
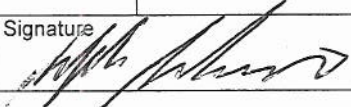


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

| Date of Notification (1) <div style="text-align: center;">9 / 8 / 14</div> | | Name of Building Owner/Operator (2) Hanover Township | | | | | | | |
|---|---|---|---|---|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 1000 Route 10 | | | | | | | |
| | | City, State, Zip Code Whippany, NJ 07981 | | | | | | | |
| | | Name of Contact Joseph Giorgio | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commerical Structure | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 53 Whippany Road | | Square Feet 1,500 | # of Floors 1 | | | | | | |
| City (5) Whippany | | Bldg. Age 48 | | | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Commerical | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services | | ASCM No. 00030 | Name of Abatement Contractor (9) Superior Abatement Inc | | | | | | |
| Street Address 318 12th Street | | Street Address 2 Henderson Drive | | | | | | | |
| City, State, Zip Code Hammonton NJ 08037 | | City, State, Zip Code West Caldwell, NJ 07006 | | | | | | | |
| Project Manager for Monitoring Firm Jim Proctor | | Telephone No. (609) 704-8850 | License No. 00117 | | | | | | |
| Start Date (10) <div style="text-align: center;">09 / 18 / 14</div> | Scheduled Completion Date (11) <div style="text-align: center;">09 / 19 / 14</div> | Name of OSHA Monitor Superior Abatement Inc | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM | | Street Address 2 Henderson Drive | | | | | | | |
| | | City, State, Zip Code West Caldwell, NJ 07006 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 1st Floor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT | 1,350 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <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 Service Transport Group, Inc | | NJDEP Waste Hauler ID No. SW2117 | | Cubic Yards of Waste 8 | Name of Registered Landfill Minerva Landfill | | | | |
| City, State New Castle, DE | | Disposal Date 9/19/2014 | | City, State Waynesburgh, OH | | | | | |
| Completed By (Print or Type) Nick Petrovski | | Title President | | Signature  | | | Date 9-8-14 | | |

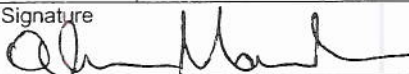
CK 23808

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

| | | | |
|--|--|--|--|
| Date of Notification (1) 09 / 10 / 14 | | Name of Building Owner/Operator (2) Verizon | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 4151 Ocean Drive | |
| | | City, State, Zip Code Avalon, NJ 08202 | |
| | | Name of Contact Matt Johnson | Telephone Number |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Verizon | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address 4151 Ocean Drive | | | |
| City (5) Avalon | | Square Feet 10,000 | # of Floors 1 |
| | | Bldg. Age 75 | |
| County (6) Cape May | | County Code (7)(STATE USE ONLY) | |
| Name of Monitoring Firm Hired by Building Owner (8) ESIS | | Name of Abatement Contractor (9) JVN Restoration Inc | |
| Street Address 10 Exchange Place | | Street Address 47 Foster Road | |
| City, State, Zip Code Jersey City, NJ 07392 | | City, State, Zip Code Staten Island | |
| Project Manager for Monitoring Firm Matt Johnson | | Telephone No. 215-640-4189 | License No. 00774 |
| Start Date (10) 09 / 22 / 14 | Scheduled Completion Date (11) 10 / 31 / 14 | | Name of OSHA Monitor Testor Tech |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:00PM / ____ PM - ____ AM | | Street Address 10 59 Jackson Avenue | |
| | | City, State, Zip Code LIC, NY 11101 | |
| Scope of Work (Check all that apply) | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <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) 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) |
| | Yes | No | |
| Roof | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Roof Flashing |
| Roof | <input type="checkbox"/> | <input type="checkbox"/> | Transite Shingles |
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| Name of Registered Waste Hauler Newark Carting | | NJDEP Waste Hauler ID No. NJ-566 | Cubic Yards of Waste 20 |
| City, State Newark, New Jersey | | Name of Registered Landfill IESI | |
| | | Disposal Date 09/30/14 | City, State Bethlehem, Pa. |
| Completed By (Print or Type) Ralph Barnhardt | Title Project Manager | Signature  | Date 09-10-14 |

CK 1743

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

| Date of Notification (1) 09 / 08 / 14 | | Name of Building Owner/Operator (2) Division of Property Management & Construction | | | | | | | |
|---|---|--|---|--|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 33 West State Street | | | | | | | |
| | | City, State, Zip Code Trenton, NJ 08608 | | | | | | | |
| | | Name of Contact Rick Ferrera | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential House | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 15 Armstrong Avenue | | Square Feet | # of Floors | | | | | | |
| City (5) South River | | Bldg. Age | | | | | | | |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | | ASCM No. | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | | | | | | |
| Street Address P.O. Box 1224 | | Street Address 27 Outwater Lane | | | | | | | |
| City, State, Zip Code Union, NJ | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | Telephone No. 973-494-3762 | Telephone No. 973-928-4888 | License No. 1188 | | | | | | |
| Start Date (10) 09 / 10 / 14 | Scheduled Completion Date (11) 11 / 10 / 14 | Name of OSHA Monitor ALL PRO MANAGEMENT LLC | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM | | Street Address 27 Outwater Lane | | | | | | | |
| | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <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) 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, Kitchen & Bathrooms | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Black Mastic under Ceramic Tile | 890 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Exterior | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Foundation Waterproofing | 700 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Yanuzzi Group Inc. | | NJDEP Waste Hauler ID No. 17467 | | Cubic Yards of Waste As Needed | Name of Registered Landfill IESI Landfill | | | | |
| City, State Hillsborough, NJ | | Disposal Date TBD | | City, State Bethlehem, PA | | | | | |
| Completed By (Print or Type) Allen Monchik | | Title Project Manager | | Signature  | | Date 9/8/14 | | | |


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

ASB-41
JAN 13

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


CK 1743

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


| | | | | | | | | | |
|--|---|--|---|---|----------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Date of Notification (1) 09 / 08 / 14 | | Name of Building Owner/Operator (2) Division of Property Management & Construction | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 33 West State Street | | | | | | |
| | | | City, State, Zip Code Trenton, NJ 08608 | | | | | | |
| | | | Name of Contact Rick Ferrera | | | | | | |
| | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential House | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 53 Armstrong Avenue | | | | | | | | | |
| City (5) South River | | Square Feet | # of Floors | | | | | | |
| | | Bldg. Age | | | | | | | |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | | ASCM No. | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | | | | | | |
| Street Address P.O. Box 1224 | | Street Address 27 Outwater Lane | | | | | | | |
| City, State, Zip Code Union, NJ | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | Telephone No. 973-494-3762 | Telephone No. 973-928-4888 | | | | | | |
| | | License No. 1188 | | | | | | | |
| Start Date (10) 09 / 10 / 14 | Scheduled Completion Date (11) 11 / 10 / 14 | | Name of OSHA Monitor ALL PRO MANAGEMENT LLC | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | Street Address 27 Outwater Lane | | | | | | | |
| | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <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) <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 |
| Basement, Kitchen, Bthrm, Hallwy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor Tile & Flooring Bottom Layer | 650 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Throughout Interior | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sheetrock & Joint Compound | 2,750 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Throughout Interior | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Radiator Heat Shielding | 150 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Exterior | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Foundation Waterproofing | 1,000 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Yanuzzi Group Inc. | | NJDEP Waste Hauler ID No. 17467 | Cubic Yards of Waste As Needed | Name of Registered Landfill IESI Landfill | | | | | |
| City, State Hillsborough, NJ | | Disposal Date TBD | | City, State Bethlehem, PA | | | | | |
| Completed By (Print or Type) Allen Monchik | | Title Project Manager | | Signature  | | Date 9/8/14 | | | |

CK 1743


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

| | | | | | | | | | |
|---|---|--|--|---|---|--|--------------------------|-------------------------------------|--------------------------|
| Date of Notification (1) 09 / 08 / 14 | | | Name of Building Owner/Operator (2) Division of Property Management & Construction | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 33 West State Street | | <div style="text-align: right;">204 SEP 11 11:16</div> | | | |
| | | City, State, Zip Code Trenton, NJ 08608 | | | | | | | |
| | | Name of Contact Rick Ferrera | | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential House | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | |
| Street Address 20 Belmont Avenue | | | | | | | | | |
| City (5) South River | | | | Square Feet | # of Floors | Bldg. Age | | | |
| County (6) Middlesex | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | | | ASCM No. | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | | | | | |
| Street Address P.O. Box 1224 | | | Street Address 27 Outwater Lane | | | | | | |
| City, State, Zip Code Union, NJ | | | City, State, Zip Code Garfield, NJ 07026 | | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | Telephone No. 973-494-3762 | | Telephone No. 973-928-4888 | | License No. 1188 | | | |
| Start Date (10) 09 / 10 / 14 | | Scheduled Completion Date (11) 11 / 10 / 14 | | Name of OSHA Monitor ALL PRO MANAGEMENT LLC | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM | | | | Street Address 27 Outwater Lane | | | | | |
| | | | | City, State, Zip Code Garfield, NJ 07026 | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <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) 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 |
| 1st Floor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Flue Mortar | 1 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Throughout Interior | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Plaster Sysytems | 800 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Exterior Under Siding | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Cement Shingles | 1,500 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Yanuzzi Group Inc. | | | NJDEP Waste Hauler ID No. 17467 | Cubic Yards of Waste As Needed | Name of Registered Landfill IESI Landfill | | | | |
| City, State Hillsborough, NJ | | | Disposal Date TBD | | City, State Bethlehem, PA | | | | |
| Completed By (Print or Type) Allen Monchik | | Title Project Manager | | Signature  | | Date 9/8/14 | | | |


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

| Date of Notification (1) 09 / 08 / 14 | | | Name of Building Owner/Operator (2) Division of Property Management & Construction | | | | | | |
|--|---|--|--|---|---|---|--------------------------|-------------------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 33 West State Street City, State, Zip Code Trenton, NJ 08608 | | Telephone Number | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential House | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | |
| Street Address 1 Washington Street | | | | Square Feet # of Floors Bldg. Age | | | | | |
| City (5) South River | | County (6) Middlesex | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | | | ASCM No. | | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | | | | |
| Street Address P.O. Box 1224 | | | Street Address 27 Outwater Lane | | City, State, Zip Code Garfield, NJ 07026 | | | | |
| City, State, Zip Code Union, NJ | | | City, State, Zip Code Garfield, NJ 07026 | | License No. 1188 | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | Telephone No. 973-494-3762 | | Telephone No. 973-928-4888 | | License No. 1188 | | | |
| Start Date (10) 09 / 10 / 14 | | Scheduled Completion Date (11) 11 / 10 / 14 | | Name of OSHA Monitor ALL PRO MANAGEMENT LLC | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM | | | | Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026 | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <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) 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 |
| Dining Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor Tile | 120 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Throughout Interior | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sheetrock & Joint Compound | 2,000 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Exterior | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Lower Roof | 150 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Window Glazing | 30 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Yanuzzi Group Inc. | | NJDEP Waste Hauler ID No. 17467 | | Cubic Yards of Waste As Needed | Name of Registered Landfill IESI Landfill | | | | |
| City, State Hillsborough, NJ | | Disposal Date TBD | | City, State Bethlehem, PA | | | | | |
| Completed By (Print or Type) Allen Monchik | | Title Project Manager | | Signature  | | Date 9/8/14 | | | |

