

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

| Date of Notification (1)<br><b>9 / 24 / 13</b>  |   | Name of Building Owner/Operator (2)<br><b>JC Penney Corporation Inc.</b>   |                                   |  |                           |                                     |                          |                          |                          |
|---|---|--|-----------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8)   | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>4</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>6501 Legacy Drive</b>   |                                   |  |                           |                                     |                          |                          |                          |
|   |   | City, State, Zip Code<br><b>PLano, TX 75024</b>  |                                   |  |                           |                                     |                          |                          |                          |
|   |   | Name of Contact<br><b>Soy Thomas</b>   | Telephone Number                  |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |   |  |                                   |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Ocean County Mall</b>  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                   |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>1201 Hooper Avenue</b>   |   | Square Feet<br><b>150000</b>   | # of Floors<br><b>2</b>           |  |                           |                                     |                          |                          |                          |
| City (5)<br><b>Toms River</b>   |   | Bldg. Age<br><b>75</b>   |                                   |  |                           |                                     |                          |                          |                          |
| County (6)<br><b>Ocean</b>  | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)  |                                   |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Hillmann Consulting LLC</b>   | ASCM No.<br><b>62252</b>  | Name of Abatement Contractor (9)<br><b>JVN Restoration Inc</b>   |                                   |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>1600 Route 22 East</b>   |   | Street Address<br><b>47 Foster Road</b>  |                                   |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Union NJ 07083</b>  |   | City, State, Zip Code<br><b>Staten Island</b>  |                                   |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Tom Rubino</b>  | Telephone No.<br><b>908-956-1233</b>  | Telephone No.<br><b>718-605-6256</b>   | License No.<br><b>00774</b>       |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br><b>7 / 10 / 13</b>   | Scheduled Completion Date (11)<br><b>10 / 31 / 13</b>   | Name of OSHA Monitor<br><b>Testor Tech</b>   |                                   |  |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>10:00PM-6:00AM</b>   |   | Street Address<br><b>10 59 Jackson Avenue</b>  |                                   |  |                           |                                     |                          |                          |                          |
|   |   | City, State, Zip Code<br><b>LIC, NY 11101</b>  |                                   |  |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)  |   |  |                                   |  |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |                                   |  |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |                                   | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|   | Yes   | No   | N/A                               |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| 1 <sup>st</sup> Level Furniture Dept.   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>          | VAT/MASTIC   | 10,000SF                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 <sup>nd</sup> FI Optical/Photo Shops  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>          | VAT/MASTIC   | 2,360SF                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 <sup>nd</sup> FI Dressing Room  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>          | VAT/MASTIC   | 200SF                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>          |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Global Waste Industries, Inc.</b>   |   | NJDEP Waste Hauler ID No.<br><b>NJ-22147</b>   | Cubic Yards of Waste<br><b>80</b> | Name of Registered Landfill<br><b>G.R.O.W.S., Inc.</b>   |                           |                                     |                          |                          |                          |
| City, State<br><b>Hackettstown, NJ</b>  |   | Disposal Date<br><b>10/31/13</b>   |                                   | City, State<br><b>Morrisville PA</b>   |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>John Tardy</b>   | Title<br><b>Senior Project Manager</b>  |  | Signature<br><i>[Signature]</i>   |  |                           | Date<br><b>9/24/13</b>              |                          |                          |                          |

No check

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

|   |   |   |                      |  |                           |                 |        |             |
|---|---|---|----------------------|--|---------------------------|-----------------|--------|-------------|
| Date of Notification (1)<br>9-23-13   |   | Name of Building Owner/Operator (2)<br>Buckeye Perth Amboy Terminal, LLC  |                      |  |                           |                 |        |             |
| Agency Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>1 Greenway Plaza Suite 600<br>City, State, Zip Code<br>Houston, TX 77046<br>Name of Contact<br>Tom Leehan<br>Telephone Number   |                      |  |                           |                 |        |             |
| FACILITY INFORMATION  |   |   |                      |  |                           |                 |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br>Buckeye Perth Amboy Terminal  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                      |  |                           |                 |        |             |
| Street Address<br>380 Maurer Road   |   | Square Feet<br>7500   | # of Floors<br>1     |  |                           |                 |        |             |
| City (5)<br>Perth Amboy   |   | Bldg. Age<br>+/-100   |                      |  |                           |                 |        |             |
| County (6)<br>Middlesex   | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)<br>pipe rack  |                      |  |                           |                 |        |             |
| Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental   | ASCM No.  | Name of Abatement Contractor (9) Pepper Environmental Services, Inc.  |                      |  |                           |                 |        |             |
| Street Address<br>617 Stokes Road, Suite 4-318  |   | Street Address<br>2251 Fraley Street  |                      |  |                           |                 |        |             |
| City, State, Zip Code<br>Medford, NJ 08055  |   | City, State, Zip Code<br>Philadelphia, PA 19137   |                      |  |                           |                 |        |             |
| Project Manager for Monitoring Firm<br>Mark Rubinetz  | Telephone No.<br>888-715-2211   | Telephone No.<br>215-533-5155   | License No.<br>01166 |  |                           |                 |        |             |
| Start Date (10)<br>9-26-13  | Scheduled Completion Date (11)<br>10-4-13   | Name of OSHA Monitor<br>Finog Environmental   |                      |  |                           |                 |        |             |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: outside removal  |   | Street Address<br>617 Stokes Road, Suite 4-318<br>City, State, Zip Code<br>Medford, NJ 08055  |                      |  |                           |                 |        |             |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input checked="" type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |                      |  |                           |                 |        |             |
| Location of Asbestos-Containing Material (ACM) 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 |
| pipe rack in tank #26   |   |   | X                    | piping   | 60lf                      | X               |        |             |
|   |   |   |                      |  |                           |                 |        |             |
|   |   |   |                      |  |                           |                 |        |             |
| Name of Registered Waste Hauler<br>Service Transport  |   | NJDEP Waste Hauler ID No.   | Cubic Yards of Waste | Name of Registered Landfill<br>A & L Salvage   |                           |                 |        |             |
| City, State<br>Morrisville, PA  |   | Disposal Date   |                      | City, State<br>Libson, OH  |                           |                 |        |             |
| Completed by<br>Jennifer Niven  | Title<br>Dir. of Operations   | Signature   |                      |  |                           | Date<br>9-24-13 |        |             |



