</b>   | City, State<br><b>Morrisville, PA 19067</b> |  |  |
| Completed By (Print or Type)<br><b>Constantine Vivian</b>         | Title<br><b>President</b> | Signature<br> | Date<br><b>8-29-13</b>                      |  |  |

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

CK#0272

|  |  |   |  |  |   |                |        |             |           |
|--|--|---|--|--|---|----------------|--------|-------------|-----------|
| Date of Notification (1)<br>8-28-2013  |  | Name of Building Owner/Operator (2)<br>Borough of Keansburg                         |  | <div style="border: 1px solid black; padding: 5px;"> <b>APPROVED</b><br/>         NJ Dept of Health &amp; Senior Services<br/>         (Signature)<br/>         Date: 8/28/13 Time: 10:32AM       </div>                                     |   |                |        |             |           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>29 Church Street<br>City, State, Zip Code<br>Keansburg, NJ 017734 |  | Name of Contact<br>Joe Giannetti<br>Telephone  |   |                |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |  |  |   |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>House for Demo   |  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |   |                |        |             |           |
| Street Address<br>57 Lawrence Ave.   |  |   | Square Feet  | # of Floors  | Bldg. Age<br>50+                              |                |        |             |           |
| City (5)<br>Keansburg  |  | County (6)<br>Monmouth  | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br>House   |   |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>n/a   |  | ASCM No.<br>n/a   | Name of Abatement Contractor (9)<br>Loznica Management Corporation   |  |   |                |        |             |           |
| Street Address<br>n/a  |  | Street Address<br>22 Troy Lane  |  |  |   |                |        |             |           |
| City, State, Zip Code<br>n/a   |  | City, State, Zip Code<br>Lincoln Park, NJ 07035                                     |  |  |   |                |        |             |           |
| Project Manager for Monitoring Firm<br>n/a   |  | Telephone No.<br>n/a  | Telephone No.<br>973-706-7950  | License No.<br>01193   |   |                |        |             |           |
| Start Date (10)<br>8-29-2013   |  | Scheduled Completion Date (11)<br>8-30-2013   |  | Name of OSHA Monitor<br>Loznica Management Corporation   |   |                |        |             |           |
| 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>22 Troy Lane   |  |   |                |        |             |           |
|  |  |   | City, State, Zip Code<br>Lincoln Park, NJ 07035  |  |   |                |        |             |           |
| Scope of Work (Check All That Apply)   |  |   |  |  |   |                |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition          |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input 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 |
| Concrete Slab below floor in   |  |   | x  | 9x9 VAT  | 300 SF  | x              |        |             |           |
| Garage   |  |   |  | (entire concrete slab to be removed and disposed of as asbestos waste).  |   |                |        |             |           |
| Name of Registered Waste Hauler<br>Loznica Management Corp   |  | NJDEP Waste Hauler ID No.<br>0033137  |  | Cubic Yards of Waste<br>TBD  | Name of Registered Landfill<br>GROWS Landfill |                |        |             |           |
| City, State<br>Lincoln Park, NJ 07035  |  |   |  | Disposal Date<br>TBD   | City, State<br>Morrisville PA 19067           |                |        |             |           |
| Completed by<br>E. Cirovic   |  | Title<br>Secretary  |  | Signature<br>  | Date<br>8-28-2013                             |                |        |             |           |




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

CL #4640

|   |   |   |   |                                     |        |             |
|---|---|---|---|-------------------------------------|--------|-------------|
| Date of Notification (1)<br><b>8/30/13</b>  |   | Name of Building Owner/Operator (2)<br><b>MS. L ROOST</b>   |   |                                     |        |             |
| Agency Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>86 BURMA RD</b><br>City, State, Zip Code<br><b>MIDLAND PARK, NJ, 07432</b><br>Name of Contact<br><b>MS. ROOST</b><br>Telephone Number  |   |                                     |        |             |
| <b>FACILITY INFORMATION</b>   |   |   |   |                                     |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br><b>MS. L ROOST</b>  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |                                     |        |             |
| Street Address<br><b>86 BURMA RD</b>  |   | Square Feet<br><b>2200</b>  |   |                                     |        |             |
| City (5)<br><b>MIDLAND PARK</b>   |   | # of Floors<br><b>2</b>   | Bldg. Age<br><b>1960</b>                                  |                                     |        |             |
| County (6)<br><b>BERGEN</b>   |   | County Code (7) (STATE USE ONLY)<br><b>07</b>   |   |                                     |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)   |   | Name of Abatement Contractor (9)  |   |                                     |        |             |
| Street Address  |   | Street Address  |   |                                     |        |             |
| City, State, Zip Code   |   | City, State, Zip Code   |   |                                     |        |             |
| Project Manager for Monitoring Firm   |   | Telephone No.   |   |                                     |        |             |
| Telephone No.   |   | License No.   |   |                                     |        |             |
| Start Date (10)<br><b>9/9/13</b>  |   | Scheduled Completion Date (11)<br><b>9/10/13</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>7AM TO 5PM</b>  |   | Name of OSHA Monitor<br><b>Omega Environmental Inc</b>  |   |                                     |        |             |
| Scope of Work (Check all that apply)<br><input 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 type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   | Street Address<br><b>280 Huyler St</b><br>City, State, Zip Code<br><b>South Hackensack, N.J. 07606</b>  |   |                                     |        |             |
| 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)<br><b>200 SF</b>                | Abatement Type                      |        |             |
|   |   |   |   | Removal                             | Repair | Encapsulate |
| <b>LAUNDRY ROOM</b>   |   | <b>VAT + MASTIC</b>   | <b>200 SF</b>   | <input checked="" type="checkbox"/> |        |             |
|   |   |   |   |                                     |        |             |
|   |   |   |   |                                     |        |             |
| Name of Registered Waste Hauler<br><b>Best Removal Inc</b>  | NJDEP Waste Hauler ID No.<br><b>17109</b>   | Cubic Yards of Waste<br><b>1.12</b>   | Name of Registered Landfill<br><b>Minerva Enterprises</b> |                                     |        |             |
| City, State<br><b>Hackensack, N.J. 07601</b>  |   | Disposal Date<br><b>9/10/13</b>   | City, State<br><b>Waynesburg, Oh</b>                      |                                     |        |             |
| Completed by<br><b>J. Maiorano</b>  | Title<br><b>Estimator</b>   | Signature<br><i>J. Maiorano</i>   | Date<br><b>8/30/13</b>                                    |                                     |        |             |

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

CHECK # 20222/20272

| Date of Notification (1)<br>08-29-13  |   | Name of Building Owner/Operator (2)<br>Schlindler Elevator Corporation  |  |   |                           |                  |        |             |           |
|---|---|---|--|---|---------------------------|------------------|--------|-------------|-----------|
| Agencies Notified   | Type Notification   | Street Address<br>20 Whippany Road  |  |   |                           |                  |        |             |           |
| <input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL  | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # 1      | City, State, Zip Code<br>Morristown   |  |   |                           |                  |        |             |           |
| <input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Name of Contact<br>Mr. Bill Rafferty  |  |   |                           |                  |        |             |           |
| <b>FACILITY INFORMATION</b>   |   |   |  |   |                           |                  |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><br>Street Address<br>20 Whippany Road  |   | 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>Morristown  |   | Square Feet   | # of Floors<br>3   |   |                           |                  |        |             |           |
| County (6)<br>Morris  |   | County Code (7)<br>(STATE USE ONLY)   | Bldg. Age<br>20 yrs.   |   |                           |                  |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Detail Associates  |   | ASCM No.<br>00012   | Name of Abatement Contractor (9)<br>Pinnacle Environmental Corp. |   |                           |                  |        |             |           |
| Street Address<br>300 Grand Avenue  |   | Street Address<br>200 Broad Street  |  |   |                           |                  |        |             |           |
| City, State, Zip Code<br>Englewood, NJ 07631-4355   |   | City, State, Zip Code<br>Carlstadt, NJ 07072  |  |   |                           |                  |        |             |           |
| Project Manager for Monitoring Firm<br>Stephen A. Jaraczewski   |   | Telephone No.<br>(201) 569-6708   | Telephone No.<br>201-939-6565                                    |   |                           |                  |        |             |           |
| Start Date (10)<br>(1) 09-03-13   |   | Scheduled Completion Date (11)<br>09-20-13  | License No.<br>00756   |   |                           |                  |        |             |           |
| 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: Area is vacant |   | Name of OSHA Monitor<br>Even-Air Inc.   |  |   |                           |                  |        |             |           |
|   |   | Street Address<br>10-59 Jackson Avenue  |  |   |                           |                  |        |             |           |
|   |   | City, State, Zip Code<br>Long Island City, NY 11101   |  |   |                           |                  |        |             |           |
| Scope of Work (Check All That Apply)  |   |   |  |   |                           |                  |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf   |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |  |   |                           |                  |        |             |           |
|   |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure Intact Wrap & Repair<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 |
| (1) Upper Level   |   |   | x  | Pipe Fittings   | 26LF                      | x                |        |             |           |
| (1) Main Level  |   |   | x  | Pipe Fittings   | 75LF                      | x                |        |             |           |
| (1) Lower Level   |   |   | x  | Pipe Fittings   | 25LF                      | x                |        |             |           |
| Name of Registered Waste Hauler<br>ATC, Inc. / JBT (50071)  |   | NJDEP Waste Hauler ID No.<br>24310  | Cubic Yards of Waste<br>TBD                                      | Name of Registered Landfill<br>Minerva Enterprises  |                           |                  |        |             |           |
| City, State<br>Shirley, NY / Bronx, NY  |   | Disposal Date<br>TBD  |  | City, State<br>Waynesburg, OH 44688   |                           |                  |        |             |           |
| Completed by<br>John Tancredi   |   | Title<br>Project Manager  |  | Signature<br>                           |                           | Date<br>08-29-13 |        |             |           |



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

*No check*

*check 12334*

Date of Notification (1)  
8/29/13 **8/30/13**

Name of Building Owner/Operator (2)  
John Pollock

Agencies Notified  
☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

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

Street Address  
21 Welshman Court

City, State, Zip Code  
Caldwell, NJ 07006

Name of Contact  
John Pollock

Telephone Number

**FACILITY INFORMATION**

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

Street Address  
21 Welshman Court

City (5)  
Caldwell

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  
2200

# of Floors  
2

Bldg. Age  
65

Current Use (Prior if being demolished)

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

Name of Abatement Contractor (9)  
ABS Environmental Services, LLC

Street Address  
4 E Gate Drive, PO Box 483

City, State, Zip Code  
Glenwood, NJ 07418

Project Manager for Monitoring Firm  
Telephone No.