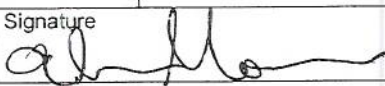
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

| | | | | | | | | | |
|---|---|--|--|--|-------------------------------------|---|-------------------------------------|--------------------------|-----------|
| Date of Notification (1) 09 / 08 / 14 | | Name of Building Owner/Operator (2) Division of Property Management & Construction | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 33 West State Street City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrera | | | | | |
| | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential House | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | |
| Street Address 29 Water Street | | | | Square Feet | | | | | |
| City (5) South River | | | | # of Floors | | | | | |
| County (6) Middlesex | | | | Bldg. Age | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | | ASCM No. | | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | | | | | |
| Street Address P.O. Box 1224 | | Street Address 27 Outwater Lane | | | | | | | |
| City, State, Zip Code Union, NJ | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | Telephone No. 973-494-3762 | | License No. 1188 | | | | | |
| Start Date (10) 09 / 10 / 14 | | Scheduled Completion Date (11) 11 / 10 / 14 | | Name of OSHA Monitor ALL PRO MANAGEMENT LLC | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM | | | | Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026 | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) 150 SF | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| 2nd Floor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Vinyl Tile | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Name of Registered Waste Hauler Yanuzzi Group Inc. | | NJDEP Waste Hauler ID No. 17467 | | Cubic Yards of Waste As Needed | | Name of Registered Landfill IESI Landfill | | | |
| City, State Hillsborough, NJ | | Disposal Date TBD | | City, State Bethlehem, PA | | | | | |
| Completed By (Print or Type) Allen Monchik | | Title Project Manager | | Signature  | | Date 9/8/14 | | | |

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

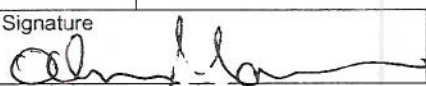
| Date of Notification (1) 09 / 08 / 14 | | Name of Building Owner/Operator (2) Division of Property Management & Construction | | | | | | | |
|---|---|--|-------------------------------------|---|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 33 West State Street | | | | | |
| | | City, State, Zip Code Trenton, NJ 08608 | | Telephone Number | | | | | |
| | | Name of Contact Rick Ferrera | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential House | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | |
| Street Address 1 Lee Street | | | | Square Feet | | | | | |
| City (5) South River | | | | # of Floors | | | | | |
| County (6) Middlesex | | | | Bldg. Age | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | | ASCM No. | | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | | | | | |
| Street Address P.O. Box 1224 | | Street Address 27 Outwater Lane | | | | | | | |
| City, State, Zip Code Union, NJ | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | Telephone No. 973-494-3762 | | License No. 1188 | | | | | |
| Start Date (10) 09 / 10 / 14 | | Scheduled Completion Date (11) 11 / 10 / 14 | | Name of OSHA Monitor ALL PRO MANAGEMENT LLC | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM | | | | Street Address 27 Outwater Lane | | | | | |
| | | | | City, State, Zip Code Garfield, NJ 07026 | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <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) 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 |
| 2 nd Floor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Plaster Ceiling & Walls | 1,500 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Exterior | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Transite Siding | 3,200 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Yanuzzi Group Inc. | | NJDEP Waste Hauler ID No. 17467 | | Cubic Yards of Waste As Needed | Name of Registered Landfill IESI Landfill | | | | |
| City, State Hillsborough, NJ | | Disposal Date TBD | | City, State Bethlehem, PA | | | | | |
| Completed By (Print or Type) Allen Monchik | | Title Project Manager | | Signature  | | Date 9/8/14 | | | |

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

| Date of Notification (1) <div style="text-align: center;">09 / 08 / 14</div> | | Name of Building Owner/Operator (2) Division of Property Management & Construction | | | | | | | |
|--|---|--|-------------------------------------|--|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 33 West State Street City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrera | | | | | |
| | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential House | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | |
| Street Address 11 Lee Street | | | | | | | | | |
| City (5) South River | | | | Square Feet | # of Floors | | | | |
| | | | | Bldg. Age | | | | | |
| County (6) Middlesex | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | | ASCM No. | | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | | | | | |
| Street Address P.O. Box 1224 | | | | Street Address 27 Outwater Lane | | | | | |
| City, State, Zip Code Union, NJ | | | | City, State, Zip Code Garfield, NJ 07026 | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | Telephone No. 973-494-3762 | | Telephone No. 973-928-4888 | License No. 1188 | | | | |
| Start Date (10) <div style="text-align: center;">09 / 10 / 14</div> | | Scheduled Completion Date (11) <div style="text-align: center;">11 / 10 / 14</div> | | Name of OSHA Monitor ALL PRO MANAGEMENT LLC | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | | | Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026 | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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) (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 |
| 2 nd Floor Bathroom | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Vinyl, VAT & Mastic | 15 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1 st Flr. Bathroom Hallway Kitchen | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Vinyl, VAT & Mastic | 200 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Yanuzzi Group Inc. | | NJDEP Waste Hauler ID No. 17467 | | Cubic Yards of Waste As Needed | Name of Registered Landfill IESI Landfill | | | | |
| City, State Hillsborough, NJ | | | | Disposal Date TBD | City, State Bethlehem, PA | | | | |
| Completed By (Print or Type) Allen Monchik | | Title Project Manager | | Signature  | | Date 9/8/14 | | | |

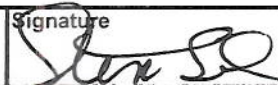
CK 1743

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

| | | | | | | | | | |
|---|--|--|---|--|---------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Date of Notification (1) 09 / 08 / 14 | | Name of Building Owner/Operator (2) Division of Property Management & Construction | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 33 West State Street | | | | | | | |
| | | City, State, Zip Code Trenton, NJ 08608 | | | | | | | |
| | | Name of Contact Rick Ferrera | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential House | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 14 Elizabeth Street | | | | | | | | | |
| City (5) South River | | Square Feet | # of Floors Bldg. Age | | | | | | |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | | ASCM No. | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | | | | | | |
| Street Address P.O. Box 1224 | | Street Address 27 Outwater Lane | | | | | | | |
| City, State, Zip Code Union, NJ | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | Telephone No. 973-494-3762 | Telephone No. 973-928-4888 License No. 1188 | | | | | | |
| Start Date (10) 09 / 10 / 14 | Scheduled Completion Date (11) 11 / 10 / 14 | Name of OSHA Monitor ALL PRO MANAGEMENT LLC | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM | | Street Address 27 Outwater Lane | | | | | | | |
| | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" 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"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <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 |
| 1st Floor Bathroom & Entryway | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor Tile/Linoleum, Vinyl Sheet | 185 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Kitchen Sink | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sink Undercoating | 5 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior Siding @ Corners | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Caulking | 250 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"/> |
| Name of Registered Waste Hauler Yanuzzi Group Inc. | | NJDEP Waste Hauler ID No. 17467 | Cubic Yards of Waste As Needed | Name of Registered Landfill IESI Landfill | | | | | |
| City, State Hillsborough, NJ | | Disposal Date TBD | | City, State Bethlehem, PA | | | | | |
| Completed By (Print or Type) Allen Monchik | | Title Project Manager | | Signature  | | | Date 9/8/14 | | |

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

Check # 2240

| | | | |
|--|--|--|--|
| Date of Notification (1) 09 / 10 / 14 | | Name of Building Owner / Operator (2) First Energy | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> | | Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation | |
| Street Address 76 South Street | | City, State, Zip Code Akron, Ohio 44308 | |
| Name of Contact Jim Halsey | | Telephone Number _____ | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Street Address 82-92 GRANGE AVE | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.) | |
| City (5) FAIRHAVEN | County (6) MONMOUTH | County Code (7) | Square Feet |
| | | | # Of Floors |
| | | | Building Age |
| | | Current Use (Prior if being demolished) Telephone Pole | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations | | ASCM NO NORTHSTAR CONTRACTING GROUP, INC | |
| Street Address 655 West Shore Trail | | Street Address 32 Williams Parkway | |
| City, State, Zip Code Sparta, NJ 07871 | | City, State, Zip Code East Hanover, NJ 07036 | |
| Project Mngr. For Monitoring Firm Dino Nappi | | Telephone Number 212-682-9271 | |
| Scheduled Start Date (10) 09 / 23 / 14 | Sched. Completion Date (11) 09 / 25 / 14 | Telephone Number 973-884-8682 | License Number 00860 |
| Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Friday 8:00 am to 5:00 pm <input checked="" type="checkbox"/> Other - Describe: _____ | | Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07036 | |
| Scope of Work (Check All That Apply) | | | |
| <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3sf or >3lf <input type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | |
| Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A | Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) |
| Exterior Telephone Pole | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | Transite Conduit | 30 LF |
| | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | | |
| | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | | |
| | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 4509 | Cubic Yards of Waste |
| City, State NEWARK, NJ | | Disposal Date | Name of Registered Landfill I.E.S.I. BETHLEHEM, PA 18105 |
| Completed by (Print or Type) Steven Stiles | | Title Project Manager | Signature  Date 09/10/14 |

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

| Date of Notification (1) 9 / 10 /14 | | | | | | Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. | | | | | | | | | |
|---|--|--|--|------------------------------------|--|---|--|----------------------------------|--|-----------------------|--|----------------|--------|-----------|-----------|
| Agencies Notified | | | | | | Street Address | | | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | | | | | 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 SEP 11 2014 | | | | | | | | | |
| Type Notification | | | | | | City, State, Zip Code | | | | | | | | | |
| <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION | | | | | | RAHWAY, NEW JERSEY 07065 | | | | | | | | | |
| | | | | | | Name of Contact | | | | | | | | | |
| | | | | | | MIKE LATRONICA Telephone Number | | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) | | | | | | Type of Facility (4) | | | | | | | | | |
| MERCK SHARP & DOHME CORPORATION | | | | | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.) | | | | | | | | | |
| Street Address | | | | | | Square Feet | | # of Floors | | Bldg. Age | | | | | |
| 126 EAST LINCOLN AVENUE - BUILDING 57 | | | | | | 29,207 | | 2 | | 30 | | | | | |
| City (5) | | | County (6) | | | County Code (7) | | | Current Use (Prior if being demolished) Pharm. Lab. | | | | | | |
| RAHWAY | | | UNION | | | (STATE USE ONLY) | | | VACANT- (Areas fences from operational areas) | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | | | | | ASCM No. | | | Name of Abatement Contractor (9) | | | | | | |
| ENVIRONMENTAL HEALTH INVESTIGATIONS, INC. | | | | | | 17 | | | PAR ENVIRONMENTAL CORPORATION | | | | | | |
| Street Address | | | | | | Street Address | | | | | | | | | |
| 655 WEST SHORE TRAIL | | | | | | 313 SPOOK ROCK ROAD | | | | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Code | | | | | | | | | |
| SPARTA, NEW JERSEY 07871 | | | | | | SUFFERN, NEW YORK 10901 | | | | | | | | | |
| Project Manager for Monitoring Firm | | | | Telephone Number | | | | Telephone Number | | License Number | | | | | |
| WILLIAM S. KERBEL, CIH | | | | 973-729-5649 | | | | 845-369-7500 | | 1101 | | | | | |
| Expected State Date (10) | | | | Sched. Completion Date (11) | | | | Name of OSHA Monitor | | | | | | | |
| 9 / 24 /14 | | | | 11 / 1 /14 | | | | AMERISCI LABORATORIES INC #11480 | | | | | | | |
| Month Day Year | | | | Month Day Year | | | | | | | | | | | |
| Occupancy Status During Abatement (Check only one) | | | | | | Street Address | | | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM | | | | | | 117 EAST 30TH STREET | | | | | | | | | |
| | | | | | | City, State, Zip Code | | | | | | | | | |
| | | | | | | NEW YORK, NEW YORK 10016 | | | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | Full Containment with Negative Pressure | | | | | | | | | |
| <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF | | | | | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) | | | Is Location normally used solely by Maint/Custodial Staff (12) | | | Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) | | | Amount (Specify SF or LF) | | | Abatement Type | | | |
| | | | | | | | | | | | | REMOVAL | REPAIR | ENCAPSULE | ENCLOSURE |
| WINDOW GLAZING CAULKING | | | X | | | GLAZING CAULK | | | 1,120 LF | | | X | | | |
| DUCT FLANGE CAULK | | | X | | | FLANGE CAULK | | | 100 LF | | | X | | | |
| FUME HOOD LINING | | | X | | | TRANSITE | | | 30 SF | | | X | | | |
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| Name of Registered Waste Hauler | | | NJDEP Waste Hauler ID No. | | | Cubic Yards of Waste | | | Name of Registered Landfill | | | | | | |
| FREEHOLD CARTAGE, INC. | | | 15939 | | | 40 | | | LYCOMING COUNTY RESOURCE MANAGEMENT SER | | | | | | |
| 825 HIGHWAY 33 | | | | | | | | | 447 ALEXANDER DRIVE/ROUTE 15 | | | | | | |
| City, State | | | | | | Disposal Date | | | City, State | | | | | | |
| FREEHOLD, NEW JERSEY | | | | | | 9/25/2014 | | | MONTGOMERY, PA 17752 | | | | | | |
| Completed by (Print or Type) | | | Title | | | Signature | | | Date | | | | | | |
| BENJAMIN SANCHEZ | | | DIRECTOR OF OPERATIONS | | | | | | 9/10/14 | | | | | | |