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

|   |   |  |  |   |                           |                        |        |             |           |
|---|---|--|--|---|---------------------------|------------------------|--------|-------------|-----------|
| Date of Notification (1)<br><b>9/23/13</b>  |   | Name of Building Owner/Operator (2)<br><b>P.S.E.G.</b>   |  |   |                           |                        |        |             |           |
| Agencies Notified   | Type Notification   | Street Address<br><b>4000 HADLEY ROAD</b>  |  |   |                           |                        |        |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____  | City, State, Zip Code<br><b>SOUTH PLAINFIELD, NJ. 07080</b>  |  |   |                           |                        |        |             |           |
| <input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                 | <input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Name of Contact<br><b>BILL MONTAGUE</b>  | Telephone Number _____   |   |                           |                        |        |             |           |
| <b>FACILITY INFORMATION</b>   |   |  |  |   |                           |                        |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PSE &amp; G</b>                              |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |  |   |                           |                        |        |             |           |
| Street Address<br><b>205 WALTER ST.</b>   |   | Square Feet<br><b>APPX 3800</b>  | # of Floors<br><b>1</b>  |   |                           |                        |        |             |           |
| City (5)<br><b>LINDEN</b>   |   | Bldg. Age<br><b>APPX 56 yrs</b>  |  |   |                           |                        |        |             |           |
| County (6)<br><b>UNION</b>  | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br><b>SWITCH STATION</b>   |  |   |                           |                        |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ENVIRONMENTAL TACTICS</b>                     |   | ASCM No.<br><b>0045</b>  | Name of Abatement Contractor (9)<br><b>UNIQUE SYSTEMS OF AMERICA</b> |   |                           |                        |        |             |           |
| Street Address<br><b>64 BROAD STREET</b>  |   | Street Address<br><b>396 WHITEHEAD AVE.</b>  |  |   |                           |                        |        |             |           |
| City, State, Zip Code<br><b>MATAWAN, NJ 07747</b>   |   | City, State, Zip Code<br><b>SOUTH RIVER, NJ 08882</b>  |  |   |                           |                        |        |             |           |
| Project Manager for Monitoring Firm<br><b>TOM GEIGER</b>  |   | Telephone No.<br><b>732-292-2217</b>   | Telephone No.<br><b>732-432-8350</b>                                 |   |                           |                        |        |             |           |
| License No.<br><b>01111</b>   |   | Name of OSHA Monitor<br><b>UNIQUE SYSTEMS OF AMERICA</b>   |  |   |                           |                        |        |             |           |
| Start Date (10)<br><b>10/2/13</b>   | Scheduled Completion Date (11)<br><b>10/2/13</b>  | Name of OSHA Monitor<br><b>UNIQUE SYSTEMS OF AMERICA</b>   |  |   |                           |                        |        |             |           |
| Occupancy Status During Abatement (Check Only One)  |   | Street Address<br><b>396 WHITEHEAD AVE.</b>  |  |   |                           |                        |        |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement                      |   | City, State, Zip Code<br><b>SOUTH RIVER, NJ 08882</b>  |  |   |                           |                        |        |             |           |
| <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours                           |   |  |  |   |                           |                        |        |             |           |
| <input checked="" type="checkbox"/> Other - Describe: <b>occupied by necessary operators only</b>       |   |  |  |   |                           |                        |        |             |           |
| Scope of Work (Check All That Apply)  |   |  |  |   |                           |                        |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf       |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |   |                           |                        |        |             |           |
|   |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |                           |                        |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)                            | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                 |  |  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type         |        |             |           |
|   | Yes   | No   | N/A  |   |                           | Removal                | Repair | Encapsulate | Enclosure |
| <b>CONTROL HOUSE</b>  |   | <b>X</b>   |  | <b>ACM CABLE SOCK</b>   | <b>30 LF</b>              | <b>X</b>               |        |             |           |
|   |   |  |  |   |                           |                        |        |             |           |
|   |   |  |  |   |                           |                        |        |             |           |
| Name of Registered Waste Hauler<br><b>WASTE MANAGEMENT</b>  |   | NJDEP Waste Hauler ID No.<br><b>1125</b>   | Cubic Yards of Waste<br><b>Approx 3</b>                              | Name of Registered Landfill<br><b>GROWS NORTH</b>   |                           |                        |        |             |           |
| City, State<br><b>ELIZABETH, NJ</b>   |   | Disposal Date<br><b>10/3/13</b>  |  | City, State<br><b>MORRISVILLE, PA</b>   |                           |                        |        |             |           |
| Completed by<br><b>CAROL RAIMO</b>  |   | Title<br><b>OFFICE MGR.</b>  |  | Signature<br><b>Carol Raimo</b>   |                           | Date<br><b>9/23/13</b> |        |             |           |

B &amp; G proj. #: 2013-188

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

Check #6146

|   |   |  |  |
|---|---|--|--|
| Date of Notification (1)<br>09/12/13    |   | Name of Building Owner/Operator (2)<br>Jennifer Forino |  |
| Agencies Notified                       | Type Notification                           | Street Address<br>1 Hathaway Lane                      |  |
| <input type="checkbox"/> EPA            | <input checked="" type="checkbox"/> Initial | City, State, Zip Code<br>Verona, NJ 07044              |  |
| <input type="checkbox"/> DEP            | <input type="checkbox"/> Amendment          | Name of Contact<br>Jennifer Forino                     |  |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Cancellation       | Telephone Number                                       |  |
| <input checked="" type="checkbox"/> DOH |   |  |  |
| <input type="checkbox"/> DCA            |   |  |  |

## FACILITY INFORMATION

|   |  |   |  |  |                                     |
|---|--|---|--|--|-------------------------------------|
| Name of facility where abatement is taking place (3)<br>Jennifer Forino   |  |   | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |                                     |
| Street Address<br>1 Hathaway Lane   |  |   | Square Feet  |  |                                     |
| City (5)<br>Verona  |  |   | County (6)<br>Essex  |  | County Code (7)<br>(State use only) |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>N/A   |  |   | Name of Abatement Contractor (9)<br>B & G Restoration, Inc.  |  |                                     |
| Street Address  |  |   | Street Address<br>105 Ryerson Road   |  |                                     |
| City, State, Zip Code   |  |   | City, State, Zip Code<br>Lincoln Park, NJ 07035  |  |                                     |
| Project Manager for Monitoring Firm   |  | Phone Number                              | Telephone Number<br>973-696-6869   |  | License Number<br>0378              |
| Scheduled Start Date (10)<br>10/04/2013   |  | Sched. Completion Date (11)<br>10/05/2013 |  |  |                                     |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours-<br>Describe: _____<br><input type="checkbox"/> Other-Describe: _____ |  |   |  |  |                                     |
| Name of OSHA Monitor<br>B & G Restoration, Inc.   |  |   | Street Address<br>105 Ryerson Road   |  |                                     |
| City, State, Zip Code<br>Lincoln Park, NJ 07035   |  |   |  |  |                                     |