Telephone No.  
973-583-8500

License No.  
703

Start Date (10)  
9/13/13

Scheduled Completion Date (11)  
9/30/13

Name of OSHA Monitor

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

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply)  
☐ ≥3 sf or ≥3 lf  
☒ ≥160 sf or ≥260 lf  
☐ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☒ Mini-Enclosure  
☒ Glovebag Procedure  
☐ Non-Exempted (\*) and Non-Friable Procedure

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM) (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 |
| kitchen  |   |    | X   | pipe insulation   | 175 LF                    | X              |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |

Name of Registered Waste Hauler  
Tri State Transfer

NJDEP Waste Hauler ID No.  
02325

Cubic Yards of Waste  
10

Name of Registered Landfill  
Minerva Enterprises

City, State  
Bronx, NY

Disposal Date  
TBD

City, State  
Waynesburg OH

Completed by  
Andrew Scott Higgins

Title  
President

Signature

Date  
8/22/13 8/30/13

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

*No check*

|   |  |  |                           |
|---|--|--|---------------------------|
| Date of Notification (1)<br>08/27/2013  |  | Name of Building Owner/Operator (2)<br>Pamela Geisinder Privet House |                           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>18 Browning Ct.                                    |                           |
|   |  | City, State, Zip Code<br>Phillipsburg, NJ 08865                      |                           |
|   |  | Name of Contact<br>George Geisinder                                  | Telephone Number<br>_____ |

**FACILITY INFORMATION**

|  |  |   |                      |
|--|--|---|----------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Pamela Geisinder Privet House  |  | 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>421 Murray Street  |  | Square Feet<br>1000+  | # of Floors<br>2     |
| City (5)<br>Elizabeth  |  | Bldg. Age<br>35+  |                      |
| County (6)<br>Union  | 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. _____  |                      |
| Street Address   |  | Name of Abatement Contractor (9)<br>Savic Construction Corp   |                      |
| City, State, Zip Code  |  | Street Address<br>205 Route 46 Suite 15   |                      |
| Project Manager for Monitoring Firm  |  | City, State, Zip Code<br>Totowa, NJ 07512   |                      |
| Telephone No.  |  | Telephone No.<br>973-339-9735   | License No.<br>01034 |
| Start Date (10)<br>08/31/2013  | Scheduled Completion Date (11)<br>09/01/2013 | Name of OSHA Monitor<br>Savic Construction Corp   |                      |
| 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>205 Route 46 Suite 15   |                      |
|  |  | City, State, Zip Code<br>Totowa, NJ 07512   |                      |

Scope of Work (Check All That Apply)
 

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

☒ Renovation  
☐ Demolition

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

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|---|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
|   | Yes   | No | N/A |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| Basement  |   |    | X   | TSI pipe  | 74 LF                     | x              |        | X           |           |
|   |   |    |     |   |                           |                |        |             |           |
|   |   |    |     |   |                           |                |        |             |           |
|   |   |    |     |   |                           |                |        |             |           |

|  |                                     |                                 |                                      |
|--|-------------------------------------|---------------------------------|--------------------------------------|
| Name of Registered Waste Hauler<br>Savic Construction Corp | NJDEP Waste Hauler ID No.<br>S32253 | Cubic Yards of Waste            | Name of Registered Landfill<br>GROWS |
| City, State<br>Totowa, NJ                                  |                                     | Disposal Date                   | City, State<br>Morrisville, PA       |
| Completed by<br>Milos Savic                                | Title<br>Project Manager            | Signature<br><i>Milos Savic</i> | Date<br>08/27/2013                   |



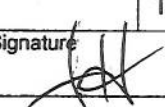
Check # 2897

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

|   |  |  |  |
|---|--|--|--|
| Date of Notification (1)<br><b>8/29/13</b>  |  | Name of Building Owner/Operator (2)<br><b>EARTHTECH CONTRACTING</b>  |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended: Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br><b>155 R. 50</b>               |
|   |  |  | City, State, Zip Code<br><b>GREENFIELD, N.J.</b> |
|   |  |  | Name of Contact<br><b>BRUCE BREUNIG</b>          |
| 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>418 ELBERON AVE.</b>   |  | Square Feet  | # of Floors                                      |
| City, State, Zip Code<br><b>CHelsea HEIGHTS</b>   |  | Bldg Age   |  |
| County (6)<br><b>ATLANTIC</b>   |  | County Code (7) (STATE USE ONLY)   |  |
| Name of Monitoring Firm Hired by Building Owner<br><b>N/A</b>   |  | Name of Abatement Contractor (9)<br><b>KLEMMCO INC.</b>  |  |
| Street Address  |  | Street Address<br><b>369 S. SPRUCE AVE.</b>  |  |
| City, State, Zip Code   |  | City, State, Zip Code<br><b>MAPLE SHADE, N.J. 08052</b>  |  |
| Project Manager for Monitoring Firm   |  | Telephone No.<br><b>856-779-0472</b>   | License No.<br><b>00444</b>                      |
| Start Date (10)<br><b>9/10/13</b>   |  | Scheduled Completion Date (11)<br><b>9/17/13</b>   |  |
| Name of OSHA Monitor<br><b>JOSEPH KLEMM</b>   |  | Street Address<br><b>369 S. SPRUCE AVE.</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 _____   |  | City, State, Zip Code<br><b>MAPLE SHADE, N.J. 08052</b>  |  |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Minn-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Frable Procedure<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition |  |  |  |
| 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)  |  |
| <b>SIDING</b>   |  | <b>TRANSITE</b>  |  |
| <b>1500 SF</b>  |  | <b>X</b>   |  |
| Name of Registered Waste Hauler<br><b>KLEMMCO INC.</b>  |  | NJDEP Waste Hauler ID No.<br><b>17904</b>  |  |
| City, State<br><b>MAPLE SHADE, N.J.</b>   |  | Name of Registered Landfill<br><b>A.C.U.A.</b>   |  |
| Disposal Date   |  | City, State<br><b>PLEASANTVILLE, N.J.</b>  |  |
| Completed By:<br><b>JOSEPH KLEMM</b>  |  | Signature<br><b>Joseph Klemm</b>   |  |
| Title<br><b>V/P</b>   |  | Date<br><b>8/29/13</b>   |  |

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

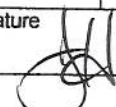
06#2798

| Date of Notification (1)<br><del>8-18-13</del> <b>8-30-13</b>   |   | Name of Building Owner/Operator (2)<br>American Demolition   |   |   |                           |   |        |             |           |
|---|---|--|---|---|---------------------------|---|--------|-------------|-----------|
| Agencies Notified<br><br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><br><input 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>2 English Lane   |   |   |                           |   |        |             |           |
|   |   | City, State, Zip Code<br>Egg Harbor NJ , NJ 08234  |   |   |                           |   |        |             |           |
|   |   | Name of Contact<br>Benard S  | Telephone Number<br>_____   |   |                           |   |        |             |           |
| <b>FACILITY INFORMATION</b>   |   |  |   |   |                           |   |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>House   |   | Type of Facility (4)<br><input checked="" 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>228 Wissahickon Ave   |   | Square Feet<br>18000   | # of Floors<br>2  |   |                           |   |        |             |           |
| City (5)<br>Ventnor   |   | Bldg. Age<br>65  |   |   |                           |   |        |             |           |
| County (6)<br>Ocean   | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)  |   |   |                           |   |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)   |   | ASCM No.   | Name of Abatement Contractor (9)<br>Ani & Joe LLC   |   |                           |   |        |             |           |
| Street Address  |   | Street Address<br>1212 Burlington Ave  |   |   |                           |   |        |             |           |
| City, State, Zip Code   |   | City, State, Zip Code<br>Delanco .NJ . 08075   |   |   |                           |   |        |             |           |
| Project Manager for Monitoring Firm   |   | Telephone No.  | Telephone No.<br>856-824-0971   |   |                           |   |        |             |           |
|   |   |  | License No.<br>07010  |   |                           |   |        |             |           |
| Start Date (10)<br>9-9-13   | Scheduled Completion Date (11)<br>9-25-13   | Name of OSHA Monitor<br>self   |   |   |                           |   |        |             |           |
| 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>Other - Describe: _____ |   | Street Address   |   |   |                           |   |        |             |           |
|   |   | City, State, Zip Code  |   |   |                           |   |        |             |           |
| Scope of Work (Check All That Apply)  |   |  |   |   |                           |   |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <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                    |   |  |   |   |                           |   |        |             |           |
| 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 |
| outside   |   |  | x   | (ACM)siding   | 3400lf                    | x   |        |             |           |
|   |   |  |   |   |                           |   |        |             |           |
|   |   |  |   |   |                           |   |        |             |           |
|   |   |  |   |   |                           |   |        |             |           |
| Name of Registered Waste Hauler<br>J Robinson Waste   |   | NJDEP Waste Hauler ID No.<br>18687   | Cubic Yards of Waste<br>40cy  | Name of Registered Landfill<br>Wm Of Pa   |                           |   |        |             |           |
| City, State<br>Bellmawr NJ  |   | Disposal Date<br>TBD   |   | City, State<br>Tullytown NJ   |                           |   |        |             |           |
| Completed by<br>Joseph T Hill   |   | Title<br>VP  | Signature<br> |   |                           | Date<br><del>8-18-13</del> <b>8-30-13</b> |        |             |           |



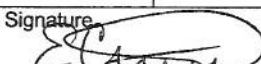
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