CK 26448

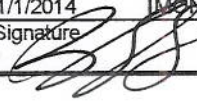
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

| | | | |
|---|--|---|--|
| Date of Notification (1) <div style="text-align: center;">9 / 10 /14</div> | | Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 | |
| Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION | | City, State, Zip Code RAHWAY, NEW JERSEY 07065 | |
| | | Name of Contact Telephone Number MIKE LATRONICA | |

| | | | |
|--|----------------------------|---|--|
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.) | |
| Street Address 126 EAST LINCOLN AVENUE - BUILDING 805 | | Square Feet 23,835 | # of Floors 2 |
| | | Bldg. Age 35 | |
| City (5) RAHWAY | County (6) UNION | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Pharm. Lab. VACANT- (Areas fences from operational areas) |
| Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC. | | ASCM No. 17 | Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION |
| Street Address 655 WEST SHORE TRAIL | | Street Address 313 SPOOK ROCK ROAD | |
| City, State, Zip Code SPARTA, NEW JERSEY 07871 | | City, State, Zip Code SUFFERN, NEW YORK 10901 | |
| Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH | | Telephone Number 973-729-5649 | License Number 1101 |
| Expected State Date (10) 9 / 29 /14 Month Day Year | | Sched. Completion Date (11) 11 / 1 /14 Month Day Year | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM | | Name of OSHA Monitor AMERISCI LABORATORIES INC #11480 | |
| | | Street Address 117 EAST 30TH STREET | |
| | | City, State, Zip Code NEW YORK, NEW YORK 10016 | |

| | | | | | |
|---|--|--|--|---|--|
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF | | <input checked="" type="checkbox"/> Renovation | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure | |
|---|--|--|--|---|--|

| Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) | Is Location normally used solely by Maint/Custodial Staff (12) | | | Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|--|----|-----|---|---------------------------|----------------|--------|-----------|-----------|
| | Yes | No | N/A | | | REMOVAL | REPAIR | ENCAPSULE | ENCLOSURE |
| WINDOW CAULK | X | | | WINDOW CAULK | 2,000 LF | X | | | |
| ROOFING | X | | | ROOFING | 12,600 SF | X | | | |
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| Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 | | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste 120 | Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15 |
| City, State FREEHOLD, NEW JERSEY | | Disposal Date 9/29/2014-11/1/2014 | | City, State MONTGOMERY, PA 17752 |
| Completed by (Print or Type) BENJAMIN SANCHEZ | | Title DIRECTOR OF OPERATIONS | Signature  | Date 9/10/14 |

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

| | | | |
|--|--|---|--|
| Date of Notification (1) 09/10/14 Month/Day/Year | | Name of Building Owner/Operator (2) Princeton University | |
| Agency Notified EPA DEP DCA DOH | Type Notification <input checked="" type="checkbox"/> Initial | Street Address P.O. box 2158 | |
| | <input type="checkbox"/> Notification | City, State, Zip Code Princeton NJ 08543 | |
| | <input type="checkbox"/> Amended | Name of Contact Robert Otego | |
| | <input type="checkbox"/> Notification Cancellation | Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|--|------------|---|---|------------------|------------------------|
| Name of Facility Where Abatement is Taking Place (3) Princeton University - Washington Road and Williams ave - Steam lines adjacent to firestone library | | | Type of Facility (4) School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i. e. Private & commercial buildings, homes, etc.) | | |
| Street Address Washington Road and Williams ave | | | Square Feet N/A | # of Floors 0 | Bldg. Age 100 + |
| City (5) Princeton | County (6) | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) University | | |
| Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc | | ASCN No. | Name of Abatement Contractor (9) Associated Specialty Contracting | | |
| Street Address 515 Grove Street Suite 1B | | | Street Address 98 LaCrue Avenue | | |
| City, State, Zip Code Haddon Heights NJ | | | City, State, Zip Code Glen Mills, PA 19342 | | |
| Project Manager of Monitoring Firm Alan Lloyd | | Telephone Number 856-547-0505 | Telephone Number 610-364-9622 | | Licence Number 1103 |
| Scheduled Start Date (10) 09/24/14 Month/Day/Year | | Sched. Completion Date (11) 09/26/14 Month/Day/Year | Name of OSHA Monitor Criterion Labs | | |
| Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 6:00 AM to 6:00 PM Other - Describe: | | | Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020 | | |

Scope of work (Check all that apply)

| | | |
|---|--|--|
| Demolition <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf | <input checked="" type="checkbox"/> Renovation | Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> 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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|--------------------------|--------------------------|--|---------------------------|-------------------------------------|----------------------------|---|---|
| | Yes | No | N/A | | | R E M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Washington Road and Williams manhole | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | pipe insulation | 150 LF | <input checked="" type="checkbox"/> | | | |
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|---|----------------------------|---------------------------------|--------------------------------------|
| Name of Registered Waste Hauler Horizon Disposal | NJDEP Waste Hauler ID No. | Cubic Yards of Waste 5 | Name of Registered Landfill GROWS |
| City, State Trenton NJ | Disposal Date As needed | City, State Morrisville PA | |
| Completed By (Print or Type) Mark Goshaw | Title Project Manager | Signature <i>Mark Goshaw</i> | Date 9-10-14 |

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

| | | | | | | | |
|---|---|--|--|--|-------------------------------------|--------------------------|--------------------------|
| Date of Notification (1) 8/29/14 | | Name of Building Owner / Operator (2) Princeton University | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#1-9/5/14 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | Street Address E. A. MacMillan Building City, State & Zip Code Princeton, NJ 08544 Name of Contact Bob Ortego | | | | | |
| | | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Forrestal Campus Boiler House - Princeton University | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUBCHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| Street Address 300 Forrestal Rd | | Square Feet 22000 | # of Floors 3 | | | | |
| City (5) Princeton | | County (6) Mercer | Bldg. Age 100+ | | | | |
| County Code (7) | | Current Use (Prior if being demolished) University | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC | | ASCM No. | | | | | |
| Street Address Three Terri Lane | | Name of Abatement Contractor (9) Bristol Environmental, Inc. | | | | | |
| City, State & Zip Code Burlington, NJ 08016 | | Street Address 1123 Beaver Street | | | | | |
| Project Manager for Monitoring Firm Mike Keehn | | Telephone Number 609-386-8800 | City, State & Zip Code Bristol, PA 19007 | | | | |
| Scheduled Start Date (10) 9/8/14 | | Scheduled Completion Date (11) 9/9/14 | License Number 00509 | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 3:30 PM - 1:30 AM <input type="checkbox"/> Facility Occupied During Abatement 7:00am to 3:30 pm | | Name of OSHA Monitor Bristol Environmental Inc. | | | | | |
| Street Address 1123 Beaver Street | | City, State & Zip Code Bristol, PA 19007 | | | | | |
| Scope of Work (Check all that apply) | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) | Is Location Normally Used Solely by Maintenance 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 | | | |
| | | | | Removal | Repair | Encapsulate | Enclosure |
| Area #1 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Pipe fitting | 2 ea | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Area #2 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Debris cleanup | 3 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Area #3 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Pipe insulation | 3 LF | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Area #4 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Pipe Insulation | 2 LF | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Area #5 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Pipe Insulation | 46 LF | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Area #6 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Pipe Insulation | 2 ea | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Bristol Environmental Inc | | NJDEP Waste Hauler ID No. 18706 | Cubic Yards of Waste 1 cu yd | Name of Registered Landfill GROWS Landfill | | | |
| City, State Bristol, PA | | Disposal Date 9/9/14 | City, State Morrisville, PA | | | | |
| Completed By (Print or Type) Gino Pizzigoni | | Title Project Manager | Signature <i>Gino Pizzigoni / jk</i> | | Date 8/29/14 | | |

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

Ch # 2695

| | | | |
|---|---|---|--|
| Date of Notification (1) 8/29/14 | | Name of Building Owner / Operator (2) Princeton University | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 9449 <input checked="" type="checkbox"/> DOH 9456 <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | Street Address E. A. MacMillan Building City, State & Zip Code Princeton, NJ 08544 Name of Contact Bob Ortego | |
| | | Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|---|--|---|---|---|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Forrestal Campus Boiler House - Princeton University | | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUBCHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | |
| Street Address 300 Forrestal Rd | | | Square Feet 22000 | | |
| City (5) Princeton | | County (6) Mercer | County Code (7) | | # of Floors 3 |
| | | | Bldg. Age 100+ | | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC | | | ASCM No. | | |
| Street Address Three Terri Lane | | | Name of Abatement Contractor (9) Bristol Environmental, Inc. | | |
| City, State & Zip Code Burlington, NJ 08016 | | | Street Address 1123 Beaver Street | | |
| Project Manager for Monitoring Firm Mike Keehn | | | Telephone Number 609-386-8800 | | License Number 00509 |
| Scheduled Start Date (10) 9/8/14 | | Scheduled Completion Date (11) 9/9/14 | | Name of OSHA Monitor Bristol Environmental Inc. | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 5:00 PM - 1:30 AM <input type="checkbox"/> Facility Occupied During Abatement 7:00am to 3:30 pm | | | Street Address 1123 Beaver Street | | |
| | | | City, State & Zip Code Bristol, PA 19007 | | |

Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) | Is Location Normally Used Solely by Maintenance 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 |
| Area #1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe fitting | 2 ea | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Area #2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Debris cleanup | 3 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Area #3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe insulation | 3 LF | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Area #4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation | 2 LF | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Area #5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation | 46 LF | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Area #6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation | 2 ea | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---|--|---|--|--|------------------------|
| Name of Registered Waste Hauler Bristol Environmental Inc | | NJDEP Waste Hauler ID No. 18706 | Cubic Yards of Waste 1 cu yd | Name of Registered Landfill GROWS Landfill | |
| City, State Bristol, PA | | Disposal Date 9/9/14 | | City, State Morrisville, PA | |
| Completed By (Print or Type) Gino Pizzigoni | | Title Project Manager | Signature <i>Gino Pizzigoni</i> | | Date 8/29/14 |