## Scope of Work (check all that apply)

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

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |    |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e          | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p    | E<br>n<br>c<br>l         |
|--|--|----|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
|  | Yes  | No | N/A |   |                           |                                     |                            |                          |                          |
| crawl space  |  |    | X   | duct insulation                                   | 70 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"/> |

|  |                              |                                  |   |
|--|------------------------------|----------------------------------|---|
| Registered Waste Hauler<br>B & G Restoration, Inc. | NJDEP Hauler ID#<br>19563    | Cubic Yards of Waste<br>1        | Name of Registered Landfill<br>Tullytown Resource & Recovery Center |
| City, State<br>Lincoln Park, NJ 07035              | Disposal Date<br>10/07/2013  | City, State<br>Tullytown, PA     |   |
| Completed by (Print or Type)<br>Gordana Luna       | Title<br>Secretary/Treasurer | Signature<br><i>Gordana Luna</i> | Date<br>09/23/2013  |



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

B & G proj. #: 2013-175

Check #6145

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br>09/23/13  |  | Name of Building Owner/Operator (2)<br>Irvington Public Library   |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amendment<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>5 Civic Square West   |  | City, State, Zip Code<br>Irvington, NJ 07111  |  |
| Name of Contact<br>Joan Whittaker   |  | Telephone Number  |  |

FACILITY INFORMATION

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| Name of facility where abatement is taking place (3)<br>Irvington Public Library |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |  |
| Street Address<br>5 Civic Square West  |  |  | Square Feet  |  |  |
| City (5)<br>Irvington, NJ 07111  |  |  | # of Floors  |  |  |
| County (6)<br>Essex  |  |  | Bldg. Age  |  |  |
| County Code (7)<br>(State use only)  |  |  | Current Use (Prior if being demolished)<br>residential   |  |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>N/A   |  | ASCM No.                                  |  | Name of Abatement Contractor (9)<br>B & G Restoration, Inc. |  |
| Street Address  |  |   |  | Street Address<br>105 Ryerson Road                          |  |
| City, State, Zip Code   |  |   |  | City, State, Zip Code<br>Lincoln Park, NJ 07035             |  |
| Project Manager for Monitoring Firm   |  | Phone Number                              |  | Telephone Number<br>973-696-6869                            |  |
| Sched. Start Date (10)<br>10/03/2013  |  | Sched. Completion Date (11)<br>10/04/2013 |  | License Number<br>0378                                      |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours-<br>Describe:<br><input type="checkbox"/> Other-Describe: |  |   |  | Name of OSHA Monitor<br>B & G Restoration, Inc.             |  |
|   |  |   |  | Street Address<br>105 Ryerson Road                          |  |
|   |  |   |  | City, State, Zip Code<br>Lincoln Park, NJ 07035             |  |

Scope of Work (check all that apply)

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

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

|  |  |                              |  |                              |  |   |  |
|--|--|------------------------------|--|------------------------------|--|---|--|
| Registered Waste Hauler<br>B & G Restoration, Inc. |  | NJDEP Hauler ID#<br>19563    |  | Cubic Yards of Waste<br>1/2  |  | Name of Registered Landfill<br>Tullytown Resource & Recovery Center |  |
| City, State<br>Lincoln Park, NJ 07035              |  | Disposal Date<br>10/04/2013  |  | City, State<br>Tullytown, PA |  | Date<br>09/23/2013  |  |
| Completed by (Print or Type)<br>Gordana Luna       |  | Title<br>Secretary/Treasurer |  | Signature<br>Gordana Luna    |  |   |  |

023942

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)  
09 / 20 / 13

Name of Building Owner/Operator (2)  
60 Passaic Ave LLC

Agencies Notified Type of Notification  
☒ EPA  
☐ DEP ☒ Initial  
☒ DOL ☐ Amended Amendment #  
☒ DOH ☐ Emergency (including Justification)  
☐ DCA ☐ Cancellation

Street Address  
180 Passaic Avenue  
City, State, Zip Code  
Fairfield NJ 07004  
Name of Contact  
Stanley Karczynski

SEP 26 2013

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Type of Facility (4)

Commercial Building  
Street Address

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

60 Passaic Avenue

City (5)

County (6)

County Code (7)  
(STATE USE ONLY)

Square Feet # of Floors Bldg. Age

Fairfield

Essex

Name of Monitoring Firm Hired by Building Owner (8)

ASCM

Name of Abatement Contractor (9)

J.R. Contracting & Environmental Consulting, Inc.

Street Address

Street Address

1141 Route 23

City, State, Zip Code

Wayne NJ 07470

Project Manager for Monitoring Firm

Telephone Number

Telephone Number

License No.

973 628-9500

00408

Scheduled State Date (10)

Scheduled Completion Date (11)

10 / 01 / 13 10 / 25 / 13  
Month / Day / Year Month / Day / Year

Name of OSHA Monitor

Enviro Vision Consultants, Inc.

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Other - Describe:

Street Address

20-21 Wagaraw Road, Bldg. #34A

City, State, Zip Code

Fairlawn NJ 07410

Scope of Work (Check all that apply)

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

☒ Renovation  
☐ Demolition

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

| Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance / Custodial Staff (12) |    |     | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |             |                   |                 |   |
|--|--|----|-----|--|---------------------------|----------------|-------------|-------------------|-----------------|---|
|  | Yes  | No | N/A |  |                           | R E M O V A L  | R E P A I R | E N C A P S U L E | N C L O S U R E | E |
| Exterior   |  |    | X   | Roofing  | 9000 SF                   | X              |             |                   |                 |   |
| Exterior   |  |    | X   | Transite   | 1500 SF                   | X              |             |                   |                 |   |
| Throughout   |  |    | X   | VAT  | 1800 SF                   | X              |             |                   |                 |   |
| Throughout   |  |    | X   | Pipe Insulation  | 300 LF                    | X              |             |                   |                 |   |
|  |  |    |     |  |                           |                |             |                   |                 |   |
|  |  |    |     |  |                           |                |             |                   |                 |   |
|  |  |    |     |  |                           |                |             |                   |                 |   |

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No. 17819

Cubic Yards of Waste

Name of Registered Landfill

J.R. Contracting & Environmental Consulting, Inc.