CK# 2798

|  |   |  |   |  |                           |                         |        |             |           |
|--|---|--|---|--|---------------------------|-------------------------|--------|-------------|-----------|
| Date of Notification (1)<br><del>7-16-13</del> 8-30-13   |   | Name of Building Owner/Operator (2)<br>Anthony Demolition  |   |  |                           |                         |        |             |           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation   |   |  |                           |                         |        |             |           |
| Street Address<br>22 English Lane  |   | City, State, Zip Code<br>Egg Harbor NJ , NJ 08234  |   |  |                           |                         |        |             |           |
| Name of Contact<br>Steve A   |   | Telephone Number<br>_____  |   |  |                           |                         |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |   |  |                           |                         |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>House  |   | Type of Facility (4)<br><input checked="" 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>11 Weymouth Ave  |   | Square Feet<br>18000   | # of Floors<br>2  |  |                           |                         |        |             |           |
| City (5)<br>Ventnor  |   | Bldg. Age<br>65  |   |  |                           |                         |        |             |           |
| County (6)<br>Ocean  | County Code (7)<br>(STATE USE ONLY) _____                             | Current Use (Prior if being demolished)  |   |  |                           |                         |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |   | ASCM No.   | Name of Abatement Contractor (9)<br>Ani & Joe LLC   |  |                           |                         |        |             |           |
| Street Address   |   | Street Address<br>1212 Burlington Ave  |   |  |                           |                         |        |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>Delanco .NJ . 08075   |   |  |                           |                         |        |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.  | Telephone No.<br>856-824-0971   |  |                           |                         |        |             |           |
| Start Date (10)<br>9-9-13  |   | Scheduled Completion Date (11)<br>9-25-13  | License No.<br>07010  |  |                           |                         |        |             |           |
| 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>self   |   |  |                           |                         |        |             |           |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   | Street Address   |   |  |                           |                         |        |             |           |
| City, State, Zip Code  |   |  |   |  |                           |                         |        |             |           |
| 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 |
| outside  |   |  | x   | (ACM)siding  | 2800lf                    | x                       |        |             |           |
|  |   |  |   |  |                           |                         |        |             |           |
|  |   |  |   |  |                           |                         |        |             |           |
|  |   |  |   |  |                           |                         |        |             |           |
| Name of Registered Waste Hauler<br>J Robinson Waste  |   | NJDEP Waste Hauler ID No.<br>18687   | Cubic Yards of Waste<br>40cy  | Name of Registered Landfill<br>Wm Of Pa  |                           |                         |        |             |           |
| City, State<br>Bellmawr NJ   |   | Disposal Date<br>TBD   |   | City, State<br>Tullytown NJ  |                           |                         |        |             |           |
| Completed by<br>Joseph T Hill  |   | Title<br>VP  | Signature<br> |  |                           | Date<br>7-16-13 8-30-13 |        |             |           |

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

0280  
CHECK # ~~0235~~

| Date of Notification (1)<br>8/30/2013  |  | Name of Building Owner/Operator (2)<br>Barry Jeckell   |   |   |                           |                   |        |             |           |
|--|--|--|---|---|---------------------------|-------------------|--------|-------------|-----------|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>526 Forest Ave.  |   |   |                           |                   |        |             |           |
|  |  | City, State, Zip Code<br>Westfield, NJ 07090   |   |   |                           |                   |        |             |           |
|  |  | Name of Contact<br>Barry Jeckell   | Telephone Number  |   |                           |                   |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |  |   |   |                           |                   |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>House  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |   |                           |                   |        |             |           |
| Street Address<br>526 Forest Ave.  |  | Square Feet<br>1200  | # of Floors<br>1  |   |                           |                   |        |             |           |
| City (5)<br>Westfield  |  | Bldg. Age<br>50+   |   |   |                           |                   |        |             |           |
| County (6)<br>Union  | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)<br>House   |   |   |                           |                   |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>n/a   |  | ASCM No.<br>n/a  | Name of Abatement Contractor (9)<br>Loznica Management Corporation                                |   |                           |                   |        |             |           |
| Street Address<br>n/a  |  | Street Address<br>22 Troy Lane   |   |   |                           |                   |        |             |           |
| City, State, Zip Code<br>n/a   |  | City, State, Zip Code<br>Lincoln Park, NJ 07035  |   |   |                           |                   |        |             |           |
| Project Manager for Monitoring Firm<br>n/a   |  | Telephone No.<br>n/a   | License No.<br>01193  |   |                           |                   |        |             |           |
| Start Date (10)<br>9-9-2013  | Scheduled Completion Date (11)<br>9-12-2013  | Name of OSHA Monitor<br>Loznica Management Corporation   |   |   |                           |                   |        |             |           |
| 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: 9 am - 5 pm   |  | Street Address<br>22 Troy Lane   |   |   |                           |                   |        |             |           |
|  |  | City, State, Zip Code<br>Lincoln Park, NJ 07035  |   |   |                           |                   |        |             |           |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |   |   |                           |                   |        |             |           |
| Location of Asbestos-Containing Material (ACM) 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   | Asbestos Pipe Insulation  | 50LF                      | X                 |        |             |           |
|  |  |  |   |   |                           |                   |        |             |           |
|  |  |  |   |   |                           |                   |        |             |           |
|  |  |  |   |   |                           |                   |        |             |           |
| Name of Registered Waste Hauler<br>Loznica Management Corporation  |  | NJDEP Waste Hauler ID No.<br>001137  | Cubic Yards of Waste<br>TBD   | Name of Registered Landfill<br>GROWS LANDFILL   |                           |                   |        |             |           |
| City, State<br>Lincoln Park, NJ 07035  |  |  | Disposal Date<br>TBD  | City, State<br>Morrisville, PA 19067  |                           |                   |        |             |           |
| Completed by<br>E. Cirovic   |  | Title<br>Secretary   | Signature<br> |   |                           | Date<br>8-30-2013 |        |             |           |



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

| Date of Notification (1)<br><b>7 / 30 / 13</b>   |  | Name of Building Owner/Operator (2)<br><b>Willingboro Broad of Education</b>   |                                       |  |                           |                                     |                          |                          |                          |
|--|--|--|---------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>1-8/30/13</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>440 Beverly-Rancocas Rd</b>   |                                       |  |                           |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br><b>Willingboro, NJ 08046</b>  |                                       |  |                           |                                     |                          |                          |                          |
|  |  | Name of Contact<br><b>Kelvin Smith</b>   | Telephone Number<br><b>[REDACTED]</b> |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |  |                                       |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Willingboro Memorial Middle School</b>  |  | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                       |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>451 Van Sciver Parkway</b>  |  | Square Feet<br><b>75,000</b>   | # of Floors<br><b>2</b>               |  |                           |                                     |                          |                          |                          |
| City (5)<br><b>Willingboro</b>   |  | Bldg. Age<br><b>40+</b>  |                                       |  |                           |                                     |                          |                          |                          |
| County (6)<br><b>Burlington</b>  | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)<br><b>School</b>   |                                       |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>TTI Environmental Inc.</b>   | ASCM No.<br><b>0003</b>  | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>   |                                       |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>1253 N. Church St</b>   |  | Street Address<br><b>1123 BEAVER STREET</b>  |                                       |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Moorestown, NJ 08057</b>   |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |                                       |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Jim Guilardi</b>   | Telephone No.<br><b>856-840-8800</b>   | Telephone No.<br><b>215-788-6040</b>   | License No.<br><b>00509</b>           |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br><b>8 / 23 / 13</b>  | Scheduled Completion Date (11)<br><b>9 / 23 / 13</b>   | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC.</b>   |                                       |  |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>7:00AM-3:00PM</b> PM- <b>7AM-5:30PM</b> AM<br><b>9/3-9/6/13</b>   |  | Street Address<br><b>1123 BEAVER STREET</b>  |                                       |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |                                       |  |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |  |  |                                       |  |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |                                       |  |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |                                       | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|  | Yes  | No   | N/A                                   |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>Boiler Room</b>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>              | <b>Tank Insulation</b>   | <b>250 SF</b>             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Throughout</b>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>              | <b>Pipe Fitting Insulation</b>   | <b>450 LF</b>             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>              |  |                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>              |  |                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>SERVICE TRANSPORT GROUP, INC.</b>  |  | NJDEP Waste Hauler ID No.<br><b>20990</b>  | Cubic Yards of Waste                  | Name of Registered Landfill<br><b>MINERVA LANDFILL</b>   |                           |                                     |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE 19720</b>   |  |  | Disposal Date                         | City, State<br><b>WAYNESBURG, OH 44688</b>   |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Brian Scafiro</b>   | Title<br><b>Estimator</b>  | Signature<br><i>Brian Scafiro</i>  |                                       |  |                           | Date<br><b>8/30/13</b>              |                          |                          |                          |

ASB-41  
MAY 11 **B512124A**

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



No CK

CE# 2477

ASB-41  
MAY 11 10512124A

\* 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)

*No Cl*

|  |  |  |   |  |                           |                                     |                          |                          |                          |
|--|--|--|---|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>8 / 5 / 13   |  | Name of Building Owner/Operator (2)<br>Willingboro Broad of Education  |   |  |                           |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment #1-8/30/13<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>440 Beverly-Rancocas Rd  |   |  |                           |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br>Willingboro, NJ 08046   |   |  |                           |                                     |                          |                          |                          |
|  |  | Name of Contact<br>Kelvin Smith  | Telephone Number<br><u>                    </u>                 |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |  |   |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Willingboro Memorial Middle School   |  | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |   |  |                           |                                     |                          |                          |                          |
| Street Address<br>451 Van Sciver Parkway   |  |  |   |  |                           |                                     |                          |                          |                          |
| City (5)<br>Willingboro  |  | Square Feet<br>75,000  | # of Floors<br>2  |  |                           |                                     |                          |                          |                          |
|  |  | Bldg. Age<br>40+   |   |  |                           |                                     |                          |                          |                          |
| County (6)<br>Burlington   | County Code (7)(STATE USE ONLY)  | Current Use (Prior if being demolished)<br>School  |   |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>TTI Environmental Inc.  |  | ASCM No.   | Name of Abatement Contractor (9)<br>BRISTOL ENVIRONMENTAL, INC. |  |                           |                                     |                          |                          |                          |
| Street Address<br>1253 N. Church St  |  | Street Address<br>1123 BEAVER STREET   |   |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br>Moorestown, NJ 08057  |  | City, State, Zip Code<br>BRISTOL, PA 19007   |   |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br>Jim Guilardi  | Telephone No.<br>856-840-8800  | Telephone No.<br>215-788-6040  | License No.<br>00509  |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br>8 / 19 / 13   | Scheduled Completion Date (11)<br>9 / 23 / 13  | Name of OSHA Monitor<br>BRISTOL ENVIRONMENTAL, INC.  |   |  |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: 7:00AM-3:00PM / 9/3-9/4/13 - 7AM-5:30 PM   |  | Street Address<br>1123 BEAVER STREET   |   |  |                           |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br>BRISTOL, PA 19007   |   |  |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |  |  |   |  |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Demolition<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) 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   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>  | Floor tile and mastic  | 6800 SF                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Throughout   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>  | Pipe Fitting Insulation-Wrap & Cut   | 450 LF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rooms 318 and 319  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>  | Countertops  | 600 SF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Room 510   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>  | Linoleum   | 720 SF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br>SERVICE TRANSPORT GROUP, INC.   |  | NJDEP Waste Hauler ID No.<br>20990   | Cubic Yards of Waste  | Name of Registered Landfill<br>MINERVA LANDFILL  |                           |                                     |                          |                          |                          |
| City, State<br>NEW CASTLE, DE 19720  |  |  | Disposal Date   | City, State<br>WAYNESBURG, OH 44688  |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>Brian Scafiro  | Title<br>Estimator   | Signature<br><i>Brian</i>  |   |  | Date<br>8/30/13           |                                     |                          |                          |                          |