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

Pg 2

| Date of Notification (1) <div style="text-align: center;">01 / 15 / 14</div> | | Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction | | | | | | | |
|--|--|--|-----------------------------|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 17-9/5/14 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 200 Elm Dr. City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortega Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address Washington Rd | | Square Feet | # of Floors | | | | | | |
| City (5) Princeton | | Bldg. Age | | | | | | | |
| County (6) MERCER | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Library | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc. | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Street Address Three Terri Center | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Michael Keehn | | Telephone No. 609-386-8800 | License No. 00509 | | | | | | |
| Start Date (10) <div style="text-align: center;">2 / 5 / 14</div> | Scheduled Completion Date (11) <div style="text-align: center;">10 / 31 / 14</div> | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 6:30AM-3:00PM / ____ PM- ____ AM | | Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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) 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 Level | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 40 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B Level | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation (Wrap & Cut) | 2 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Delong Reading Level | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation (Wrap & Cut) | 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"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC | | NJDEP Waste Hauler ID No. 20990 | | Cubic Yards of Waste | Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL | | | | |
| City, State NEW CASTLE, DE | | Disposal Date | | City, State MORRISVILLE, PA 19067 | | | | | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | | Signature <i>Brian Scafiro/jl</i> | | | Date 9/5/14 | | |

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

pg 1

| | | | | | | | | | |
|---|---|--|--|---|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <div style="text-align: center;">01 / 15 / 14</div> | | | Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 17-9/5/14 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 200 Elm Dr. | | | | | |
| | | | | City, State, Zip Code Princeton, NJ 08544 | | | | | |
| | | Name of Contact Robert Ortega | | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | |
| Street Address Washington Rd | | | | | | | | | |
| City (5) Princeton | | | | Square Feet | # of Floors | | | | |
| | | | | Bldg. Age | | | | | |
| County (6) MERCER | | County Code (7)(STATE USE ONLY) | | Current Use (Prior if being demolished) Library | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc. | | | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | |
| Street Address Three Terri Center | | | Street Address 1123 BEAVER STREET | | | | | | |
| City, State, Zip Code Burlington, NJ 08016 | | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | |
| Project Manager for Monitoring Firm Michael Keehn | | Telephone No. 609-386-8800 | | Telephone No. 215-788-6040 | License No. 00509 | | | | |
| Start Date (10) <div style="text-align: center;">2 / 5 / 14</div> | | Scheduled Completion Date (11) <div style="text-align: center;">10 / 31 / 14</div> | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 6:30AM-3:00PM / ____PM-____AM | | | | Street Address 1123 BEAVER STREET | | | | | |
| | | | | City, State, Zip Code BRISTOL, PA 19007 | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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) 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 Levels C, B and A | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 1,465 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Office A-7J | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Window Caulk | 96 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Throughout Levels C, B and A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Duct Work | 1775 SF | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 st Floor Level 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation (Wrap & Cut) | 72 LF | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC | | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL | | | | |
| City, State NEW CASTLE, DE | | | | Disposal Date | City, State MORRISVILLE, PA 19067 | | | | |
| Completed By (Print or Type) Brian Scafiro | | | Title Estimator | Signature <i>Brian Scafiro / js</i> | | Date 8/5/14 | | | |

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

Pg. 2

| | | | | | | | | | |
|---|---|--|---|---|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <div style="text-align: center;">01 / 15 / 14</div> | | Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction | | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 16-7/25/14 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 200 Elm Dr. | | | | | | |
| | | | City, State, Zip Code Princeton, NJ 08544 | | | | | | |
| | | Name of Contact Robert Ortega | | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | |
| Street Address Washington Rd | | | | | | | | | |
| City (5) Princeton | | | | Square Feet | # of Floors | | | | |
| County (6) MERCER | | | | Bldg. Age | | | | | |
| County Code (7)(STATE USE ONLY) | | Current Use (Prior if being demolished) Library | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc. | | ASCM No. | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | |
| Street Address Three Terri Center | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Michael Keehn | | Telephone No. 609-386-8800 | | Telephone No. 215-788-6040 | License No. 00509 | | | | |
| Start Date (10) 2 / 5 / 14 | | Scheduled Completion Date (11) ON HOLD | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 6:30AM-3:00PM / PM - AM | | | | Street Address 1123 BEAVER STREET | | | | | |
| | | | | City, State, Zip Code BRISTOL, PA 19007 | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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) 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 Level | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 40 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B Level | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation (Wrap & Cut) | 2 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Delong Reading Level | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation (Wrap & Cut) | 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"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC | | NJDEP Waste Hauler ID No. 20990 | | Cubic Yards of Waste | Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL | | | | |
| City, State NEW CASTLE, DE | | Disposal Date | | City, State MORRISVILLE, PA 19067 | | | | | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | | Signature <i>Brian Scafiro / jl</i> | | Date 7/25/14 | | | |

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

Pg. 1

| | | | | | | | |
|---|---|--|-----------------------------|---|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 01 / 15 / 14 | | Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 16-7/25/14 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 200 Elm Dr. | | | | | |
| | | City, State, Zip Code Princeton, NJ 08544 | | | | | |
| | | Name of Contact Robert Ortega | Telephone Number | | | | |
| FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | |
| Street Address Washington Rd | | Square Feet | # of Floors | | | | |
| City (5) Princeton | | Bldg. Age | | | | | |
| County (6) MERCER | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Library | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc. | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | |
| Street Address Three Terri Center | | Street Address 1123 BEAVER STREET | | | | | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | |
| Project Manager for Monitoring Firm Michael Keehn | | Telephone No. 609-386-8800 | License No. 00509 | | | | |
| Start Date (10) 2 / 5 / 14 | Scheduled Completion Date (11) ON HOLD | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 6:30AM-3:00PM / PM - AM | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | Street Address 1123 BEAVER STREET | | | | | |
| | | City, State, Zip Code BRISTOL, PA 19007 | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | | | | Removal | Repair | Encapsulate | Enclosure |
| Throughout Levels C, B and A | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Floor tile and mastic | 1,465 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Office A-7J | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Window Caulk | 96 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Throughout Levels C, B and A | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Duct Work | 1775 SF | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 st Floor Level 1 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Pipe Insulation (Wrap & Cut) | 72 LF | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL | | | |
| City, State NEW CASTLE, DE | | Disposal Date | | City, State MORRISVILLE, PA 19067 | | | |
| Completed By (Print or Type) Brian Scafiro | Title Estimator | Signature <i>Brian Scafiro</i> | | Date 7/25/14 | | | |

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

Pg. 2

| | | | | | | | | | |
|---|---|--|---|--------------------------------------|----------------|--|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <div style="text-align: center;">01 / 15 / 14</div> | | Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction | | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #15-7/22/14 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 200 Elm Dr. City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortega Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address Washington Rd | | Square Feet | | | | | | | |
| City (5) Princeton | | # of Floors | | | | | | | |
| County (6) MERCER | | Bldg. Age | | | | | | | |
| County Code (7)(STATE USE ONLY) | | Current Use (Prior if being demolished) Library | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc. | | ASCM No. | | | | | | | |
| Street Address Three Terri Center | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| City, State, Zip Code Burlington, NJ 08016 | | Street Address 1123 BEAVER STREET | | | | | | | |
| Project Manager for Monitoring Firm Michael Keehn | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Telephone No. 609-386-8800 | | Telephone No. 215-788-6040 | | | | | | | |
| License No. 00509 | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Start Date (10) 2 / 5 / 14 | | Scheduled Completion Date (11) 7 / 25 / 14 | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 6:30AM-3:00PM PM- AM ON SITE 7/23/14 - 7/25/14 | | Street Address 1123 BEAVER STREET | | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| 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 Level | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 40 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B Level | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation (Wrap & Cut) | 2 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Delong Reading Level | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation (Wrap & Cut) | 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"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC | | NJDEP Waste Hauler ID No. 20990 | | Cubic Yards of Waste | | Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL | | | |
| City, State NEW CASTLE, DE | | Disposal Date | | City, State MORRISVILLE, PA 19067 | | | | | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | | Signature Brian Scafiro | | Date 7/18/14 | | | |

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

Pg 1

| | | | | | | | | | |
|---|---|--|--------------------------|--|---------------------------|--|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 01 / 15 / 14 | | Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction | | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #15-7/22/14 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 200 Elm Dr. City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortega Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address Washington Rd | | Square Feet # of Floors Bldg. Age | | | | | | | |
| City (5) Princeton | | Current Use (Prior if being demolished) Library | | | | | | | |
| County (6) MERCER | | County Code (7)(STATE USE ONLY) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc. | | ASCM No. | | | | | | | |
| Street Address Three Terri Center | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| City, State, Zip Code Burlington, NJ 08016 | | Street Address 1123 BEAVER STREET | | | | | | | |
| Project Manager for Monitoring Firm Michael Keehn | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Telephone No. 609-386-8800 | | Telephone No. 215-788-6040 | | | | | | | |
| Start Date (10) 2 / 5 / 14 | | License No. 00509 | | | | | | | |
| Scheduled Completion Date (11) 7 / 25 / 14 | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 6:30AM-3:00PM/ PM- AM ON SITE 7/23/14 - 7/25/14 | | Street Address 1123 BEAVER STREET | | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| 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 Levels C, B and A | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 1,465 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Office A-7J | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Window Caulk | 96 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Throughout Levels C, B and A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Duct Work | 1775 SF | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 st Floor Level 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation (Wrap & Cut) | 72 LF | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC | | NJDEP Waste Hauler ID No. 20990 | | Cubic Yards of Waste | | Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL | | | |
| City, State NEW CASTLE, DE | | Disposal Date | | City, State MORRISVILLE, PA 19067 | | | | | |
| Completed By (Print or Type) Brian Scaffiro | | Title Estimator | | Signature [Signature] | | Date 7/1/14 | | | |

CK 9044

Emergency

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

2014 SEP 11 10 DAY

| | | | |
|--|--|--|--|
| Date of Notification (1) 8-28-14 | | Name of Building Owner/Operator (2) Michelle Harris | |
| Agencies Notified | Type Notification | Street Address | City, State, Zip Code |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | 112 Giles AVE | Middlesex NJ 08846 |
| | | Name of Contact Michelle Harris | Telephone Number |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Single family Dwelling | | Type of Facility (4) | |
| Street Address 112 Giles AVE | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| City (5) Middlesex NJ | County (6) Middlesex | Square Feet | # of Floors 2 |
| County Code (7) (STATE USE ONLY) | | Bldg. Age 60+ - | |
| Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies | | Name of Abatement Contractor (9) EPC Technologies Inc | |
| Street Address P.O. Box 337 | | Street Address P.O. Box 337 | |
| City, State, Zip Code New Egypt, NJ 08533 | | City, State, Zip Code New Egypt NJ 08533 | |
| Project Manager for Monitoring Firm Steve Schenker | | Telephone No. 609 758-3365 | License No. 00394 |
| Start Date (10) 9-4-14 | Scheduled Completion Date (11) 9-4-14 | Name of OBHA Monitor EPC Technologies Inc | |
| Occupancy Status During Abatement (Check Only One) | | Street Address P.O. Box 337 | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | City, State, Zip Code New Egypt NJ 08533 | |
| Scope of Work (Check All That Apply) | | | |
| <input checked="" type="checkbox"/> 25 or less sf <input type="checkbox"/> 250 or less sf <input type="checkbox"/> 2500 or less sf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (C) and Non-Frangible Procedure | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) |
| | Yes No N/A | | |
| Basement Utility Room | X | Pipe Insulation | 70 LF |
| | | | |
| | | | |
| | | | |
| Name of Registered Waste Hauler EPC Technologies | NJDEP Waste Hauler ID No. 17000 | Cubic Yards of Waste 2 | Name of Registered Landfill Waste Management of PA |
| City, State New Egypt NJ | Disposal Date 9-5-14 | City, State Morrisville PA | |
| Completed by Steve Schenker | Title President | Signature Steve Schenker | Date 8-28-14 |

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

CR# 2697

| | | | |
|--|---|---|------------------|
| Date of Notification (1) July 23, 2014 | | Name of Building Owner / Operator (2) CSX | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#2-9/5/14 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | Street Address 550 WATER STREET City, State & Zip Code JACKSONVILLE FLORIDA 32202-4423 | |
| | | Name of Contact | Telephone Number |