G.R.O.W.S

City, State

Disposal Date

City, State

Wayne NJ 07470

Morrisville PA

Completed by (Print or Type)

Title

Signature

Date

Jerry Bijelonic

Project Manager

9/20/2013



Sep 18 2013 02:44pm

P001/001

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

**APPROVED**  
NJ Dept. of Health & Senior Services  
*Paul C. Roman*  
(signature)  
Date: 9/18/13 Time: 1:43PM

|   |   |  |   |
|---|---|--|---|
| Date of Notification (1)<br><b>9/18/2013</b>  |   | Name of Building Owner/Operator (2)<br><b>Municipal Building</b>   |   |
| Agencies Notified   | Type Notification   | Street Address<br><b>Liberty And Hillside Ave</b>  |   |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br><b>Hillside NJ</b>  |   |
|   |   | Name of Contact<br><b>Paul Drejai</b>  | Telephone Number  |
| <b>FACILITY INFORMATION</b>   |   |  |   |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Hillside Public Library</b>  |   | Type of Facility (4) <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                                  |   |
| Street Address<br><b>Liberty and Hillside Ave</b>   |   | Square Feet<br><b>3500</b>   | # of Floors<br><b>2</b>   |
| City (5)<br><b>Hillside NJ</b>  |   | Bidg. Age<br><b>+50</b>  |   |
| County (6)<br><b>Union</b>  |   | Current Use (Prior if being demolished)  |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>   |   | ASCM No.<br><b>N/A</b>   | Name of Abatement Contractor (9)<br><b>First Phase Group Inc</b>  |
| Street Address<br><b>N/A</b>  |   | Street Address<br><b>567-52nd Street Suite#16</b>  |   |
| City, State, Zip Code<br><b>N/A</b>   |   | City, State, Zip Code<br><b>West New York NJ 07093</b>   |   |
| Project Manager for Monitoring Firm<br><b>N/A</b>   |   | Telephone No.<br><b>N/A</b>  | License No.<br><b>001144</b>  |
| Start Date (10)<br><b>9/19/2013</b>   |   | Scheduled Completion Date (11)<br><b>9/26/2013</b>   |   |
| Occupancy Status During Abatement (Check Only One)  |   | Name of OSHA Monitor<br><b>J&amp;S Environmental Corp</b>  |   |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: <b>8 hours</b> |   | Street Address<br><b>2333 Route 22 West</b>  |   |
|   |   | City, State, Zip Code<br><b>Union NJ 07083</b>   |   |
| Scope of Work (Check All That Apply)  |   |  |   |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥280 lf   |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   |
|   |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input 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   |   |
| First Floor   |   |  | X   |
|   |   |  | X   |
|   |   |  |   |
|   |   |  |   |
|   |   |  |   |
|   |   |  |   |
| Name of Registered Waste Hauler<br><b>Tri State Transfer Assoc Inc</b>  |   | NJDEP Waste Hauler ID No.<br><b>19551</b>  | Cubic Yards of Waste  |
| City, State<br><b>1199 Randall Ave Bronx NY</b>   |   | Name of Registered Landfill<br><b>Minerva Enterprises</b>  |   |
| Disposal Date   |   | City, State<br><b>waynesburg OH 44688</b>  |   |
| Completed by<br><b>Edwin Precilla</b>   | Title<br><b>Project Manager</b>   | Signature<br><i>Edwin Precilla</i>   | Date<br><b>9/18/2013</b>  |

ASB-41 (R-06-08)

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

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

**RECEIVED**  
SEP 26 2013

| Date of Notification (1)<br>9/13/2013  |  | Name of Building Owner/Operator (2)<br>Tony & Sons Builder   |   |  |                           |                   |        |             |           |
|--|--|--|---|--|---------------------------|-------------------|--------|-------------|-----------|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>21 Taft Ave  |   |  |                           |                   |        |             |           |
|  |  | City, State, Zip Code<br>Edison NJ   |   |  |                           |                   |        |             |           |
|  |  | Name of Contact<br>Tony  | Telephone Number<br>_____                                 |  |                           |                   |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |  |   |  |                           |                   |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Private Property   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |  |                           |                   |        |             |           |
| Street Address<br>21 Taft Ave  |  | Square Feet<br>600   | # of Floors<br>2  |  |                           |                   |        |             |           |
| City (5)<br>Edison NJ  |  | Bldg. Age<br>+50   |   |  |                           |                   |        |             |           |
| County (6)<br>middlesex  | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)  |   |  |                           |                   |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | ASCM No.<br>N/A  | Name of Abatement Contractor (9)<br>First Phase Group Inc |  |                           |                   |        |             |           |
| Street Address<br>N/A  |  | Street Address<br>567-52nd Street Suite#16   |   |  |                           |                   |        |             |           |
| City, State, Zip Code<br>N/A   |  | City, State, Zip Code<br>West New York NJ 07093  |   |  |                           |                   |        |             |           |
| Project Manager for Monitoring Firm<br>N/A   |  | Telephone No.<br>N/A   | License No.<br>001144                                     |  |                           |                   |        |             |           |
| Start Date (10)<br>9/24/2013   | Scheduled Completion Date (11)<br>9/26/2013  | Name of OSHA Monitor<br>J&S Environmental Corp   |   |  |                           |                   |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: 8 hours   |  | Street Address<br>2333 Route 22 West   |   |  |                           |                   |        |             |           |
|  |  | City, State, Zip Code<br>Union NJ 07083  |   |  |                           |                   |        |             |           |
| Scope of Work (Check All That Apply)   |  |  |   |  |                           |                   |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |   |  |                           |                   |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type    |        |             |           |
|  | Yes  | No   | N/A   |  |                           | Removal           | Repair | Encapsulate | Enclosure |
| Exterior   |  |  | x   | Transite shingles  | 850SF                     | x                 |        |             |           |
|  |  |  | x   |  |                           |                   |        |             |           |
|  |  |  |   |  |                           |                   |        |             |           |
|  |  |  |   |  |                           |                   |        |             |           |
| Name of Registered Waste Hauler<br>Tri State Transfer Assoc Inc  |  | NJDEP Waste Hauler ID No.<br>19551   | Cubic Yards of Waste                                      | Name of Registered Landfill<br>Minerva Enterprises   |                           |                   |        |             |           |
| City, State<br>1199 Randall Ave Bronx NY   |  |  | Disposal Date   | City, State<br>waynesburg OH 44688   |                           |                   |        |             |           |
| Completed by<br>Edwin Precilla   |  | Title<br>Project Manager   | Signature<br><i>Edwin Precilla</i>                        |  |                           | Date<br>9/13/2013 |        |             |           |