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

*NACK*

*CR # 2482*

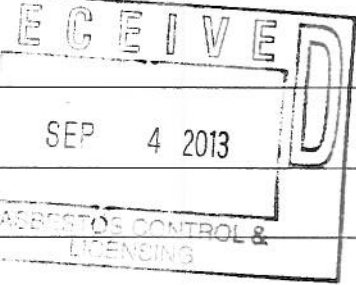
| Date of Notification (1)<br><div style="text-align: center;">8 / 5 / 13</div>  |  | Name of Building Owner/Operator (2)<br><b>Willingboro Broad of Education</b>  |                             |  |  |                                     |                          |                          |                          |
|--|--|---|-----------------------------|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA 4234<br><input checked="" type="checkbox"/> DOLWD 9258<br><input checked="" type="checkbox"/> DHSS 9241<br><input type="checkbox"/> DCA (NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>440 Beverly-Rancocas Rd</b><br>City, State, Zip Code<br><b>Willingboro, NJ 08046</b><br>Name of Contact<br><b>Kelvin Smith</b><br>Telephone Number<br>_____  |                             |  |  |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |   |                             |  |  |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Willingboro Memorial Middle School</b>  |  | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)  |                             |  |  |                                     |                          |                          |                          |
| Street Address<br><b>451 Van Sciver Parkway</b>  |  | Square Feet<br><b>75,000</b>  |                             |  |  |                                     |                          |                          |                          |
| City (5)<br><b>Willingboro</b>   |  | # of Floors<br><b>2</b>   | Bldg. Age<br><b>40+</b>     |  |  |                                     |                          |                          |                          |
| County (6)<br><b>Burlington</b>  | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)<br><b>School</b>  |                             |  |  |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>TTI Environmental Inc.</b>   |  | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>  |                             |  |  |                                     |                          |                          |                          |
| Street Address<br><b>1253 N. Church St</b>   |  | Street Address<br><b>1123 BEAVER STREET</b>   |                             |  |  |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Moorestown, NJ 08057</b>   |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>   |                             |  |  |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Jim Guillard</b>   | Telephone No.<br><b>856-840-8800</b>   | Telephone No.<br><b>215-788-6040</b>  | License No.<br><b>00509</b> |  |  |                                     |                          |                          |                          |
| Start Date (10)<br><div style="text-align: center;">8 / 19 / 13</div>  | Scheduled Completion Date (11)<br><div style="text-align: center;">9 / 23 / 13</div>   | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC.</b>  |                             |  |  |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>7:00AM-3:00PM</b> PM-____AM |  | Street Address<br><b>1123 BEAVER STREET</b><br>City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |                             |  |  |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |  |   |                             |  |  |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<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) 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   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>    | Floor tile and mastic  | 6800 SF  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Throughout   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>    | Pipe Fitting Insulation-Wrap & Cut   | 450 LF   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rooms 318 and 319  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>    | Countertops  | 600 SF   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Room 510   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>    | Linoleum   | 720 SF   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>SERVICE TRANSPORT GROUP, INC.</b>  |  | NJDEP Waste Hauler ID No.<br><b>20990</b>   |                             | Cubic Yards of Waste   | Name of Registered Landfill<br><b>MINERVA LANDFILL</b> |                                     |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE 19720</b>   |  |   |                             | Disposal Date  | City, State<br><b>WAYNESBURG, OH 44688</b>             |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Brian Scaffiro</b>  |  | Title<br><b>Estimator</b>   |                             | Signature<br><i>Brian Scaffiro / jl</i>  |  | Date<br><b>8/5/13</b>               |                          |                          |                          |



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

| Date of Notification (1)<br><b>9 / 3 / 13</b>  |  | Name of Building Owner/Operator (2)<br><b>County College of Morris</b>                |  | <div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b><br/> SEP 4 2013<br/> ASBESTOS CONTROL </div>   |  |                                     |                          |                          |                          |
|--|--|---|--|---|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified  | Type Notification  | Street Address  |  |   |  |                                     |                          |                          |                          |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input type="checkbox"/> DCA (NJAC 5:16)<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)   | <input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #1<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | <b>214 Center Grove Road</b><br>City, State, Zip Code<br><b>Randolph, NJ 07869</b>    |  |   |  |                                     |                          |                          |                          |
|  |  | Name of Contact<br><b>Joe Ponturo</b>   |  |   |  |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |   |  |   |  |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Sheffield Hall - County College of Morris</b>   |  |   |  | Type of Facility (4)  |  |                                     |                          |                          |                          |
| Street Address<br><b>214 Center Grove Road</b>   |  |   |  | <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>Randolph</b>  |  |   |  | Square Feet<br><b>10,000</b>  | # of Floors<br><b>2</b>                                      |                                     |                          |                          |                          |
| County (6)<br><b>Morris</b>  |  |   |  | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>Classrooms</b> |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Whitman Environmental</b>  |  | ASCM No.<br><b>00110</b>  | Name of Abatement Contractor (9)<br><b>Controlled Environmental Systems</b>  |   |  |                                     |                          |                          |                          |
| Street Address<br><b>7 Pleasant Hill Rd</b>  |  |   | Street Address<br><b>1121 N. Bethlehem Pike - Suite 60</b>   |   |  |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Cranbury, NJ 08512</b>   |  |   | City, State, Zip Code<br><b>Spring House, PA 19477</b>   |   |  |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Kevin Lovely</b>   |  | Telephone No.<br><b>732 644 5418</b>  | Telephone No.<br><b>215-542-7000</b>   | License No.<br><b>00847</b>   |  |                                     |                          |                          |                          |
| Start Date (10)<br><b>9 / 11 / 13</b>  |  | Scheduled Completion Date (11)<br><b>9 / 20 / 13</b>                                  |  | Name of OSHA Monitor<br><b>CES</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>AM-10:00PM/ PM-6:00AM</b> |  |   | Street Address<br><b>1121 N. Bethlehem Pike - Suite 60</b><br>City, State, Zip Code<br><b>Spring House, PA 19477</b> |   |  |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |  |   |  |   |  |                                     |                          |                          |                          |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure <b>WAP + COT</b><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                |
| <b>Classrooms</b>  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | <b>Fittings- Elbows &amp; Joints</b>  | <b>20 LF</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>Allied Waste</b>   |  | NJDEP Waste Hauler ID No.   | Cubic Yards of Waste<br><b>1</b>   | Name of Registered Landfill<br><b>Conestoga Landfill</b>  |  |                                     |                          |                          |                          |
| City, State<br><b>Telford, PA</b>  |  | Disposal Date<br><b>9/20/13</b>   | City, State<br><b>Morgantown, PA</b>   |   |  |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Patricia Visco</b>  |  | Title<br><b>Office Manager</b>  | Signature<br><i>Patricia Visco</i>   |   | Date<br><b>9/3/13</b>  |                                     |                          |                          |                          |

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



| Date of Notification (1)<br><b>9 / 3 / 13</b>  |  | Name of Building Owner/Operator (2)<br><b>CRDA</b>   |   |  |                           |                                     |                          |                          |                          |
|--|--|--|---|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input type="checkbox"/> DCA (NJAC 5:16)<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>1014 Atlantic Ave</b>   |   |  |                           |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br><b>Atlantic City, NJ 08404</b>  |   |  |                           |                                     |                          |                          |                          |
|  |  | Name of Contact<br><b>W. Rachelle Knight/Christina Fuentes</b>   | Telephone Number<br>_____   |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |  |   |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Block 126 -- Lot 4</b>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |   |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>7 Lawn Place</b>  |  | Square Feet<br><b>1,500</b>  | # of Floors<br><b>2</b>   |  |                           |                                     |                          |                          |                          |
| City (5)<br><b>Atlantic City</b>   |  | Bldg. Age<br><b>100+</b>   |   |  |                           |                                     |                          |                          |                          |
| County (6)<br><b>Atlantic</b>  | County Code (7)(STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>home</b>   |   |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Health &amp; Safety Services, Inc</b>  |  | ASCM No.<br><b>117</b>   | Name of Abatement Contractor (9)<br><b>Controlled Environmental Systems</b> |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>318 12th Street</b>   |  | Street Address<br><b>1121 N. Bethlehem Pike - Suite 60</b>   |   |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Hammonton, NJ 08037</b>  |  | City, State, Zip Code<br><b>Spring House, PA 19477</b>   |   |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Jim Proctor</b>  |  | Telephone No.<br><b>609-704-8850</b>   | Telephone No.<br><b>215-542-7000</b>  |  |                           |                                     |                          |                          |                          |
|  |  | License No.<br><b>00847</b>  |   |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br><b>9 / 16 / 13</b>  | Scheduled Completion Date (11)<br><b>9 / 21 / 13</b>   | Name of OSHA Monitor<br><b>CES</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>7:00AM-7:00PM</b> / ____PM-____AM   |  | Street Address<br><b>1121 N. Bethlehem Pike - Suite 60</b>   |   |  |                           |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br><b>Spring House, PA 19477</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 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)  | 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>Basement</b>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <b>Boiler Flue Packing</b>   | <b>2 SF</b>               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Roof</b>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <b>Roofing</b>   | <b>1,200 SF</b>           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Allied Waste</b>   |  | NJDEP Waste Hauler ID No.  | Cubic Yards of Waste<br><b>5</b>  | Name of Registered Landfill<br><b>Conestoga Landfill</b>   |                           |                                     |                          |                          |                          |
| City, State<br><b>Telford, PA</b>  |  | Disposal Date<br><b>9/21/13</b>  |   | City, State<br><b>Morgantown, PA</b>   |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Patricia Visco</b>  |  | Title<br><b>Office Manager</b>   | Signature<br><i>Patricia Visco</i>  |  |                           | Date<br><b>9/3/13</b>               |                          |                          |                          |