FACILITY INFORMATION

| | | | | | |
|---|--|---|---|--------------------------------|------------------------|
| Name of Facility Where Abatement is Taking Place (3) CSX - ADMINISTRATION BUILDING | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | |
| Street Address 6201 TONNELLE AVENUE | | | Square Feet 2982 | # of Floors 1 | Bldg. Age 70 |
| City (5) NORTH BERGEN | County (6) BERGEN | County Code (7) | Current Use (Prior if being demolished) ADM BUILDING | | |
| Name of Monitoring Firm Hired by Building Owner (8) SHAW ENVIRONMENTAL | | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC | | |
| Street Address 128 S.TRYON STREET | | | Street Address 1123 BEAVER STREET | | |
| City, State & Zip Code CHARLOTTE NC 28202 | | | City, State & Zip Code BRISTOL, PA 19007 | | |
| Project Manager for Monitoring Firm GARY WYWRA | | Telephone Number 732-939-3707 | Telephone Number 215-788-6040 | License Number 00509 | |
| Scheduled Start Date (10) 9/8/14 | Scheduled Completion Date (11) 9/19/14 | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 7:00 AM - 4:00 PM <input type="checkbox"/> Facility Occupied During Abatement | | | Street Address 1123 BEAVER STREET | | |
| | | | City, State & Zip Code BRISTOL, PA 19007 | | |

Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|--------------------------|--------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclose |
| THROUGHOUT BUILDING | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | VAT/MASTIC | 3000 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ROOF | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FLASHING | 230 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"/> |
| | <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 WASTE MANAGEMENT | NJDEP Waste Hauler ID No. SW1724 | Cubic Yards of Waste 40 | Name of Registered Landfill GROWS NORTH LANDFILL |
| City, State CAMDEN NJ | Disposal Date TBD | City, State MORRISVILLE PA | |
| Completed By (Print or Type) PATRICK T. DeCARO | Title Estimator | Signature <i>Patrick T. DeCaro</i> | Date 7/23/14 |

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

| | | | | | | | | | |
|---|---|--|---------------------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) July 23, 2014 | | Name of Building Owner / Operator (2) CSX | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#1-8/6/14 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | Street Address 550 WATER STREET City, State & Zip Code JACKSONVILLE FLORIDA 32202-4423 Name of Contact _____ Telephone Number _____ | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) CSX - ADMINISTRATION BUILDING | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 6201 TONNELLE AVENUE | | Square Feet 2982 | # of Floors 1 | | | | | | |
| City (5) NORTH BERGEN | County (6) BERGEN | Bldg. Age 70 | | | | | | | |
| County Code (7) | | Current Use (Prior if being demolished) ADM BUILDING | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) SHAW ENVIRONMENTAL | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC | | | | | | | |
| Street Address 128 S.TRYON STREET | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State & Zip Code CHARLOTTE NC 28202 | | City, State & Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm GARY WYWRA | | Telephone Number 732-939-3707 | License Number 00509 | | | | | | |
| Scheduled Start Date (10) ON HOLD | Scheduled Completion Date (11) | | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 7:00 AM - 4:00 PM <input type="checkbox"/> Facility Occupied During Abatement | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC | | | | | | | |
| Street Address 1123 BEAVER STREET | | City, State & Zip Code BRISTOL, PA 19007 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| THROUGHOUT BUILDING | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | VAT/MASTIC | 3000 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ROOF | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FLASHING | 230 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"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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 WASTE MANAGEMENT | | NJDEP Waste Hauler ID No. SW1724 | Cubic Yards of Waste 40 | Name of Registered Landfill GROWS NORTH LANDFILL | | | | | |
| City, State CAMDEN NJ | | Disposal Date TBD | | City, State MORRISVILLE PA | | | | | |
| Completed By (Print or Type) PATRICK T. DeCARO | | Title Estimator | Signature <i>Patrick T. DeCaro</i> | | | | Date 7/23/14 | | |

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

CHECK # 1069

| | | | | | | | | | |
|--|---|---|-----|---|---------------------------|---|--------|-------------|-----------|
| Date of Notification (1) 09/08/2014 | | Name of Building Owner/Operator (2) Roger Vara | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | |
| Street Address 147 East Clifton Ave | | City, State, Zip Code Clifton, NJ 07011 | | | | | | | |
| Name of Contact Roger Vara | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential Property | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 147 East Clifton Ave. | | Square Feet 1,900 + | | | | | | | |
| City (5) Clifton | | # of Floors 2 | | | | | | | |
| County (6) Passaic | | Bldg. Age 50+ | | | | | | | |
| County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | | | | | | |
| Street Address | | Name of Abatement Contractor (9) Unicorn Contracting Corp. | | | | | | | |
| City, State, Zip Code | | Street Address 1087 Pleasant Valley Way | | | | | | | |
| Project Manager for Monitoring Firm | | City, State, Zip Code West Orange, NJ 07052 | | | | | | | |
| Telephone No. | | Telephone No. 973-333-9176 | | | | | | | |
| Start Date (10) 9/17/2014 | | License No. 01232 | | | | | | | |
| Scheduled Completion Date (11) 9/18/2014 | | Name of OSHA Monitor Envirovision Consultants Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 20-21 Wagaraw Rd. - Bldg.35E | | | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) 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 | Pipe Insulation | 60 LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | | Cubic Yards of Waste 2 | | Name of Registered Landfill G.R.O.W.S., Inc. | | | |
| City, State Freehold, New Jersey | | Disposal Date TBD | | City, State Morrisville, Pennsylvania | | | | | |
| Completed by Blagica Nikolova | | Title President | | Signature  | | Date 09/08/2014 | | | |

CK 2850

Print Form

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

| | | | | | | | | | |
|--|---|--|---|--|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1) 04/01/14 | | Name of Building Owner/Operator (2) DAVE PROCINO | | 2014 SEP 11 AM 3:12 | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 611 CEDAR AVENUE City, State, Zip Code COLLINGSWOOD, NJ 08108 Name of Contact _____ Telephone Number _____ | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) 611 CEDAR AVENUE | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| City (5) COLLINGSWOOD, NJ | | | Square Feet 400 | # of Floors 2 | Bldg. Age | | | | |
| County (6) CAMDEN COUNTY | | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) HOME | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS | | | | | | |
| Street Address | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 732-668-9078 | License No. 1200 | | | | | |
| Start Date (10) 9/19/14 | | Scheduled Completion Date (11) 9/21/14 | | Name of OSHA Monitor AAA LEAD PROFESSIONALS | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | | Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <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) 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 | | | | FLOOR TILE | 400 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 4 | Name of Registered Landfill IESI | | | | | |
| City, State NEWARK, NJ | | Disposal Date 9/21/14 | | City, State BETHLEHEM PA | | | | | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER | | Signature | | Date 9/9/14 | | | |

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

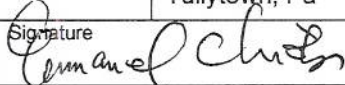
CK 5242

| Date of Notification (1) 9/8/14 | | Name of Building Owner/Operator (2) MR. CHRIS FRANK | | | | | | | |
|---|--|---|---|--|---------------------------|-------------------------------------|--------|-------------|-----------|
| Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 70 MONTEREY AVE City, State, Zip Code TEANECK, NJ 07666 Name of Contact MR. FRANK Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) MR. FRANK | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 70 MONTEREY AVE | | Square Feet 1800 | # of Floors 2 | | | | | | |
| City (5) TEANECK | | Bldg. Age 80 years | | | | | | | |
| County (6) BERGEN | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) RESIDENCE | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. | Name of Abatement Contractor (9) Best Removal Inc | | | | | | | |
| Street Address | | Street Address 450 S. River St | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Hackensack, N.J. 07601 | | | | | | | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 201-329-7444 | License No. 00388 | | | | | | |
| Start Date (10) 9/23/14 | Scheduled Completion Date (11) 9/24/14 | Name of OSHA Monitor Omega Environmental Inc | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM | | Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606 | | | | | | | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) 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 | | | | THERMAL SYSTEM INSULATION | 55 LF | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Best Removal Inc | | NJDEP Waste Hauler ID No. 17109 | Cubic Yards of Waste 1 1/2 cy | Name of Registered Landfill Minerva Enterprises | | | | | |
| City, State Hackensack, N.J. 07601 | | | Disposal Date 9/24/14 | City, State Waynesburg, Oh | | | | | |
| Completed by J. Maiorano | Title Estimator | | Signature <i>J. Maiorano</i> | Date 9/8/14 | | | | | |

MO 22267519907

Print Form

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

| | | | | | | | | | |
|--|---|--|--|--|----------------|---------|--------|-------------|-----------|
| Date of Notification (1) 9/8/14 | | Name of Building Owner/Operator (2) Majorie Mingo | | | | | | | |
| Agencies Notified | Type Notification | Street Address 687 South 18th Street | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ | City, State, Zip Code Newark, NJ 07103 | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact Majorie Mingo | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 687 South 18th Street | | Square Feet | # of Floors | | | | | | |
| City (5) Newark | | Bldg. Age | | | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) M2M Environmental Services Corp | | ASCM No. | Name of Abatement Contractor (9) Optimum Environmental Solutions | | | | | | |
| Street Address 202 Hunterdon Street | | Street Address 2717 Linwood Road | | | | | | | |
| City, State, Zip Code Newark, NJ 07103 | | City, State, Zip Code Union, NJ 07083 | | | | | | | |
| Project Manager for Monitoring Firm Gloria Peter | | Telephone No. 908-418-2737 | License No. 01227 | | | | | | |
| Start Date (10) 9/12/14 | Scheduled Completion Date (11) 9/15/14 | Name of OSHA Monitor AmeriSci | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: In the basement | | Street Address 117 East 30th Street | | | | | | | |
| | | City, State, Zip Code New York, New York 10016 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <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 |
| Basement | | X | | Pipe | 100LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting | | NJDEP Waste Hauler ID No. 4506 | Cubic Yards of Waste 30 | Name of Registered Landfill Tullytown Re Facility | | | | | |
| City, State | | | Disposal Date | City, State Tullytown, Pa | | | | | |
| Completed by Emmanuel Chiobi | | Title Operations Manager | Signature  | Date 9/8/2014 | | | | | |

CK 1975

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 AND 12:120)

| | | | |
|---|--|--|----------------------------------|
| Date of Notification (1) 9/05/2014 | | Name of Building Owner/Operator (2) BUILD TO PLEASE LLC | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Notification Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Name of Facility Where Abatement is Taking Place (3) Private Dwelling | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | |
| Street Address 432 Old Tappan Road | | Street Address 484 N State Route 17 | |
| City (5) Old Tappan | County (6) Bergen | City, State, Zip Code Paramus, NJ 07652 | |
| County Code (7) (State Use Only) | | Name of Contact Mr. Elliot Cohen | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) n/a | | ASCM No. | |
| Street Address | | Name of Contractor (9) MTM Metro Corporation | |
| City, State, Zip Code | | Street Address 135-137 McBride Ave | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Paterson, NJ 07501 | |
| Telephone Number | | Telephone Number 973-742-5030 | |
| Scheduled Start Date (10) 9/18/2014 | | License Number 00809 | |
| Scheduled Completion Date (11) 9/20/2014 | | Name of OSHA Monitor MTM Metro Corporation | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other-Describe: _____ | | Street Address 135-137 McBride Av | |
| Source of Work (Check all that apply) <input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure | | City, State, Zip Code Paterson, NJ 07501 | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) | Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO N/A | Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) | Amount (Specify SF or LF) |
| Basement | | Pipe Insulation | 25LF |
| Kitchen | | VAT | 250SF |
| Abatement Type Rem. Rep. Encap Enclose | | | |
| Name of Reg. Waste Hauler MTM Metro Corporation | | NJDEP Waste Hauler ID # 26552 | Cubic Yards of Waste 10 |
| City, State Paterson, NJ 07501 | | Name of Reg. Landfill Tullytown | |
| Disp. Date 9/22/2014 | | City, State Tullytown, PA | |
| Completed by (Print or Type) Elizabeth Maslarkov | | Title Business Administrator | Signature Elizabeth Maslarkov |
| | | Date 9/05/2014 | |