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

CK 3583

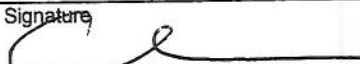
| Date of Notification (1)<br>9/19/13   |   | Name of Building Owner/Operator (2)<br>Bobby Fagen Private Home   |  |   |                           |                |                 |             |           |
|---|---|---|--|---|---------------------------|----------------|-----------------|-------------|-----------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>56 Ralph  |  |   |                           |                |                 |             |           |
|   |   | City, State, Zip Code<br>Manahawkin NJ 08050  |  |   |                           |                |                 |             |           |
|   |   | Name of Contact<br>Bobby  |  |   |                           |                |                 |             |           |
| <b>FACILITY INFORMATION</b>   |   |   |  |   |                           |                |                 |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Bobby Fagen Private Home  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |   |                           |                |                 |             |           |
| Street Address<br>56 Ralph  |   | Square Feet<br>1000+  | # of Floors<br>1                                 |   |                           |                |                 |             |           |
| City (5)<br>Manahawkin NJ 08050   |   | Bldg. Age<br>35   |  |   |                           |                |                 |             |           |
| County (6)<br>Ocean   | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)<br>Home   |  |   |                           |                |                 |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |   | ASCM No.  | Name of Abatement Contractor (9)<br>Pernaco Inc. |   |                           |                |                 |             |           |
| Street Address  |   | Street Address<br>PO Box 329  |  |   |                           |                |                 |             |           |
| City, State, Zip Code   |   | City, State, Zip Code<br>West Berlin NJ 08091   |  |   |                           |                |                 |             |           |
| Project Manager for Monitoring Firm   |   | Telephone No.<br>856-753-9800   | License No.<br>00727                             |   |                           |                |                 |             |           |
| Start Date (10)<br>9/20/13  | Scheduled Completion Date (11)<br>9/23/13   | Name of OSHA Monitor<br>Same  |  |   |                           |                |                 |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe:  |   | Street Address  |  |   |                           |                |                 |             |           |
|   |   | City, State, Zip Code   |  |   |                           |                |                 |             |           |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |  |   |                           |                |                 |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                 |             |           |
|   | Yes   | No  | N/A  |   |                           | Removal        | Repair          | Encapsulate | Enclosure |
| Exterior Siding   |   |   | x  | Exterior Siding   | 1200 Sf                   | x              |                 |             |           |
|   |   |   |  |   |                           |                |                 |             |           |
|   |   |   |  |   |                           |                |                 |             |           |
|   |   |   |  |   |                           |                |                 |             |           |
| Name of Registered Waste Hauler<br>United Containers  |   | NJDEP Waste Hauler ID No.<br>22459  | Cubic Yards of Waste<br>2                        | Name of Registered Landfill<br>G.R.O.W.S.   |                           |                |                 |             |           |
| City, State<br>Elm NJ   |   | Disposal Date<br>9/23/13  |  | City, State<br>Morrisville PA 19067   |                           |                |                 |             |           |
| Completed by<br>Anthony T Perna   |   | Title<br>President  |  | Signature   |                           |                | Date<br>9/19/13 |             |           |

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

| Date of Notification (1)<br>9/23/13  |  | Name of Building Owner/Operator (2)<br>Matt Pasco Private Home  |  |  |                           |                |        |                 |           |
|--|--|---|--|--|---------------------------|----------------|--------|-----------------|-----------|
| Agencies Notified  | Type Notification  | Street Address<br>408 Bradshaw  |  |  |                           |                |        |                 |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Haddonfield NJ 08033   |  |  |                           |                |        |                 |           |
| <input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |  | Name of Contact<br>Matt   | Telephone Number                                 |  |                           |                |        |                 |           |
| <b>FACILITY INFORMATION</b>  |  |   |  |  |                           |                |        |                 |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Matt Pasco Private Home  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |  |                           |                |        |                 |           |
| Street Address<br>408 Bradshaw   |  | Square Feet<br>1000+  | # of Floors<br>1                                 |  |                           |                |        |                 |           |
| City (5)<br>Haddonfield NJ 08033   |  | Bldg. Age<br>35+  |  |  |                           |                |        |                 |           |
| County (6)<br>Camden   | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br>Home   |  |  |                           |                |        |                 |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | ASCM No.  | Name of Abatement Contractor (9)<br>Pernaco Inc. |  |                           |                |        |                 |           |
| Street Address   |  | Street Address<br>PO Box 329  |  |  |                           |                |        |                 |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>West Berlin NJ 08091   |  |  |                           |                |        |                 |           |
| Project Manager for Monitoring Firm  |  | Telephone No.<br>856-753-9800   | License No.<br>00727                             |  |                           |                |        |                 |           |
| Start Date (10)<br>10/7/13   | Scheduled Completion Date (11)<br>10/11/13   | Name of OSHA Monitor<br>Same  |  |  |                           |                |        |                 |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____   |  | Street Address  |  |  |                           |                |        |                 |           |
|  |  | City, State, Zip Code   |  |  |                           |                |        |                 |           |
| Scope of Work (Check All That Apply)   |  |   |  |  |                           |                |        |                 |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |  |  |                           |                |        |                 |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |  | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |                 |           |
|  | Yes  | No  | N/A  |  |                           | Removal        | Repair | Encapsulate     | Enclosure |
| Basement   |  |   | x  | Floor Tile only  | 475 SF                    | x              |        |                 |           |
|  |  |   |  |  |                           |                |        |                 |           |
|  |  |   |  |  |                           |                |        |                 |           |
|  |  |   |  |  |                           |                |        |                 |           |
| Name of Registered Waste Hauler<br>United Containers   |  | NJDEP Waste Hauler ID No.<br>22459  | Cubic Yards of Waste<br>2                        | Name of Registered Landfill<br>G.R.O.W.S.  |                           |                |        |                 |           |
| City, State<br>Elm NJ  |  | Disposal Date<br>10/11/13   |  | City, State<br>Morrisville PA 19067  |                           |                |        |                 |           |
| Completed by<br>Anthony T Perna  |  | Title<br>President  |  | Signature  |                           |                |        | Date<br>9/23/13 |           |