Date of Notification (1)  
 9 / 3 / 13

Name of Building Owner/Operator (2)  
 CRDA

Street Address  
 1014 Atlantic Ave

City, State, Zip Code  
 Atlantic City, NJ 08404

Name of Contact  
 W. Rachelle Knight/Christina Fuentes

Telephone Number

Agencies Notified  
☒ EPA  
☒ DEP  
☐ DCA (NJAC 5:16)  
☒ DHSS  
☐ DCA (NJAC 5:23-8)

Type Notification  
☒ Initial  
☐ Amended  
 Amendment # \_\_\_\_\_  
☐ Emergency (including justification)  
☐ Cancellation

Name of Facility Where Abatement is Taking Place (3)  
 Block 72 -- Lot 5

Street Address  
 315 Oriental Ave

City (5)  
 Atlantic City

County (6)  
 Atlantic

Name of Monitoring Firm Hired by Building Owner (8)  
 Health & Safety Services, Inc

ASCM No.  
 117

Name of Abatement Contractor (9)  
 Controlled Environmental Systems

Street Address  
 1121 N. Bethlehem Pike - Suite 60

City, State, Zip Code  
 Spring House, PA 19477

Telephone No.  
 215-542-7000

License No.  
 00847

Project Manager for Monitoring Firm  
 Jim Proctor

Telephone No.  
 609-704-8850

Start Date (10)  
 9 / 16 / 13

Scheduled Completion Date (11)  
 9 / 21 / 13

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: 7:00AM-7:00PM/\_\_\_\_PM-\_\_\_\_AM

Scope of Work (Check all that apply)  
☐  $\geq 3$  sf or  $\geq 3$  lf  
☒  $\geq 160$  sf or  $\geq 260$  lf  
☒ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☒ Non-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                |
| Roof   | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Roof Flashing  | 560 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  
 Allied Waste

NJDEP Waste Hauler ID No.

Cubic Yards of Waste  
 2

Name of Registered Landfill  
 Conestoga Landfill

City, State  
 Telford, PA

Disposal Date  
 9/21/13

City, State  
 Morgantown, PA

Completed By (Print or Type)  
 Patricia Visco

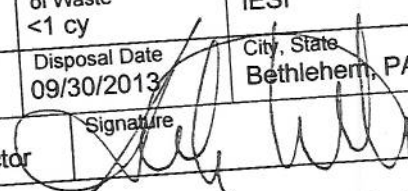
Title  
 Office Manager

Signature  
 Patricia Visco

Date  
 9/3/13



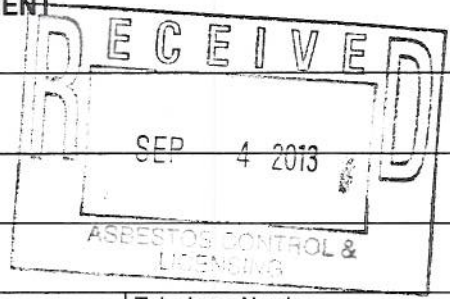
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

| Date of Notification (1)<br><b>09/03/2013</b>  |   | Name of Building Owner/Operator (2)<br><b>IMTT - Bayonne</b>  |   |  |                           |                |        |                           |           |
|--|---|---|---|--|---------------------------|----------------|--------|---------------------------|-----------|
| Agencies Notified  |   | Street Address<br><b>250 East 22nd 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 checked="" type="checkbox"/> DCA  |   | City, State, Zip Code<br><b>Bayonne, New Jersey 07002</b><br>Name of Contact<br><b>Aubrey Hotard</b>  |   |  |                           |                |        |                           |           |
| Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended #009<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation   |   | Telephone Number<br><div style="border: 1px solid black; padding: 2px;"> <b>ASBESTOS CONTROL &amp; REMEDIATION</b> </div>   |   |  |                           |                |        |                           |           |
| <b>FACILITY INFORMATION</b>  |   |   |   |  |                           |                |        |                           |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>IMTT - Bayonne</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>250 East 22nd Street</b>  |   | Square Feet   | Bldg. Age<br><b>30+</b>                                       |  |                           |                |        |                           |           |
| City (5)<br><b>Bayonne, New Jersey 07002</b>   |   | Current Use (Prior if being demolished)   |   |  |                           |                |        |                           |           |
| County (6)<br><b>Hudson</b>  | County Code (7)<br>(STATE USE ONLY)                                   |   |   |  |                           |                |        |                           |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Envirovision Consultants, Inc.</b>   |   | ASCM No.<br><b>00079</b>  | Name of Abatement Contractor (9)<br><b>Insulations, Inc.</b>  |  |                           |                |        |                           |           |
| Street Address<br><b>20-21 Wagaraw Road, Bldg. 34A</b>   |   | Street Address<br><b>1101 Edwards Avenue</b>  |   |  |                           |                |        |                           |           |
| City, State, Zip Code<br><b>Fair Lawn, New Jersey 07410</b>  |   | City, State, Zip Code<br><b>Harahan</b>   |   |  |                           |                |        |                           |           |
| Project Manager for Monitoring Firm<br><b>Guillermo Morales</b>  |   | Telephone No.<br><b>504-733-5033</b>  | License No.<br><b>01120</b>                                   |  |                           |                |        |                           |           |
| Start Date (10)<br><b>09/05/2013</b>   | Scheduled Completion Date (11)<br><b>09/06/2013</b>                   |   | Name of OSHA Monitor<br><b>Envirovision Consultants, Inc.</b> |  |                           |                |        |                           |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br>Other - Describe: <u>Area unoccupied</u>   |   | Street Address<br><b>20-21 Wagaraw Road, Bldg. 34A</b>  |   |  |                           |                |        |                           |           |
|  |   | City, State, Zip Code<br><b>Fair Lawn, New Jersey 07410</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 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)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |                           |           |
|  | Yes   | No  | N/A   |  |                           | Removal        | Repair | Encapsulate               | Enclosure |
| <b>Tank 4001</b>   |   | <b>X</b>  |   | <b>Tar Paper Mastic</b>  | <b>300 sf</b>             | <b>X</b>       |        |                           |           |
|  |   |   |   |  |                           |                |        |                           |           |
|  |   |   |   |  |                           |                |        |                           |           |
| Name of Registered Waste Hauler<br><b>Freehold Cartage</b>   |   | NJDEP Waste Hauler ID No.<br><b>S-2265</b>  | Cubic Yards of Waste<br><b>&lt;1 cy</b>                       | Name of Registered Landfill<br><b>IESI</b>   |                           |                |        |                           |           |
| City, State<br><b>Dunmore, PA</b>  |   | Disposal Date<br><b>09/30/2013</b>  |   | City, State<br><b>Bethlehem, PA</b>  |                           |                |        | Date<br><b>09/03/2013</b> |           |
| Completed by<br><b>Aubrey Hotard</b>   |   | Title<br><b>Corporate Safety Director</b>   |   | Signature<br>                              |                           |                |        |                           |           |

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

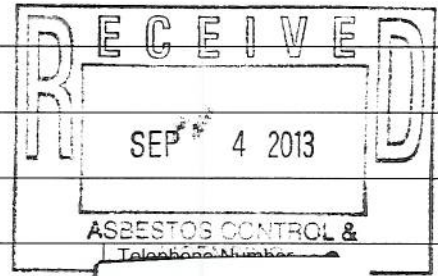


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



|  |  |   |  |   |  |                                     |                          |                          |                          |
|--|--|---|--|---|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>9 / 3 / 13</b>  |  | Name of Building Owner/Operator (2)<br><b>CAMPBELL'S SOUP COMPANY</b>   |  |   |  |                                     |                          |                          |                          |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>1 CAMPBELL PLACE</b><br>City, State, Zip Code<br><b>CAMDEN, NJ 08103</b><br>Name of Contact<br><b>MS. KERRIN DONNELLY</b><br>Telephone Number<br>[REDACTED]  |  |   |  |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |   |  |   |  |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>CAMPBELL'S</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>1 CAMPBELL PLACE</b>  |  |   |  |   |  |                                     |                          |                          |                          |
| City (5)<br><b>CAMDEN</b>  |  | Square Feet<br><b>20,000</b>  | # of Floors<br><b>2</b>                                    |   |  |                                     |                          |                          |                          |
|  |  | Bldg. Age<br><b>86</b>  |  |   |  |                                     |                          |                          |                          |
| County (6)<br><b>CAMDEN</b>  |  | County Code (7)(STATE USE ONLY)   |  |   |  |                                     |                          |                          |                          |
|  |  | Current Use (Prior if being demolished)<br><b>HEADQUARTERS</b>  |  |   |  |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>CRITERION LABS</b>   |  | ASCM No.  | Name of Abatement Contractor (9)<br><b>DELTA/BJDS, INC</b> |   |  |                                     |                          |                          |                          |
| Street Address<br><b>3370 PROGRESS DRIVE</b>   |  | Street Address<br><b>1345 INDUSTRIAL BLVD</b>   |  |   |  |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>BENSALEM, PA 19020</b>   |  | City, State, Zip Code<br><b>SOUTHAMPTON PA</b>  |  |   |  |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>ERIC WYSOCKI</b>   |  | Telephone No.<br><b>215 244-1300</b>  | License No.<br><b>00783</b>                                |   |  |                                     |                          |                          |                          |
| Start Date (10)<br><b>9 / 13 / 13</b>  | Scheduled Completion Date (11)<br><b>9 / 27 / 13</b>   |   | Name of OSHA Monitor<br><b>EHS</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>Time of Abatement: <b>7AM-3:30PM</b> -____AM |  | Street Address<br><b>411 SOUTH GATE SUITE E</b><br>City, State, Zip Code<br><b>MICKLETON NJ 08056</b>   |  |   |  |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |  |   |  |   |  |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |  |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |  | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)<br><b>12LF</b> | Abatement Type                      |                          |                          |                          |
|  | Yes  | No  | N/A  |   |  | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>GROUND FLOOR</b>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>                                   | <b>PIPE INSULATION</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>SERVICE TRANSPORT</b>  |  | NJDEP Waste Hauler ID No.<br><b>20990</b>   | Cubic Yards of Waste                                       | Name of Registered Landfill<br><b>MINERVA LANDFILL</b>  |  |                                     |                          |                          |                          |
| City, State<br><b>58 PYLES LANE, NEW CASTLE DE. 19720</b>  |  |   | Disposal Date  | City, State<br><b>WAYNESBURG, OH 44688</b>  |  |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>FRAN SCULL</b>  |  | Title<br><b>PROJECT MGR.</b>  | Signature<br><i>Fran Scull</i>                             |   |  | Date<br><b>9/3/13</b>               |                          |                          |                          |