ASB-41

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

MO#22302806264

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

| | | | | | | | | | |
|---|---|--|--|---|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 09 / 08 / 14 | | Name of Building Owner/Operator (2) Inez Ehrenkranz | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | |
| Street Address 132 Greenwood Drive | | City, State, Zip Code Millburn, NJ 07041 | | | | | | | |
| Name of Contact Darren Port | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private house | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 132 Greenwood Drive | | Square Feet | | | | | | | |
| City (5) Millburn, NJ 07041 | | # of Floors | | | | | | | |
| County (6) Essex | | Bldg. Age | | | | | | | |
| County Code (7) (STATE USE ONLY) Essex | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Gr Tech LLC | | Name of Abatement Contractor (9) Gr Tech LLC | | | | | | | |
| Street Address | | Street Address 576 Valley Rd #283 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Wayne, NJ 07470 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973-638-1777 | | | | | | | |
| Telephone No. | | License No. 01127 | | | | | | | |
| Start Date (10) 09 / 17 / 14 | | Scheduled Completion Date (11) 09 / 19 / 14 | | | | | | | |
| Name of OSHA Monitor Envirovision Consultants, Inc | | Street Address 20-21 Wagaraw Road, Bldg. # 34A | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM _____ AM | | City, State, Zip Code Fair Lawn, NJ 07410 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| <input checked="" type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <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 |
| Crawl Space | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Clean up | 300 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <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 Gr Tech LLC | | NJDEP Waste Hauler ID No. 0033785 | Cubic Yards of Waste TBD | Name of Registered Landfill T.R.R.F. Inc | | | | | |
| City, State Wayne, NJ 07470 | | Disposal Date TBD | | City, State Tullytown, PA | | | | | |
| Completed By (Print or Type) N.Jevtic | | Title Owner | | Signature <i>N. Jevtic</i> | | Date 09/08/2014 | | | |

ASB-41
MAY 11

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

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

CK 5241

| Date of Notification (1) 9/8/14 | | Name of Building Owner/Operator (2) MR. SETH UNGER 2014 SEP 11 11:31 | | | | | | | |
|--|---|---|------------------------------------|--|---------------------------|----------------|-----------------------|-------------|-----------|
| Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 102 BLANCH AVE A | | | | | | | |
| | | City, State, Zip Code CLOSTER, NJ 07624 | | | | | | | |
| | | Name of Contact MR. UNGER | Telephone Number 7 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) MR UNGER | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 102 BLANCH AVE | | Square Feet 4300 | # of Floors 2 | | | | | | |
| City (5) CLOSTER | | Bldg. Age 190 | | | | | | | |
| County (6) BERGEN | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) RESIDENCE | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. | Name of Abatement Contractor (9) Best Removal Inc | | | | | | | |
| Street Address | | Street Address 450 S. River St | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Hackensack, N.J. 07601 | | | | | | | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 201-329-7444 | License No. 00388 | | | | | | |
| Start Date (10) 9/17/14 | Scheduled Completion Date (11) 9/18/14 | Name of OSHA Monitor Omega Environmental Inc | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM | | Street Address 280 Huyler St | | | | | | | |
| | | City, State, Zip Code South Hackensack, N.J. 07606 | | | | | | | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (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 | | | | THERMAL SYSTEM INSULATION | 95LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Best Removal Inc | | N.J.EP Waste Hauler ID No. 17109 | Cubic Yards of Waste 207 | Name of Registered Landfill Minerva Enterprises | | | | | |
| City, State Hackensack, N.J. 07601 | | Disposal Date 9/18/14 | | City, State Waynesburg, Oh | | | | | |
| Completed by J. Maiorano | | Title Estimator | | Signature <i>J. Maiorano</i> | | | Date 9/8/14 | | |

OK 2846

Print Form

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

| | | | | | | | | | |
|--|---|--|--|--|-------------------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1) 04/01/14 | | Name of Building Owner/Operator (2) SHLOMO HOROWITZ | | 2014 SEP 11 AM 3:23 | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 1746 NEW CENTRAL AVENUE City, State, Zip Code LAKEWOOD, NJ 08701 Name of Contact SHLOMO HOROWITZ Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) 1746 NEW CENTRAL AVENUE | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| City (5) LAKEWOOD, NJ | | | | Square Feet 1000 | # of Floors 1 | | | | |
| County (6) OCEAN COUNTY | | County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) HOME | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS | | | | | | |
| Street Address | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 732-668-9078 | License No. 1200 | | | | | |
| Start Date (10) 9/11/14 | | Scheduled Completion Date (11) 9/11/14 | | Name of OSHA Monitor AAA LEAD PROFESSIONALS | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | Street Address 6 WHITE DOVE COURT | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <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) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| EXTERIOR | | | | SIDING | 1000 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | | Cubic Yards of Waste 4 | Name of Registered Landfill IESI | | | | |
| City, State NEWARK, NJ | | | | Disposal Date 9/11/14 | City, State BETHLEHEM PA | | | | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER | | Signature | | Date | | | |

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

CK# 2436

| | | | | | | | | |
|---|---|---|---|---|----------------|---------|--------|-------------|
| Date of Notification (1) 9/9/14 | | Name of Building Owner/Operator (2) Judy + Bob Kiewit | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | |
| Street Address 24 Malibu Ave | | City, State, Zip Code Toms River, New Jersey | | | | | | |
| Name of Contact Mike | | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Kiewit Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address 24 Malibu Ave | | Square Feet 1800 | # of Floors 1 | | | | | |
| City (5) Toms River | | Bldg. Age 60+ | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residence | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) Ace Insulation Co., Inc. | | | | | | |
| Street Address | | Street Address 95 Montrose Road | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Colts Neck, N.J. 07722 | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-294-1757 | License No. 00029 | | | | | |
| Start Date (10) 9/18/14 | Scheduled Completion Date (11) 9/26/14 | Name of OSHA Monitor | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 7am - 4pm | | Street Address | | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | City, State, Zip Code | | | | | | |
| <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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) outdoor | 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) 1800 lf | Abatement Type | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate |
| | | | | | X | | | |
| Name of Registered Waste Hauler Ace Insulation Co., Inc. | | NJDEP Waste Hauler ID No. 12086 | Cubic Yards of Waste 3 | Name of Registered Landfill G.R.O.W.S. | | | | |
| City, State Colts Neck, New Jersey | | Disposal Date 9/26/14 | City, State Tullytown, PA | | | | | |
| Completed by Bree McGuire | | Title Secretary Treasurer | Signature Bree McGuire | | Date 9/9/14 | | | |

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

CK# 2436

| | | | | | | | | |
|---|--|---|---|-------------------------------------|----------------|---------|--------|-------------|
| Date of Notification (1) 9-9-14 | | Name of Building Owner/Operator (2) MARCY DWEK | | | | | | |
| Agencies Notified | Type Notification | Street Address 207 ALLEN AVENUE | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code ALLENHURST NJ | | | | | | |
| | | Name of Contact DAVID | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) DOVER RESIDENCE | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address 207 ALLEN AVENUE | | Square Feet | # of Floors 2 | | | | | |
| City (5) ALLENHURST | | Bldg. Age 90 | | | | | | |
| County (6) MONMOUTH | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) RESIDENCE | | | | | | |
| Name of Monitoring Firm: Hired by Building Owner (8) | | Name of Abatement Contractor (9) Ace Insulation Co., Inc. | | | | | | |
| Street Address | | Street Address 95 Montrose Road | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Coits Neck, N.J. 07722 | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-294-1757 | License No. G0029 | | | | | |
| Start Date (10) 9-20-14 | Scheduled Completion Date (11) 9-27-14 | Name of OSHA Monitor | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other -- Describe: 7 AM - 7 PM | | Street Address | | | | | | |
| | | City, State, Zip Code | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | |
| <input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> ≥160 sf or ≥250 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input 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) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate |
| DUCTWORK PIPE 1ST & 2ND FLS | | | ✓ ASB PAPER | 100 LF | ✓ | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler Ace Insulation Co., Inc. | | NJDEP Waste Hauler ID No. 12036 | Cubic Yards of Waste | Name of Registered Landfill IESE | | | | |
| City, State Coits Neck, New Jersey | | Disposal Date | City, State Bethlehem, Pa | | | | | |
| Completed by George Wuest | | Title President | Signature George Wuest | | Date 9-9-14 | | | |

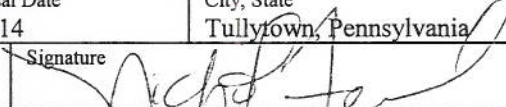
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| | | | |
|---|---|--|------------------|
| Date of Notification (1) September 8, 2014 | | Name of Building Owner/Operator (2) DnA Demolition | |
| Agencies Notified | Type of Notification | Street Address 2156 Camplain Road | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | |
| | | City, State, Zip Code Hillsborough, NJ 08844 | |
| | | Name of Contact Antonio Dimuzio | Telephone Number |

FACILITY INFORMATION

| | | | | | |
|---|---|---|--|--------------------------------|------------------------|
| Name of Facility Where Abatement is Taking Place (3) Residence | | | Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| Street Address 24 North Terrace | | | | | |
| City Maplewood | County (6) Essex | County Code (7) (STATE USE ONLY) | Square feet 2000 sf | # of Floors 2 | Bldg. Age 65 |
| | | | Current Use (Prior if being demolished) Residence | | |
| Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting Inc. | | ASCM No. | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | |
| Street Address 1889 Route 9, Unit 61 | | Street Address 1889 Route 9, Unit 61 | | | |
| City, State, Zip Code Toms River, NJ 08755 | | City, State, Zip Code Toms River, New Jersey 08755-1271 | | | |
| Project Manager for Monitoring Firm Nicholas Fernicola | Telephone Number 732-349-9932 | | Telephone Number 732-349-9932 | License Number 00624 | |
| Scheduled Start Date (10) 9/8/14 | Scheduled Completion Date (11) 9/9/14 | | Name of OSHA Monitor E.M.S.L. Analytical | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____ | | | Street Address 1056 Stelton Road | | |
| | | | City, State, Zip Code Piscataway, New Jersey 08854 | | |
| Scope of Work (Check all that apply) | | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | |
| <input checked="" type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | |

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|--|---|--|--|---------------------------|---------------------------------|----------------------------|---|---|
| | | | | | | R E M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Basement | | X | | Asbestos pipe insulation | 95 lf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

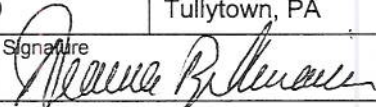
| | | | |
|--|---|---|--|
| Name of Registered Waste Hauler Guardian Contracting, Inc. | NJDEP Waste Hauler ID No. 20223 | Cubic Yards of Waste 3 | Name of Registered Landfill T.R.R.F. |
| City, State Toms River, New Jersey | Disposal Date 9/10/14 | City, State Tullytown, Pennsylvania | |
| Completed by (Print or Type) Nicholas Fernicola | Title Project Manager | Signature  | Date 9/8/2014 |