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

|  |   |  |  |   |                |         |        |                 |           |
|--|---|--|--|---|----------------|---------|--------|-----------------|-----------|
| Date of Notification (1)<br>9/23/13  |   | Name of Building Owner/Operator (2)<br>Vincent Endres Private Home   |  |   |                |         |        |                 |           |
| Agencies Notified  | Type Notification   | Street Address<br>10 Olsen Ave   |  |   |                |         |        |                 |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Harvey Cedars NJ 08008  |  |   |                |         |        |                 |           |
|  |   | Name of Contact<br>Vincent   |  |   |                |         |        |                 |           |
|  |   | Telephone Number   |  |   |                |         |        |                 |           |
| <b>FACILITY INFORMATION</b>  |   |  |  |   |                |         |        |                 |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Vincent Endres Private Home  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |  |   |                |         |        |                 |           |
| Street Address<br>10 Olsen Ave   |   | Square Feet<br>1000+   | # of Floors<br>1   |   |                |         |        |                 |           |
| City (5)<br>Harvey Cedars NJ 08008   |   | Bldg. Age<br>35+   |  |   |                |         |        |                 |           |
| County (6)<br>Ocean  | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>Home  |  |   |                |         |        |                 |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   | ASCM No.  | Name of Abatement Contractor (9)<br>Pernaco Inc.   |  |   |                |         |        |                 |           |
| Street Address   |   | Street Address<br>PO Box 329   |  |   |                |         |        |                 |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>West Berlin NJ 08091  |  |   |                |         |        |                 |           |
| Project Manager for Monitoring Firm  | Telephone No.   | Telephone No.<br>856-753-9800  | License No.<br>00727   |   |                |         |        |                 |           |
| Start Date (10)<br>10/2/13   | Scheduled Completion Date (11)<br>10/8/13   | Name of OSHA Monitor<br>Same   |  |   |                |         |        |                 |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Street Address   |  |   |                |         |        |                 |           |
|  |   | City, State, Zip Code  |  |   |                |         |        |                 |           |
| Scope of Work (Check All That Apply)   |   |  |  |   |                |         |        |                 |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |   | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |  |   |                |         |        |                 |           |
|  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |                |         |        |                 |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)   | Abatement Type |         |        |                 |           |
|  | Yes   | No   |  |   | N/A            | Removal | Repair | Encapsulate     | Enclosure |
| Exterior Siding  |   |  | x  | Exterior Siding   | 1000 SF        | x       |        |                 |           |
|  |   |  |  |   |                |         |        |                 |           |
|  |   |  |  |   |                |         |        |                 |           |
|  |   |  |  |   |                |         |        |                 |           |
| Name of Registered Waste Hauler<br>United Containers   |   | NJDEP Waste Hauler ID No.<br>22459   | Cubic Yards of Waste<br>2  | Name of Registered Landfill<br>G.R.O.W.S.   |                |         |        |                 |           |
| City, State<br>Elm NJ  |   | Disposal Date<br>10/8/13   |  | City, State<br>Morrisville PA 19067   |                |         |        |                 |           |
| Completed by<br>Anthony T Perna  |   | Title<br>President   |  | Signature<br> |                |         |        | Date<br>9/23/13 |           |

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

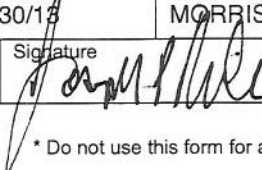
CK# 2070

|  |  |   |   |                                      |                 |         |        |             |
|--|--|---|---|--------------------------------------|-----------------|---------|--------|-------------|
| Date of Notification (1)<br>9/23/13  |  | Name of Building Owner/Operator (2)<br>Judy Wilson  |   |                                      |                 |         |        |             |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>107 West + Cove Way<br>City, State, Zip Code<br>Lavallette NJ<br>Name of Contact<br>Dan Bower<br>Telephone Number<br>_____  |   |                                      |                 |         |        |             |
| <b>FACILITY INFORMATION</b>  |  |   |   |                                      |                 |         |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br>Wilson Residence   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |                                      |                 |         |        |             |
| Street Address<br>107 West + Cove Way  |  | Square Feet<br>600  |   |                                      |                 |         |        |             |
| City (5)<br>Lavallette   |  | # of Floors<br>1  |   |                                      |                 |         |        |             |
| County (6)<br>Ocean  |  | Bldg. Age<br>60   |   |                                      |                 |         |        |             |
| County Code (7)<br>(STATE USE ONLY)  |  | Current Use (Prior if being demolished)<br>Residence  |   |                                      |                 |         |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)  |  | Name of Abatement Contractor (9)<br>Ace Insulation Co., Inc.  |   |                                      |                 |         |        |             |
| Street Address   |  | Street Address<br>95 Montrose Road  |   |                                      |                 |         |        |             |
| City, State, Zip Code  |  | City, State, Zip Code<br>Colts Neck, N.J. 07722   |   |                                      |                 |         |        |             |
| Project Manager for Monitoring Firm  |  | Telephone No.<br>732-294-1757   |   |                                      |                 |         |        |             |
| Telephone No.  |  | License No.<br>00029  |   |                                      |                 |         |        |             |
| Start Date (10)<br>9/24/13   |  | Scheduled Completion Date (11)<br>9/26/13   |   |                                      |                 |         |        |             |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: 7am - 7pm   |  | Name of OSHA Monitor  |   |                                      |                 |         |        |             |
| Street Address   |  | City, State, Zip Code   |   |                                      |                 |         |        |             |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |   |                                      |                 |         |        |             |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)<br>outdoors   | 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)<br>Siding | Amount (Specify SF or LF)<br>600     | Abatement Type  |         |        |             |
|  | Yes  | No  |   |                                      | N/A             | Removal | Repair | Encapsulate |
|  |  |   |   |                                      |                 |         |        |             |
|  |  |   |   |                                      |                 |         |        |             |
| Name of Registered Waste Hauler<br>Ace Insulation Co., Inc.  |  | NJDEP Waste Hauler ID No.<br>12086  | Cubic Yards of Waste<br>2   | Name of Registered Landfill<br>Grows |                 |         |        |             |
| City, State<br>Colts Neck, New Jersey  |  | Disposal Date<br>10-2-13  |   | City, State<br>Tullytown, Pa         |                 |         |        |             |
| Completed by<br>George Wuest   |  | Title<br>President  | Signature<br>George G. Wuest  |                                      | Date<br>9/23/13 |         |        |             |