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



| Date of Notification (1)<br>9/3/13   |  | Name of Building Owner/Operator (2)<br>Poole Ave Realty, LLC  |  |   |                           |                |        |             |           |
|--|--|---|--|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified  | Type Notification  | Street Address<br>555 US Highway 1 S, Suite 400   |  |   |                           |                |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment #1 _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Iselin, NJ 08830   |  |   |                           |                |        |             |           |
|  |  | Name of Contact<br>Wayne Neis   |  |   |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |  |   |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Foodtown   |  | Type of Facility (4)  |  |   |                           |                |        |             |           |
| Street Address<br>1105 Highway 36  |  | <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>Hazlet   |  | Square Feet<br>25,000   | # of Floors<br>2                                     |   |                           |                |        |             |           |
|  |  | Bldg. Age<br>50+  |  |   |                           |                |        |             |           |
| County (6)<br>Middlesex  | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)<br>vacant / retail  |  |   |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Accredited Environmental Technologies   |  | ASCM No. _____  | Name of Abatement Contractor (9)<br>ecoservices, LLC |   |                           |                |        |             |           |
| Street Address<br>28 N. Pennell Road   |  | Street Address<br>407 West Lincoln Highway  |  |   |                           |                |        |             |           |
| City, State, Zip Code<br>Media, PA   |  | City, State, Zip Code<br>Exton, PA 19341  |  |   |                           |                |        |             |           |
| Project Manager for Monitoring Firm<br>Eric Houseknecht  |  | Telephone No.<br>610-891-0114   | Telephone No.<br>484-872-8884                        |   |                           |                |        |             |           |
|  |  | License No.<br>01161  |  |   |                           |                |        |             |           |
| Start Date (10)<br>8/29/13   | Scheduled Completion Date (11)<br>9/30/13  | Name of OSHA Monitor<br>EMSL  |  |   |                           |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |  | Street Address<br>200 Route 130 N   |  |   |                           |                |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____   |  | City, State, Zip Code<br>Cinnaminson, NJ  |  |   |                           |                |        |             |           |
| Scope of Work (Check All That Apply)   |  |   |  |   |                           |                |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> <input type="checkbox"/> <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 |
| Showroom   |  |   | X  | Floor tile and mastic   | 22,000 SF                 | X              |        |             |           |
| Canopy   |  |   | X  | Transite soffit   | 2,000 SF                  | X              |        |             |           |
| Mechanical Room  |  |   | X  | Pipe Elbows and Valves  | 52 Ea                     | X              |        |             |           |
| Roof   |  |   | X  | Flashing  | 4,000 SF                  | X              |        |             |           |
| Name of Registered Waste Hauler<br>Service Transport Group   |  | NJDEP Waste Hauler ID No. _____   | Cubic Yards of Waste<br>130                          | Name of Registered Landfill<br>Minerva Landfill   |                           |                |        |             |           |
| City, State<br>New Castle, DE  |  |   | Disposal Date<br>TBD                                 | City, State<br>Waynesburg, OH   |                           |                |        |             |           |
| Completed by<br>Jack Bally   |  | Title<br>Sr. Project Manager  | Signature<br>  | Date<br>9/3/13  |                           |                |        |             |           |



Aug 29 2013 03:29pm

P001/001

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

CHECK #: 8246

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| Date of Notification (1)<br>8/29/13   |  | Name of Building Owner/Operator (2)<br>Kathy Reilly  |  | APPROVED<br>NJ Dept. of Health & Senior Services<br>Paul C. [Signature]<br>Date: 8/29/13 2:28 PM  |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   |  | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input checked="" type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>4 WEHNER PL.<br>City, State, Zip Code<br>ALLENDALE, N.J. 07401<br>Name of Contact<br>Kathy Reilly<br>Telephone Number   |  |
| Name of Facility Where Abatement is Taking Place (3)<br>Reilly  |  |  |  | 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>4 WEHNER PLACE  |  | City (5)<br>ALLENDALE  |  | Square Feet<br>1,350  |  |
| County (6)<br>BERGEN  |  | County Code (7)<br>(STATE USE ONLY)  |  | # of Floors<br>2  |  |
| Name of Monitoring Firm Hired by Building Owner (8)   |  | ASCM No.   |  | Bldg. Age<br>160  |  |
| Street Address  |  | Current Use (Prior if being demolished)<br>RESIDENCE   |  | Name of Abatement Contractor (9)<br>A. MAC Contracting Inc.   |  |
| City, State, Zip Code   |  | Street Address<br>105 Lowell Road  |  | City, State, Zip Code<br>Glen Rock, NJ 07452  |  |
| Project Manager for Monitoring Firm   |  | Telephone No.  |  | Telephone No.<br>201-262-5841   |  |
| Start Date (10)<br>8/30/13  |  | Scheduled Completion Date (11)<br>9/30/13  |  | License No.<br>00156  |  |
| 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>Omega Environmental Services Inc.   |  |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |  | Street Address<br>280 Huyer Street<br>City, State, Zip Code<br>Hackensack, NJ 07606   |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)<br>ATTIC   |  | 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)<br>VERMICULITE  |  |
| Amount (Specify SF or LF)<br>735 SF   |  | Abatement Type<br>Removal Repair Encapsulate Enclosure   |  |   |  |
| Name of Registered Waste Hauler<br>Rovic Transport  |  | NJDEP Waste Hauler ID No.<br>20785   |  | Cubic Yards of Waste<br>3   |  |
| City, State, Zip Code<br>Riverdale, NJ 07457  |  | Disposal Date<br>8/30/13   |  | Name of Registered Landfill<br>IESI PA Bethlehem Landfill Corp.   |  |
| Completed by<br>Joseph Vocaturo   |  | Title<br>Operations  |  | Signature<br>J. Vocaturo  |  |
|   |  |  |  | Date<br>8/29/13   |  |

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)  
08 / 28 / 13

Name of Building Owner/Operator (2)

A Capital Improvements

CK #023889

Agencies Notified Type of Notification

☒ EPA

☐ DEP

☒ DOL

☒ DOH

☐ DCA

☐ Initial

☒ Amended  
Amendment # 1

☐ Emergency (including  
Justification)

☐ Cancellation

Street Address

10 Lincoln Avenue

City, State, Zip Code

Pompton Lakes, NJ 07444

Name of Contact

Anthony Falore

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Residence

Street Address

116 Oxford Avenue

City (5)

County (6)

County Code (7)

(STATE USE ONLY)

Saddle Brook

Bergen

Name of Monitoring Firm Hired by Building Owner (8)

ASCM

Street Address

Project Manager for Monitoring Firm

Telephone Number

Scheduled State Date (10)

09 / 11 / 13  
Month / Day / Year

Scheduled Completion Date (11)

09 / 16 / 13  
Month / Day / Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period  
of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

☐ Other - Describe:

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)

Name of Abatement Contractor (9)

J.R. Contracting & Environmental Consulting, Inc.

Street Address

1141 Route 23

City, State, Zip Code

Wayne NJ 07470

Telephone Number

973 628-9500

License No.

00408

Name of OSHA Monitor

Enviro Vision Consultants, Inc.

Street Address

20-21 Wagaraw Road, Bldg. #34A

City, State, Zip Code

Fairlawn NJ 07410

Scope of Work (Check all that apply)

☐  $\geq 3$  sf or  $\geq 3$  lf

☒  $\geq 160$  sf or  $\geq 260$  lf

☒ Renovation

☐ Demolition

☐ Full Containment With Negative Pressure

☐ Mini-Enclosure

☐ Glovebag Procedure

☒ Non-Exempted (\*) and Non-Friable Procedure

| Location of<br>Asbestos - Containing<br>Material (ACM)<br>TO BE ABATED<br>in Facility (13) | Is<br>Location<br>Normally<br>Used<br>Solely by<br>Maintenance /<br>Custodial<br>Staff (12) |    |     | Description of<br>Asbestos-Containing<br>Material (ACM)<br>(i.e., thermal systems<br>insulation, surfacing, VAT,<br>or other miscellaneous) | Amount<br>(Specify<br>SF or LF) | Abatement Type                  |                            |   |   |
|--|---|----|-----|---|---------------------------------|---------------------------------|----------------------------|---|---|
|  | Yes   | No | N/A |   |                                 | R<br>E<br>M<br>O<br>V<br>E<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   |   |    | X   | Transite siding   | 1000 SF                         | X                               |                            |   |   |
|  |   |    |     |   |                                 |                                 |                            |   |   |
|  |   |    |     |   |                                 |                                 |                            |   |   |
|  |   |    |     |   |                                 |                                 |                            |   |   |
|  |   |    |     |   |                                 |                                 |                            |   |   |
|  |   |    |     |   |                                 |                                 |                            |   |   |
|  |   |    |     |   |                                 |                                 |                            |   |   |
|  |   |    |     |   |                                 |                                 |                            |   |   |

Name of Registered Waste Hauler

NJDEP Waste

Hauler ID No.

17819

Cubic Yards of Waste

Name of Registered Landfill

J.R. Contracting & Environmental Consulting, Inc.