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

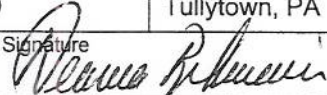
CK 9810004134

Print Form

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

| | | | | | | | | | |
|---|---|---|---|--|---------------------------|----------------|--------|-----------------|-----------|
| Date of Notification (1) 9/02/14 | | Name of Building Owner/Operator (2) Joan & Lester Ridings | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | |
| Street Address 45 Lakewood Ave | | City, State, Zip Code Cedar Grove, NJ 07009 | | | | | | | |
| Name of Contact Barry Ridings | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) House | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 45 Lakewood Ave | | Square Feet N/A | # of Floors N/A | | | | | | |
| City (5) Cedar Grove | | Bldg. Age N/A | | | | | | | |
| County (6) Mercer | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) House | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) D&S Abatement, Inc. | | | | | | |
| Street Address | | Street Address 11 Rosengren Avenue | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973-345-8685 | License No. #00675 | | | | | | |
| Start Date (10) 9/18/14 | Scheduled Completion Date (11) 9/19/14 | Name of OSHA Monitor D&S Abatement, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied | | Street Address 11 Rosengren Avenue | | | | | | | |
| | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <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 |
| basement | | X | | floor tile | 150 SF | X | | | |
| 1st floor back porch | | X | | floor tile | 60 Sf | X | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler D&S Abatement, Inc. | | NJDEP Waste Hauler ID No. #20996 | Cubic Yards of Waste TBD | Name of Registered Landfill Waste Management of PA | | | | | |
| City, State Totowa, NJ | | Disposal Date TBD | | City, State Tullytown, PA | | | | | |
| Completed by Deanna Brkusanin | | Title Project Manager | | Signature  | | | | Date 9/02/14 | |

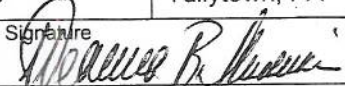
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| | | | | | | | | | |
|--|---|--|---|--|---------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1) 9/02/14 | | Name of Building Owner/Operator (2) Walter G. Scheuerman | | | | | | | |
| Agencies Notified | Type Notification | Street Address 662 River Road | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Chatham, NJ 07928 | | | | | | | |
| | | Name of Contact Walter G. Scheuerman | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) House | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 662 River Road | | Square Feet N/A | # of Floors N/A | | | | | | |
| City (5) Chatham | | Bldg. Age N/A | | | | | | | |
| County (6) Morris | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) House | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) D&S Abatement, Inc. | | | | | | |
| Street Address | | Street Address 11 Rosengren Avenue | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 973-345-8685 | | | | | | |
| Start Date (10) 9/17/14 | | Scheduled Completion Date (11) 9/18/14 | License No. #00675 | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u> | | Name of OSHA Monitor D&S Abatement, Inc. | | | | | | | |
| | | Street Address 11 Rosengren Avenue | | | | | | | |
| | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <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 |
| basement | | X | | pipe insulation | 140 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler D&S Abatement, Inc. | | NJDEP Waste Hauler ID No. #20996 | Cubic Yards of Waste TBD | Name of Registered Landfill Waste Management of PA | | | | | |
| City, State Totowa, NJ | | Disposal Date TBD | | City, State Tullytown, PA | | | | | |
| Completed by Deanna Brkusanin | | Title Project Manager | | Signature  | | | Date 9/02/14 | | |

MO 22113847585

Print Form


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

| | | | | | | | | | |
|---|---|--|---|---|---------------------------|-----------------|--------|-------------|-----------|
| Date of Notification (1) 9/02/14 | | Name of Building Owner/Operator (2) Ben Anderson | | | | | | | |
| Agencies Notified | Type Notification | Street Address 115 Atlantic Street | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Jersey City, NJ 07304 | | | | | | | |
| | | Name of Contact Ben Anderson | | | | | | | |
| | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) House | | Type of Facility (4) | | | | | | | |
| Street Address 115 Atlantic Street | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Jersey City | | Square Feet N/A | # of Floors N/A | | | | | | |
| County (6) Hudson | | Bldg. Age N/A | | | | | | | |
| County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) House | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) D&S Abatement, Inc. | | | | | | |
| Street Address | | Street Address 11 Rosengren Avenue | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973-345-8685 | License No. #00675 | | | | | | |
| Start Date (10) 9/16/14 | Scheduled Completion Date (11) 9/17/14 | Name of OSHA Monitor D&S Abatement, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 11 Rosengren Avenue | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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) (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 | 30 LF | X | | | |
| basement | | X | | contaminated pipes | 40 LF | | | X | |
| | | | | | | | | | |
| Name of Registered Waste Hauler D&S Abatement, Inc. | | NJDEP Waste Hauler ID No. #20996 | Cubic Yards of Waste TBD | Name of Registered Landfill Waste Management of PA | | | | | |
| City, State Totowa, NJ | | Disposal Date TBD | | City, State Tullytown, PA | | | | | |
| Completed by Deanna Brkusnin | | Title Project Manager | | Signature  | | Date 9/02/14 | | | |

MO 59138978130


Print Form

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

| | | | | | |
|--|--|---|--|---|--|
| Date of Notification (1) 09/05/14 | | Name of Building Owner/Operator (2) Shafi Rizwan | | 2014 SEP 11 AM 9:00 | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 55 Howard St. City, State, Zip Code Pomptont lakes, NJ 07442 Name of Contact Shafi Rizwan Telephone Number | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Shafi Rizwan | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 55 Howard St. | | | | Square Feet | |
| City (5) Pomptont lakes | | | | # of Floors | |
| County (6) Passaic | | | | Bldg. Age | |
| County Code (7) (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) Pro Abatement | |
| Street Address | | | | Street Address 1009 87th Street Suite A4 | |
| City, State, Zip Code | | | | City, State, Zip Code North Bergen, NJ 07047 | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 201-293-6305 | |
| Start Date (10) 09/13/14 | | Scheduled Completion Date (11) 09/27/14 | | License No. 01223 | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | | | Name of OSHA Monitor HILMAMM CONSULTING LLC | |
| | | | | Street Address 1600 ROUTE EAST SUITE 107 | |
| | | | | City, State, Zip Code UNION NJ 07083 | |
| 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 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) <u>TO BE ABATED</u> In Facility (13) | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | |
| Roof | | | | Shingles | |
| | | | | 972 SF | |
| | | | | x | |
| | | | | | |
| | | | | | |
| | | | | | |
| Name of Registered Waste Hauler SAN TON SERVICES | | NJDEP Waste Hauler ID No. 22430 | | Cubic Yards of Waste | |
| City, State KENILWORTH, NJ | | Disposal Date | | Name of Registered Landfill MEDOWLANCHES COMMISSION | |
| Completed by Bryan Parra | | Title Project Manager | | Signature  | |
| | | | | Date 09/05/14 | |

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

CHECK # 5798 / 030254

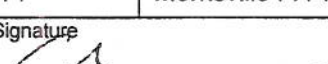
| Date of Notification (1) 09-04-14 | | Name of Building Owner/Operator (2) JCP&L/First Energy Corp. | | | | | | | |
|--|---|---|--|--|---------------------------|------------------|--------|-------------|-----------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 300 Madison Avenue | | | | | | | |
| | | City, State, Zip Code Morristown, NJ 07960 | | | | | | | |
| | | Name of Contact John T. Grecco | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Morristown General Office (MGO) Building | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 300 Madison Avenue | | Square Feet | # of Floors 1 | | | | | | |
| City (5) Morristown | | Bldg. Age | | | | | | | |
| County (6) Morris | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Commercial | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) One Source Safety & Health Inc. | | ASCM No. | Name of Abatement Contractor (9) Pinnacle Environmental Corp. | | | | | | |
| Street Address 140 South Village Avenue, Suite 130 | | Street Address 200 Broad Street | | | | | | | |
| City, State, Zip Code Exton, PA 19341 | | City, State, Zip Code Carlstadt, NJ 07072 | | | | | | | |
| Project Manager for Monitoring Firm Brian Hoverdon | | Telephone No. 908-309-1021 | Telephone No. 201-939-6565 | | | | | | |
| | | License No. 00756 | | | | | | | |
| Start Date (10) 09-03-14 | Scheduled Completion Date (11) 11-31-14 | Name of OSHA Monitor Testor Technologies | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 10-59 Jackson Avenue | | | | | | | |
| | | City, State, Zip Code Long Island City, NY 11101 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <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 |
| Telecom Shop | | X | | Ceiling Tiles | 1,500SF | x | | | |
| Microwave Room | | X | | Fireproofing Debris | 1,400SF | x | | | |
| (1) Telecom Shop | | X | | Fireproofing | 1,500SF | x | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler ATC, Inc. / JBT (50071) | | NJDEP Waste Hauler ID No. 24310 | Cubic Yards of Waste TBD | Name of Registered Landfill Minerva Enterprises | | | | | |
| City, State Shirley, New York | | Disposal Date TBD | | City, State Waynesburg, OH 44688 | | | | | |
| Completed by Joseph Patrick | | Title Project Manager | | Signature  | | Date 09-04-14 | | | |

Emergency

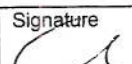
Print Form

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

CK 435.1

| Date of Notification (1) 9/8/14 | | Name of Building Owner/Operator (2) George Lang Private Home | | | | | | | |
|---|---|--|--|---|---------------------------|----------------|----------------|-------------|-----------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | |
| Street Address 202 East 14th St | | City, State, Zip Code North Beach Haven NJ 08008 | | | | | | | |
| Name of Contact George | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) George Lang Private Home | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 202 East 14th St | | Square Feet 1000+ | # of Floors 1+ | | | | | | |
| City (5) North Beach Haven NJ 08008 | | Bldg. Age 35 + | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) House | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc. | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 9/9/14 | Scheduled Completion Date (11) 9/12/14 | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <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 <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior Siding | | | x | Exterior Siding | 1200 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 3 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | Disposal Date 9/26/14 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature  | | | Date 9/8/14 | | |


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

| Date of Notification (1) 9/8/14 | | Name of Building Owner/Operator (2) Joe Giambri | | | | | | | |
|--|---|---|--|--|---------------------------|----------------|----------------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 705 S Warwick Road | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Hi- Nella NJ 08083 | | | | | | | |
| | | Name of Contact Joe | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Joe Giambri | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 705 S Warwick Road | | Square Feet 1000+ | # of Floors 2 | | | | | | |
| City (5) Hi- Nella NJ 08083 | | Bldg. Age 35 + | | | | | | | |
| County (6) Camden | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc. | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 9/19/14 | Scheduled Completion Date (11) 9/26/14 | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <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 |
| Utililty Room | | | x | pipe joints | 18 LF | x | | | |
| 1st and second floor | | | x | Floor Tile | 600 SF total | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 3 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | Disposal Date 9/26/14 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature  | | | Date 9/8/14 | | |

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

** Emergency **

CK 4350

| | | | | | | | | | |
|--|--|---|--|---|---------------------------|----------------|----------------|-------------|-----------|
| Date of Notification (1) 9/8/14 | | Name of Building Owner/Operator (2) Sarah E Walsh Private Home | | | | | | | |
| Agencies Notified | Type Notification | Street Address 13 Meadow lane | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code High Bar Harbor NJ 08008 | | | | | | | |
| | | Name of Contact Kelly | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Sarah E Walsh Private Home | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 13 Meadow lane | | Square Feet 1000+ | # of Floors 1+ Bldg. Age 35 + | | | | | | |
| City (5) High Bar Harbor NJ 08008 | | Current Use (Prior if being demolished) House | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc. | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 9/9/14 | Scheduled Completion Date (11) 9/12/14 | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <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 <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <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 |
| Bottom Of House | | | x | Transite Board | 300 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 2 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | Disposal Date 9/26/14 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature  | | | Date 9/8/14 | | |