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

**No**  
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|  |  |  |                               |   |                           |                 |        |             |           |
|--|--|--|-------------------------------|---|---------------------------|-----------------|--------|-------------|-----------|
| Date of Notification (1)<br>Sept. 23, 2013   |  | Name of Building Owner/Operator (2)<br>OCEAN SUNSET 35 LLC   |                               |   |                           |                 |        |             |           |
| Agencies Notified  | Type Notification  | Street Address<br>PO BOX 1908  |                               |   |                           |                 |        |             |           |
| <input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment #1<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>MEDIA, PA 19063   |                               |   |                           |                 |        |             |           |
|  |  | Name of Contact<br>CORTNEY WRIGHT  | Telephone Number              |   |                           |                 |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |  |                               |   |                           |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>PROPOSED CVS PHARMACY  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |                               |   |                           |                 |        |             |           |
| Street Address<br>911-919 ROUTE 35 NORTH   |  | Square Feet<br>13,000 SF   | # of Floors<br>1              |   |                           |                 |        |             |           |
| City (5)<br>OCEAN  |  | Bldg. Age<br>60 + YRS  |                               |   |                           |                 |        |             |           |
| County (6)<br>MONMOUTH   | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br>FORMER RETAIL STORES  |                               |   |                           |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   | ASCM No.   | Name of Abatement Contractor (9)<br>Finishing Touch Asbestos Abatement Corp., Inc.   |                               |   |                           |                 |        |             |           |
| Street Address   |  | Street Address<br>17 Thompson Street   |                               |   |                           |                 |        |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>West Long Branch, NJ 07764  |                               |   |                           |                 |        |             |           |
| Project Manager for Monitoring Firm  | Telephone No.  | Telephone No.<br>732-222-8372  | License No.<br>00040          |   |                           |                 |        |             |           |
| Start Date (10)<br>10/2/13   | Scheduled Completion Date (11)<br>10/30/13   | Name of OSHA Monitor<br>N/A  |                               |   |                           |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address   |                               |   |                           |                 |        |             |           |
|  |  | City, State, Zip Code  |                               |   |                           |                 |        |             |           |
| Scope of Work (Check All That Apply)   |  |  |                               |   |                           |                 |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |                               |   |                           |                 |        |             |           |
|  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                               |   |                           |                 |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |                               | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type  |        |             |           |
|  | Yes  | No   | N/A                           |   |                           | Removal         | Repair | Encapsulate | Enclosure |
| BUILDING 919   |  |  | X                             | VAT   | 1025 SF                   | X               |        |             |           |
| BUILDING 919   |  |  | X                             | ROOFING   | 4600 SF                   | X               |        |             |           |
| BUILDING 919   |  |  | X                             | CEILING TILE & CEMENT   | 2400 SF                   | X               |        |             |           |
| BUILDING 911   |  |  | X                             | ROOFING   | 300 SF                    | X               |        |             |           |
| Name of Registered Waste Hauler<br>SAKOUTIS BROTHERS DISPOSAL  |  | NJDEP Waste Hauler ID No.<br>21243   | Cubic Yards of Waste<br>10 CY | Name of Registered Landfill<br>GROWS NORTH LANDFILL   |                           |                 |        |             |           |
| City, State<br>COLTS NECK, NJ  |  |  | Disposal Date<br>10/30/13     | City, State<br>MORRISVILLE, PA  |                           |                 |        |             |           |
| Completed by<br>JOSEPH P. MILLER   |  | Title<br>PRESIDENT   |                               | Signature<br>                           |                           | Date<br>9/23/13 |        |             |           |

MO#20613935788


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

|  |  |   |                                     |  |                            |                                     |                          |                          |                          |
|--|--|---|-------------------------------------|--|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>09 / 23 / 13   |  | Name of Building Owner/Operator (2)<br>Alex Vetlov  |                                     |  |                            |                                     |                          |                          |                          |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>750 Goffle Road<br>City, State, Zip Code<br>Hawthorne, NJ 07506<br>Name of Contact<br>Alex Vetlov<br>Telephone Number<br>   |                                     |  |                            |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |   |                                     |  |                            |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Private house  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-1 2)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)   |                                     |  |                            |                                     |                          |                          |                          |
| Street Address<br>750 Goffle Road  |  | Square Feet   | # of Floors                         |  |                            |                                     |                          |                          |                          |
| City (5)<br>Hawthorne, NJ 07506  |  | Bldg. Age   |                                     |  |                            |                                     |                          |                          |                          |
| County (6)<br>Passaic  | 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)    |  |                            |                                     |                          |                          |                          |
| Street Address   |  | Gr Tech LLC   |                                     |  |                            |                                     |                          |                          |                          |
| City, State, Zip Code  |  | Street Address<br>576 Valley Rd #283  |                                     |  |                            |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm  |  | Telephone No.   | License No.                         |  |                            |                                     |                          |                          |                          |
| Start Date (10)<br>10 / 02 / 13  |  | Scheduled Completion Date (11)<br>10 / 03 / 13  | Wayne, NJ 07470                     |  |                            |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM |  | Name of OSHA Monitor<br>Envirovision Consultants, Inc   |                                     |  |                            |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> >3 sf or >3 lf<br><input type="checkbox"/> ≥ 160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  | <input type="checkbox"/> Clean up and decontamination<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Tent with Negative Pressure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                     |  |                            |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |                                     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SIF or LF) | Abatement Type                      |                          |                          |                          |
|  | Yes  | No  | N/A                                 |  |                            | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Basement   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Boiler insulation  | 30 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<br>Gr Tech LLC   |  | NJDEP Waste Hauler ID No.<br>0033785  | Cubic Yards of Waste<br>TBD         | Name of Registered Landfill<br>T.R.R.F. Inc  |                            |                                     |                          |                          |                          |
| City, State<br>Wayne, NJ 07470   |  | Disposal Date<br>TBD  |                                     | City, State<br>Tullytown, PA   |                            |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>N.Jevtic   |  | Title<br>Owner  |                                     | Signature<br><i>Nate Jevtic</i>  |                            | Date<br>09/23/2013                  |                          |                          |                          |