G.R.O.W.S

City, State

Wayne NJ 07470

Disposal Date

City, State

Morrisville PA

Completed by (Print or Type)

Title

Signature

Date

Jerry Bijelonic

Project Manager

8/28/2013



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

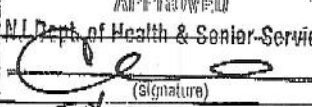
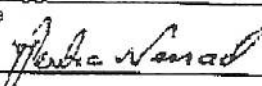
Check# 1712

|   |  |   |                                     |  |   |                                     |                          |                          |                          |
|---|--|---|-------------------------------------|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>08 / 30 / 13  |  | Name of Building Owner/Operator (2)<br>Richard Heap   |                                     |  |   |                                     |                          |                          |                          |
| 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>537 Spring Valley Road<br>City, State, Zip Code<br>Morristown, NJ 07960<br>Name of Contact<br>Richard Heap<br>Telephone Number  |                                     |  |   |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |  |   |                                     |  |   |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Private house   |  | 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.) |                                     |  |   |                                     |                          |                          |                          |
| Street Address<br>537 Spring Valley Road  |  | Square Feet   |                                     |  |   |                                     |                          |                          |                          |
| City (5)<br>Morristown, NJ 07960  |  | # of Floors   |                                     |  |   |                                     |                          |                          |                          |
| County (6)<br>Morris  |  | Bldg. Age   |                                     |  |   |                                     |                          |                          |                          |
| County Code (7) (STATE USE ONLY)<br>Morris  |  | Current Use (Prior if being demolished)   |                                     |  |   |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>ASCM No.   |  | Name of Abatement Contractor (9)<br>Gr Tech LLC   |                                     |  |   |                                     |                          |                          |                          |
| Street Address  |  | Street Address<br>576 Valley Rd #283  |                                     |  |   |                                     |                          |                          |                          |
| City, State, Zip Code   |  | City, State, Zip Code<br>Wayne, NJ 07470  |                                     |  |   |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm   |  | Telephone No.<br>973-638-1777   |                                     |  |   |                                     |                          |                          |                          |
| Telephone No.   |  | License No.<br>01127  |                                     |  |   |                                     |                          |                          |                          |
| Start Date (10)<br>09 / 09 / 13   |  | Scheduled Completion Date (11)<br>09 / 10 / 13  |                                     |  |   |                                     |                          |                          |                          |
| Name of OSHA Monitor<br>Envirovision Consultants, Inc   |  | Street Address<br>20-21 Wagaraw Road, Bldg. # 34A   |                                     |  |   |                                     |                          |                          |                          |
| 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  |  | City, State, Zip Code<br>Fair Lawn, NJ 07410  |                                     |  |   |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)  |  |   |                                     |  |   |                                     |                          |                          |                          |
| <input checked="" type="checkbox"/> >3 sf or >3 lf<br><input type="checkbox"/> > 160 sf or >260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Clean up and decontamination<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Tent with Negative Pressure<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 SIF or LF)                  | Abatement Type                      |                          |                          |                          |
|   | Yes  | No  | N/A                                 |  |   | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Basement  | <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  |  | NJDEP Waste Hauler ID No.<br>0033785  |                                     | Cubic Yards of Waste<br>TBD  | Name of Registered Landfill<br>T.R.R.F. Inc |                                     |                          |                          |                          |
| City, State<br>Wayne, NJ 07470  |  | Disposal Date<br>TBD  |                                     | City, State<br>Tullytown, PA   |   |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>N.Jevtic  |  | Title<br>Owner  |                                     | Signature<br><i>N. Jevtic</i>  |   | Date<br>08/30/2013                  |                          |                          |                          |

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

MO#20613924990

Emergency Notification

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| Date of Notification (1)<br>08 / 30 / 13   |  | Name of Building Owner/Operator (2)<br>Taniya Das  |  | <div style="border: 1px solid black; padding: 5px;"> APPROVED<br/> NJ Dept of Health &amp; Senior Services<br/> <br/> Date: 8/30/13 Time: 12:56 </div>   |  |  |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> OHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)  |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |   |  | Street Address<br>296 North Maple Avenue<br>City, State, Zip Code<br>Ridgewood, NJ 07450 |  |
|  |  | Name of Contact<br>Taniya Das  |  |   |  | Telephone Number   |  |
|  |  |  |  |   |  |  |  |
| <b>FACILITY INFORMATION</b>  |  |  |  |   |  |  |  |
| Name of Facility Where Abatement is Taking Place (3)<br>Private house<br>Street Address<br>296 North Maple Avenue<br>City (5)<br>Ridgewood, NJ 07450<br>County (6)<br>Bergen   |  |  |  | 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    # of Floors    Bldg. Age  |  |  |  |
| 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.  |  | Telephone No.<br>973-638-1777<br>License No.<br>01127   |  |  |  |
| Start Date (10)<br>08 / 31 / 13  |  | Scheduled Completion Date (11)<br>09 / 01 / 13   |  | 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 checked="" type="checkbox"/> >160 sf or >260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |  |  | <input type="checkbox"/> Clean up and decontamination<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |  |
| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED<br>IN Facility (13)   |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes    No    N/A  |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  |  |  |  |
| First floor  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A   |  | VAT floor tiles (9x9)    400 SF   |  |  |  |
| First floor  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A   |  | Pipe insulation    8 LF   |  |  |  |
| Basement   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A   |  | VAT floor tiles (9x9)    300 SF   |  |  |  |
| Basement   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A   |  | Pipe insulation    95 LF  |  |  |  |
| 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<br>Disposal Date<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<br>ASB-4T  |  | Title<br>Owner   |  | Signature<br><br>Date<br>08/30/2013   |  |  |  |

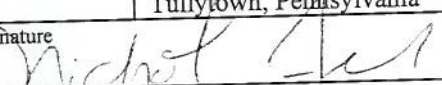


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

|  |   |   |  |
|--|---|---|--|
| Date of Notification (1)<br><b>August 30, 2013</b> |   | Name of Building Owner/Operator (2)<br><b>Susan Pilaar</b> <span style="float: right; font-size: 1.5em;">22393</span> |  |
| Agencies Notified                                  | Type of Notification  | Street Address<br><b>44 West Shore Road</b>   |  |
| <input checked="" type="checkbox"/> EPA            | <input type="checkbox"/> Initial Notification                           | City, State, Zip Code<br><b>West Milford, NJ 07480</b>  |  |
| <input type="checkbox"/> DEP                       | <input type="checkbox"/> Amended Notification                           |   |  |
| <input checked="" type="checkbox"/> DOL            | Amendment # _____   |   |  |
| <input checked="" type="checkbox"/> DOH            | <input checked="" type="checkbox"/> Emergency (including justification) |   |  |
| <input type="checkbox"/> DCA                       | <input type="checkbox"/> Cancellation                                   | Name of Contact<br><b>Susan Pilaar</b>  |  |
|  |   | Telephone Number _____  |  |


**FACILITY INFORMATION**

|   |                                     |   |   |  |                                |
|---|-------------------------------------|---|---|--|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>  |                                     |   | Type of Facility (4)  |  |                                |
| Street Address<br><b>210 Hirling Avenue</b>   |                                     |   | <input type="checkbox"/> School (K-12)  |  |                                |
|   |                                     |   | <input type="checkbox"/> Subchapter 8 (other than K12)  |  |                                |
| City<br><b>Seaside Heights</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>   |                                     | ASCM No.  | 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>8/31/13</b>   |                                     | Scheduled Completion Date (11)<br><b>9/3/13</b>                   |   | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b>                             |                                |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____ |                                     |   | 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                               |   | <input type="checkbox"/> Full Containment with Negative Pressure               |                                |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |                                     | <input checked="" type="checkbox"/> Demolition                    |   | <input type="checkbox"/> Mini-Enclosure  |                                |
|   |                                     |   |   | <input type="checkbox"/> Glovebag Procedure                                    |                                |
|   |                                     |   |   | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                |

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>in facility<br>(13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12) |   |     | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                      | Abatement Type                  |                            |   |   |
|--|--|---|-----|--|--|---------------------------------|----------------------------|---|---|
|  | YES  | NO  | N/A |  |  | 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   |  | X   |     | Asbestos siding  | 900 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>3</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>9/4/13</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>                            |  |                                 |                            | Date<br><b>8/30/2013</b>                  |   |

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

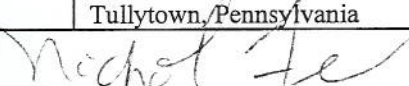
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

|   |   |   |   |
|---|---|---|---|
| Date of Notification (1)<br>August 30, 2013 |   | Name of Building Owner/Operator (2)<br>Architect Construction Services <span style="float: right;">22392</span> |   |
| Agencies Notified                           | Type of Notification  | Street Address  |   |
| <input checked="" type="checkbox"/> EPA     | <input type="checkbox"/> Initial Notification                           | P. O. Box 1085  |   |
| <input type="checkbox"/> DEP                | <input type="checkbox"/> Amended Notification                           | City, State, Zip Code   |   |
| <input checked="" type="checkbox"/> DOL     | <input type="checkbox"/> Amendment # _____                              | Forked River  |   |
| <input checked="" type="checkbox"/> DOH     | <input checked="" type="checkbox"/> Emergency (including justification) | Name of Contact   | Telephone Number  |
| <input type="checkbox"/> DCA                | <input type="checkbox"/> Cancellation                                   | Justin Berge  |  |

**FACILITY INFORMATION**

|   |  |   |  |                                  |  |  |
|---|--|---|--|----------------------------------|--|--|
| Name of Facility Where Abatement is Taking Place (3)<br>Residence   |  |   | Type of Facility (4)   |                                  |  |  |
| Street Address<br>310 Fielder Avenue  |  |   | <input type="checkbox"/> School (K-12)   |                                  |  |  |
|   |  |   | <input type="checkbox"/> Subchapter 8 (other than K-12)  |                                  |  |  |
| City<br>Ortley Beach  |  |   | County (6)<br>Ocean  |                                  |  |  |
|   |  |   | County Code (7)<br>(STATE USE ONLY)  |                                  |  |  |
| Square feet<br>1200   |  | # of Floors<br>1                            |  | Bldg. Age<br>60                  |  |  |
| Current Use (Prior if being demolished)<br>Residence  |  |   |  |                                  |  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |  |   | ASCM No.   |                                  | Name of Abatement Contractor (9)<br>Guardian Contracting, Inc. |  |
| Street Address  |  |   | Street Address<br>1889 Route 9, Unit 61  |                                  |  |  |
| City, State, Zip Code   |  |   | City, State, Zip Code<br>Toms River, New Jersey 08755-1271   |                                  |  |  |
| Project Manager for Monitoring Firm   |  | Telephone Number                            |  | Telephone Number<br>732-349-9932 |  |  |
| License Number<br>00624   |  | Name of OSHA Monitor<br>E.M.S.L. Analytical |  |                                  |  |  |
| Scheduled Start Date (10)<br>8/31/13  |  |   | Scheduled Completion Date (11)<br>9/3/13   |                                  |  |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____ |  |   | Street Address<br>1056 Stelton Road  |                                  |  |  |
|   |  |   | City, State, Zip Code<br>Piscataway, New Jersey 08854  |                                  |  |  |
|   |  |   | Scope of Work (Check all that apply)   |                                  |  |  |
|   |  |   | <input 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   |  | x |  | Asbestos siding   | 1150 sf                   | x                               |                            |   |   |
|  |  |   |  |   |                           |                                 |                            |   |   |
|  |  |   |  |   |                           |                                 |                            |   |   |
|  |  |   |  |   |                           |                                 |                            |   |   |

|   |                                    |   |   |
|---|------------------------------------|---|---|
| Name of Registered Waste Hauler<br>Guardian Contracting, Inc. | NJDEP Waste Hauler ID No.<br>20223 | Cubic Yards of Waste<br>3   | Name of Registered Landfill<br>T.R.R.F. |
| City, State<br>Toms River, New Jersey                         | Disposal Date<br>9/4/13            | City, State<br>Tullytown, Pennsylvania  |   |
| Completed by (Print or Type)<br>Nicholas Fernicola            | Title<br>Project Manager           | Signature<br> | Date<br>8/30/2013                       |