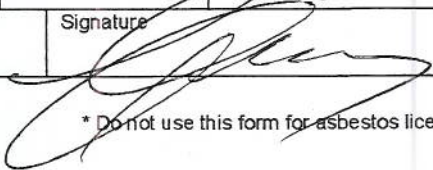
CK # 9061

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

| | | | |
|--|---|---|---|
| Date of Notification (1) 9-8-14 | | Name of Building Owner/Operator (2) Tunison Home Improvement | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 719 Bound Brook Road |
| | | | City, State, Zip Code Dunellen NJ 08812 |
| | | Name of Contact Mike Tunison | Telephone Number --- |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 1813 West 4th Street | | Square Feet | # of Floors 1 |
| City (5) Piscataway NJ 08854 | | Bldg. Age 80+ | |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) --- | Current Use (Prior if being demolished) Single Family Dwelling | |
| Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies | | ASCM No. N/A | Name of Abatement Contractor (9) EPC Technologies Inc |
| Street Address P.O. Box 337 | | Street Address P.O. Box 337 | |
| City, State, Zip Code New Egypt, NJ 08533 | | City, State, Zip Code New Egypt NJ 08533 | |
| Project Manager for Monitoring Firm Steve Schenker | | Telephone No. 609 758-3365 | License No. 00394 |
| Start Date (10) 9-18-14 | Scheduled Completion Date (11) 9-25-14 | | Name of OSHA Monitor EPC Technologies Inc |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address P.O. Box 337 | |
| | | City, State, Zip Code New Egypt NJ 08533 | |
| Scope of Work (Check All That Apply) | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | |
| Location of Asbestos-Containing Material (ACM) 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) |
| | Yes | No | |
| exterior walls | | <input checked="" type="checkbox"/> | Siding Shingles 800 SF <input checked="" type="checkbox"/> |
| Windows | | <input checked="" type="checkbox"/> | Window Caulk 20 window <input checked="" type="checkbox"/> |
| Basement | <input checked="" type="checkbox"/> | | Paper Wrap on Boiler 20 SF <input checked="" type="checkbox"/> |
| Name of Registered Waste Hauler EPC Technologies | | NJDEP Waste Hauler ID No. 17000 | Cubic Yards of Waste 12 |
| City, State New Egypt NJ | | Disposal Date 9-25-14 | Name of Registered Landfill Waste Management of PA |
| City, State Moansville PA | | | |
| Completed by Steve Schenker | Title President | Signature Steve Schenker | Date 9-8-14 |

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

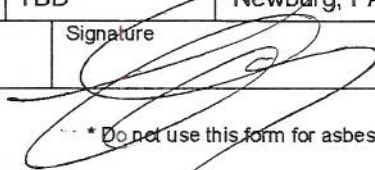
Pay \$ 200.00
Check # 3143

| Date of Notification (1) 05/09/14 (page 1 of 2) | | Name of Building Owner/Operator (2) C/O Danco General Contracting | | | | | | | |
|---|---|---|---|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address PO Box 2 City, State, Zip Code Morganville, NJ 07751 Name of Contact Dan Materese | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Former computer sciences corporation | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 100 Locust Ave | | Square Feet 35000 | # of Floors 2 | | | | | | |
| City (5) Berkeley | | Bldg. Age 50+ | | | | | | | |
| County (6) Union | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Abandoned facility | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental Services Inc | | ASCM No. | Name of Abatement Contractor (9) America Enterprise Corp | | | | | | |
| Street Address 140 Boulevard | | Street Address 106 Gold St | | | | | | | |
| City, State, Zip Code Mountain Lakes, NJ 07046 | | City, State, Zip Code Green Brook, NJ 08812 | | | | | | | |
| Project Manager for Monitoring Firm Leonid | Telephone No. 973-588-4821 | Telephone No. 877-977-9516 | License No. 01203 | | | | | | |
| Start Date (10) 05/05/14 | Scheduled Completion Date (11) 12/05/14 | Name of OSHA Monitor America Enterprise Corp | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address 106 Gold St City, State, Zip Code Green Brook, NJ 08812 | | | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <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) 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 |
| Main Building, operations wing | | | X | 12x12 VAT / mastic | 30,000 SF | X | | | |
| Throughout main bldg | | | X | Sprayed-on fireproofing | 30,000 SF | X | | | |
| New office Bldg | | | X | Roof material, flashing/mastic | 17,750 SF | X | | | |
| Main bldg | | | X | Transite panels | 515 SF | X | | | |
| Name of Registered Waste Hauler Freehold Cartage Inc | | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste TBD | Name of Registered Landfill Cumberland County | | | | | |
| City, State Freehold, NJ | | Disposal Date TBD | | City, State Newburg, PA | | | | | |
| Completed by Eli Brito | | Title Proj manager | Signature  | Date 09/03/14 | | | | | |

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

Pay \$ 200.00

Check# 3143

| | | | | | | | | | | | |
|--|--|--|----|--|---|---|---------------------------|--|--------|-------------|-----------|
| Date of Notification (1) 05/09/14 | | (page 2 of 2) | | Name of Building Owner/Operator (2) C/O Danco General Contracting | | | | | | | |
| Agencies Notified | | Type Notification | | Street Address | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | PO Box 2 City, State, Zip Code Morganville, NJ 07751 Name of Contact Dan Materese | | | | | | | |
| | | | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Former computer sciences corporation | | | | Type of Facility (4) | | | | | | | |
| Street Address 100 Locust Ave | | | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Berkeley | | County (6) Union | | County Code (7) (STATE USE ONLY) | | Square Feet 35000 | | | | | |
| | | | | | | # of Floors 2 | | | | | |
| | | | | | | Bldg. Age 50+ | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental Services Inc | | | | ASCM No. | | Name of Abatement Contractor (9) America Enterprise Corp | | | | | |
| Street Address 140 Boulevard | | | | City, State, Zip Code Mountain Lakes, NJ 07046 | | Street Address 106 Gold St | | | | | |
| Project Manager for Monitoring Firm Leonid | | | | Telephone No. 973-588-4821 | | City, State, Zip Code Green Brook, NJ 08812 | | | | | |
| Start Date (10) 05/05/14 | | | | Scheduled Completion Date (11) 12/05/14 | | Telephone No. 877-977-9516 | | | | | |
| | | | | | | License No. 01203 | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | Name of OSHA Monitor America Enterprise Corp | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | | | Street Address 106 Gold St | | | | | | | |
| | | | | City, State, Zip Code Green Brook, NJ 08812 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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) <u>TO BE ABATED</u> In Facility (13) | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | | Amount (Specify SF or LF) | Abatement Type | | | |
| | | Yes | No | N/A | | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior, east corner below grade | | | | X | TSI pipe & joint insulation | | 6 LF | X | | | |
| Exterior facade | | | | X | Galbestos siding | | 6,660 SF | X | | | |
| | | | | X | | | | | | | |
| | | | | | | | | | | | |
| Name of Registered Waste Hauler Freehold Cartage Inc | | | | NJDEP Waste Hauler ID No. 15939 | | Cubic Yards of Waste TBD | | Name of Registered Landfill Cumberland County | | | |
| City, State Freehold, NJ | | | | Disposal Date TBD | | City, State Newburg, PA | | | | | |
| Completed by Eli Brito | | Title Proj manager | | | Signature  | | | Date 9/3/14 | | | |


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

| | | | | | | | | | |
|--|---|--|---|---|--|-------------------|--------|-------------|-----------|
| Date of Notification (1) 8-29-2014 | | Name of Building Owner/Operator (2) Neil Fabricant, Jeri Warhaftig | | 2014 SEP 11 AM 3:45 | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 18 Luddington Terrace | | | | | |
| | | City, State, Zip Code West Orange, NJ 07052 | | | | | | | |
| | | Name of Contact Jeri Warhaftig | | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address 18 Luddington Terrace | | | | | | | | | |
| City (5) West Orange, NJ 07052 | | | Square Feet 2613 | # of Floors 2 | Bldg. Age 70+ | | | | |
| County (6) Essex | | County Code (7) (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) Green Environmental Services, LLC | | | | | | |
| Street Address | | Street Address 235 Virginia Avenue | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Jersey City, NJ 07304 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 201-333-8855 | License No. 01174 | | | | | |
| Start Date (10) 8-30-2014 | | Scheduled Completion Date (11) 8-30-2014 | | Name of OSHA Monitor Same as above | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | | Street Address | | | | | | |
| | | | City, State, Zip Code | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) 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 |
| Garage / boiler room | | x | | pipe insulation | 55 LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Waste management | | NJDEP Waste Hauler ID No. 0034889 | | Cubic Yards of Waste 2 | Name of Registered Landfill G.R.O.W.S. North landfill | | | | |
| City, State Coraopolis, PA | | | | Disposal Date 8-30-2014 | City, State Morrisville, PA | | | | |
| Completed by Liliana Pedraza | | Title Office Manager | | Signature <i>Liliana Pedraza</i> | | Date 8-29-2014 | | | |

CK 000284

Print Form

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

| | | | | | | | | |
|--|--|--|---|---|----------------|------------------|--------|-------------|
| Date of Notification (1) 09-02-2014 | | Name of Building Owner/Operator (2) Esther Eubanks | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 233 Bergen St. City, State, Zip Code Woodbridge NJ 07095 Name of Contact Esther Eubanks Telephone Number | | | | | |
| | FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Esther Eubanks Street Address 233 Bergen St. City (5) Woodbridge County (6) Middlesex County Code (7) (SPACE USE ONLY) _____ Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Delfa Contracting LLC | | | | | |
| Street Address | | Street Address 522 7th Street | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Union City NJ 07087 | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 201 216-9603 License No. 01206 | | | | | |
| Start Date (10) 09-02-14 | Scheduled Completion Date (11) 09-03-14 | Name of OSHA Monitor Delfa Contracting LLC | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 08:00 AM - 05:00 PM | | Street Address 522 7th Street City, State, Zip Code Union City NJ 07087 | | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <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) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate |
| 1st Floor Kitchen | | x | | VAT | 100 SF | x | | |
| | | | | | | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler Delfa Contracting LLC | | NJDEP Waste Hauler ID No. 35240 | Cubic Yards of Waste 1 | Name of Registered Landfill Tullytown Resource Recovery Facility | | | | |
| City, State Union City NJ 07087 | | Disposal Date 09-05-14 | | City, State Tullytown, PA | | | | |
| Completed by Jaime Delgado | | Title Proj. Manager | | Signature  | | Date 09-02-14 | | |

FX 201 216 96 33

Block 1127

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

| | | | | | | | | | |
|--|--|--|--|---|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 9/4/2014 | | Name of Building Owner/Operator (2) Fox & Fox | | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 940 Amboy Ave | | | | | | | |
| | | City, State, Zip Code Edison NJ | | | | | | | |
| | | Name of Contact | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private Property | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 212 Eaglecroft road | | Square Feet 1500 | # of Floors 2 | | | | | | |
| City (5) Westfield NJ | | Bldg. Age +50 | | | | | | | |
| County (6) Union County | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. N/A | Name of Abatement Contractor (9) Dinago Environment LLC | | | | | | |
| Street Address N/A | | Street Address 339 Lafayette Street | | | | | | | |
| City, State, Zip Code N/A | | City, State, Zip Code Newark NJ 07105 | | | | | | | |
| Project Manager for Monitoring Firm N/A | | Telephone No. N/A | License No. 001240 | | | | | | |
| Start Date (10) 9/16/2014 | Scheduled Completion Date (11) 9/19/2014 | Name of OSHA Monitor J&S Environmental Corp | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 8 hours | | Street Address 2333 Route 22 West | | | | | | | |
| | | City, State, Zip Code Union NJ 07083 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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) (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 | 25LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Tri State Transfer Assoc Inc | | NJDEP Waste Hauler ID No. 19551 | Cubic Yards of Waste | Name of Registered Landfill Minerva Enterprises | | | | | |
| City, State 1199 Randall Ave Bronx NY | | | Disposal Date | City, State waynesburg OH 44688 | | | | | |
| Completed by Carlos Gomez | | Title Project Manager | Signature Carlos Gomez | | | Date 9/4/2014 | | | |