\*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)<br><div style="text-align: center;">8/30/2013</div> |   | Name of Building Owner/Operator (2)<br>Edward Gorski <span style="float: right;">22388</span> |                  |
| Agencies Notified  | Type of Notification  | Street Address  |                  |
| <input checked="" type="checkbox"/> EPA                                      | <input type="checkbox"/> Initial Notification                           | P O Box 383   |                  |
| <input type="checkbox"/> DEP   | <input type="checkbox"/> Amended Notification                           | City, State, Zip Code   |                  |
| <input checked="" type="checkbox"/> DOL                                      | Amendment # _____   | Forest Grove, PA 18922  |                  |
| <input checked="" type="checkbox"/> DOH                                      | <input checked="" type="checkbox"/> Emergency (including justification) | Name of Contact   | Telephone Number |
| <input type="checkbox"/> DCA   | <input type="checkbox"/> Cancellation                                   | Fernando  |                  |

**FACILITY INFORMATION**

|   |                                     |  |  |   |                         |
|---|-------------------------------------|--|--|---|-------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Residence   |                                     |  | Type of Facility (4)   |   |                         |
| Street Address<br>212 12 <sup>th</sup> Avenue   |                                     |  | <input type="checkbox"/> School (K-12)   |   |                         |
|   |                                     |  | <input type="checkbox"/> Subchapter 8 (other than K12)   |   |                         |
| Seaside Park  |                                     |  | <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)  |   |                         |
|   |                                     |  | Square feet<br>1500 sf   |   |                         |
| County (6)<br>Ocean   | County Code (7)<br>(STATE USE ONLY) |  | # of Floors<br>1   | Bldg. Age<br>60                             |                         |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |                                     |  | Name of Abatement Contractor (9)<br>Guardian Contracting, Inc.   |   |                         |
| Street Address  |                                     |  | Street Address<br>1889 Route 9, Unit 61  |   |                         |
| City, State, Zip Code   |                                     |  | City, State, Zip Code<br>Toms River, New Jersey 08755-1271   |   |                         |
| Project Manager for Monitoring Firm   |                                     | Telephone Number                           | Telephone Number<br>732-349-9932   |   | License Number<br>00624 |
| Scheduled Start Date (10)<br>08/31/13   |                                     | Scheduled Completion Date (11)<br>09/03/13 |  | Name of OSHA Monitor<br>E.M.S.L. Analytical |                         |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____ |                                     |  | Street Address<br>1056 Stelton Road  |   |                         |
|   |                                     |  | City, State, Zip Code<br>Piscataway, New Jersey 08854  |   |                         |
|   |                                     |  |  |   |                         |
| Scope of Work (Check all that apply)  |                                     |  | <input 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 |   |                         |
| <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  |                                     |  |  |   |                         |

| 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   |  | X |  | Asbestos siding   | 1400sf                    | X                               |                            |   |   |
|  |  |   |  |   |                           |                                 |                            |   |   |
|  |  |   |  |   |                           |                                 |                            |   |   |
|  |  |   |  |   |                           |                                 |                            |   |   |

|   |                                    |  |   |
|---|------------------------------------|--|---|
| Name of Registered Waste Hauler<br>Guardian Contracting, Inc. | NJDEP Waste Hauler ID No.<br>20223 | Cubic Yards of Waste<br>3              | Name of Registered Landfill<br>T.R.R.F. |
| City, State<br>Toms River, New Jersey                         | Disposal Date<br>09/04/2013        | City, State<br>Tullytown, Pennsylvania |   |
| Completed by (Print or Type)<br>Nicholas Fernicola            | Title<br>Project Manager           | Signature<br><i>Nicholas Fernicola</i> | Date<br>8/30/2013                       |

\*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)<br>August 30, 2013  |   | Name of Building Owner/Operator (2)<br>Frank Acque <span style="float: right; font-size: 1.2em;">22390</span> |   |
| 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 of Notification<br><input type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><div style="text-align: center;">9 Poplar Run</div>   |   |
|  |   | City, State, Zip Code<br><div style="text-align: center;">East Windsor, NJ 08520</div>                        |   |
|  |   | Name of Contact<br><div style="text-align: center;">Frank Acque</div>   | Telephone Number<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |

**FACILITY INFORMATION**

|   |                     |  |  |   |                         |
|---|---------------------|--|--|---|-------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>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>4 Spindrif Rd   |                     |  |  |   |                         |
| City<br>Ortley Beach  | County (6)<br>Ocean | County Code (7)<br>(STATE USE ONLY)      | Square feet<br>1000 sf   | # of Floors<br>1                            | Bldg. Age<br>60         |
|   |                     |  | Current Use (Prior if being demolished)<br>Residence   |   |                         |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |                     |  | Name of Abatement Contractor (9)<br>Guardian Contracting, Inc.   |   |                         |
| Street Address  |                     |  | Street Address<br>1889 Route 9, Unit 61  |   |                         |
| City, State, Zip Code   |                     |  | City, State, Zip Code<br>Toms River, New Jersey 08755-1271   |   |                         |
| Project Manager for Monitoring Firm   |                     | Telephone Number                         | Telephone Number<br>732-349-9932   |   | License Number<br>00624 |
| Scheduled Start Date (10)<br>8/31/13  |                     | Scheduled Completion Date (11)<br>9/3/13 |  | Name of OSHA Monitor<br>E.M.S.L. Analytical |                         |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____   |                     |  | Street Address<br>1056 Stelton Road  |   |                         |
|   |                     |  | City, State, Zip Code<br>Piscataway, New Jersey 08854  |   |                         |
| Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> &gt;3 sf or ≥3 lf<br/> <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf         </div> <div> <input type="checkbox"/> Renovation<br/> <input checked="" type="checkbox"/> Demolition         </div> <div> <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         </div> </div> |                     |  |  |   |                         |

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12)<br><br>YES    NO    N/A |   |  | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                  |                            |   |   |
|---|--|---|--|---|---------------------------|---------------------------------|----------------------------|---|---|
|   |  |   |  |   |                           | R<br>E<br>M<br>O<br>V<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Exterior  |  | X |  | Asbestos siding   | 800 sf                    | X                               |                            |   |   |
|   |  |   |  |   |                           |                                 |                            |   |   |
|   |  |   |  |   |                           |                                 |                            |   |   |
|   |  |   |  |   |                           |                                 |                            |   |   |

|   |                                    |  |   |
|---|------------------------------------|--|---|
| Name of Registered Waste Hauler<br>Guardian Contracting, Inc. | NJDEP Waste Hauler ID No.<br>20223 | Cubic Yards of Waste<br>3              | Name of Registered Landfill<br>T.R.R.F. |
| City, State<br>Toms River, New Jersey                         | Disposal Date<br>9/4/13            | City, State<br>Tullytown, Pennsylvania |   |
| Completed by (Print or Type)<br>Nicholas Fernicola            | Title<br>Project Manager           | Signature<br>                          | Date<br>8/30/2013                       |

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

|  |   |   |  |
|--|---|---|--|
| Date of Notification (1)<br><b>August 30, 2013</b> |   | Name of Building Owner/Operator (2)<br><b>BVM Construction</b> <span style="float: right;">22391</span> |  |
| Agencies Notified                                  | Type of Notification  | Street Address<br><b>5 Grace Road</b>   |  |
| <input checked="" type="checkbox"/> EPA            | <input type="checkbox"/> Initial Notification                           | City, State, Zip Code<br><b>East Brunswick, NJ 08816</b>  |  |
| <input type="checkbox"/> DEP                       | <input type="checkbox"/> Amended Notification                           |   |  |
| <input checked="" type="checkbox"/> DOL            | Amendment # _____   |   |  |
| <input checked="" type="checkbox"/> DOH            | <input checked="" type="checkbox"/> Emergency (including justification) |   |  |
| <input type="checkbox"/> DCA                       | <input type="checkbox"/> Cancellation                                   | Name of Contact<br><b>Bruno Bumbaca</b>   |  |
|  |   | Telephone Number<br>_____   |  |

**FACILITY INFORMATION**

|   |  |   |  |                         |                                |
|---|--|---|--|-------------------------|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>  |  |   | Type of Facility (4)   |                         |                                |
| Street Address<br><b>111 Fielder Avenue</b>   |  |   | <input type="checkbox"/> School (k-12)   |                         |                                |
|   |  |   | <input type="checkbox"/> Subchapter 8 (other than k-12)  |                         |                                |
| City<br><b>Ortley Beach</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>1200</b>   | # of Floors<br><b>1</b> | Bldg. Age<br><b>60</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>8/31/13</b>   |  | Scheduled Completion Date (11)<br><b>9/3/13</b> | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b>   |                         |                                |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____ |  |   | 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"/> 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 |                         |                                |
| <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  |                         |                                |

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12)<br>YES NO N/A |   |  | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                  |                            |   |   |
|---|--|---|--|--|---------------------------|---------------------------------|----------------------------|---|---|
|   |  |   |  |  |                           | R<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  |  | x |  | Asbestos siding  | 1000 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>3</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>9/4/13</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>        | Date<br><b>8/30/2013</b>                       |

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