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



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

|   |  |  |   |   |                           |                |        |             |           |
|---|--|--|---|---|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1)<br>9/23/13   |  | Name of Building Owner/Operator (2)<br>Port authority Transit Corporation  |   |   |                           |                |        |             |           |
| Agencies Notified   | Type Notification  | Street Address<br>Carlton Street, P.O. Box 4262  |   |   |                           |                |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment #002<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Lindenwold, NJ 08084  |   |   |                           |                |        |             |           |
|   |  | Name of Contact<br>Ron Binder  | Telephone Number  |   |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>   |  |  |   |   |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>PATCO contrac10-G, Lindenwold Station (Start Point)   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |   |   |                           |                |        |             |           |
| Street Address<br>Whitehorse Road & Berlin Road   |  | Square Feet<br>N/A   | # of Floors<br>N/A  |   |                           |                |        |             |           |
| City (5)<br>Lindenwold  |  | Bldg. Age<br>N/a   |   |   |                           |                |        |             |           |
| County (6)<br>Camden  | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br>Transit Authority   |   |   |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)   |  | ASCM No.   | Name of Abatement Contractor (9)<br>Mattiola Services, LLC  |   |                           |                |        |             |           |
| Street Address  |  | Street Address<br>2082 b Lucon Road  |   |   |                           |                |        |             |           |
| City, State, Zip Code   |  | City, State, Zip Code<br>Skippack, PA 19474  |   |   |                           |                |        |             |           |
| Project Manager for Monitoring Firm   |  | Telephone No.  | Telephone No.<br>610.539.5634   |   |                           |                |        |             |           |
| Start Date (10)<br>9/24/13  |  | Scheduled Completion Date (11)<br>12/31/13   | License No.<br>01077  |   |                           |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: Not Occupied |  | Name of OSHA Monitor<br>Mattiola Services, LLC   |   |   |                           |                |        |             |           |
|   |  | Street Address<br>2082 b Lucon Road  |   |   |                           |                |        |             |           |
|   |  | City, State, Zip Code<br>Skippack, PA 19474  |   |   |                           |                |        |             |           |
| Scope of Work (Check All That Apply)  |  |  |   |   |                           |                |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf   |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   |   |                           |                |        |             |           |
|   |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |                           |                |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|   | Yes  | No   | N/A   |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| Voorhees, Cherry Hill, Haddonfield  |  |  | X   | Removal of overhead ACM mat'l   | 5 Miles                   | X              |        |             |           |
|   |  |  |   | jacket from utility cable   |                           |                |        |             |           |
| (Project will commence in Voorhees  |  |  |   | (Project starts @ Lindenwold  |                           |                |        |             |           |
| and proceed to Haddonfield)   |  |  |   | and ends @ Ferry Ave Station)   |                           |                |        |             |           |
| Name of Registered Waste Hauler<br>American Disposal Systems, Inc.  |  | NJDEP Waste Hauler ID No.<br>SW2069  | Cubic Yards of Waste  | Name of Registered Landfill<br>JP Mascaro - Pioneer Crossing  |                           |                |        |             |           |
| City, State<br>Lumberton, NJ  |  |  | Disposal Date   | City, State<br>Birdsboro, PA  |                           |                |        |             |           |
| Completed by<br>Caroline M. Harper  |  | Title<br>Project Manager   | Signature<br> | Date<br>9/23/13   |                           |                |        |             |           |

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

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| Date of Notification (1)<br><b>9-24-13</b>  |  | Name of Building Owner/Operator (2)<br><b>Kam Patel</b>   |   | SEP 26 2013  |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br><b>17 Bard Drive</b><br>City, State, Zip Code<br><b>Monroe N.J. 08831</b><br>Name of Contact<br><b>FRANK</b><br>Telephone Number   |  |
| <b>FACILITY INFORMATION</b>   |  |   |   |  |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>KDJ Realty LLC</b>   |  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |  |
| Street Address<br><b>141-143 Broad Street</b>   |  |   | Square Feet<br><b>4000</b>  |  |  |
| City (5)<br><b>RED BANK</b>   |  |   | # of Floors<br><b>1</b>   |  |  |
| County (6)<br><b>Monmouth</b>   |  |   | Bldg. Age<br><b>63</b>  |  |  |
| County Code (7)<br>(STATE USE ONLY)   |  |   | Current Use (Prior if being demolished)<br><b>STOREFRONT</b>  |  |  |
| Name of Monitoring Firm Hired by Building Owner (8)   |  | ASCM No.  |   | Name of Abatement Contractor (9)<br><b>Ace Insulation Co., Inc.</b>  |  |
| Street Address  |  | Street Address<br><b>95 Montrose Road</b>   |   | City, State, Zip Code<br><b>Colts Neck, N.J. 07722</b>   |  |
| City, State, Zip Code   |  | Telephone No.<br><b>732-294-1757</b>  |   | License No.<br><b>00029</b>  |  |
| Project Manager for Monitoring Firm   |  | Telephone No.   |   | Name of OSHA Monitor   |  |
| Start Date (10)<br><b>10-3-13</b>   |  | Scheduled Completion Date (11)<br><b>10-12-13</b>   |   | Street Address   |  |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <b>7 AM 7 PM</b> |  | City, State, Zip Code   |   | Scope of Work (Check All That Apply)<br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>In Facility (13)   |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes    No    N/A   |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   |  |
| <b>INTERIOR</b>   |  | <input checked="" type="checkbox"/>   |   | <b>Flr Tile w/mastic 3000 sf</b>   |  |
|   |  |   |   |  |  |
|   |  |   |   |  |  |
|   |  |   |   |  |  |
| Name of Registered Waste Hauler<br><b>Ace Insulation Co., Inc.</b>  |  | NJDEP Waste Hauler ID No.<br><b>12086</b>   |   | Cubic Yards of Waste<br><b>5</b>   |  |
| City, State<br><b>Colts Neck, New Jersey</b>  |  | Disposal Date<br><b>10-12-13</b>  |   | Name of Registered Landfill<br><b>Grows</b>  |  |
| Completed by<br><b>George Wuest</b>   |  | Title<br><b>President</b>   |   | Signature<br><b>George Wuest</b>   |  |
|   |  |   |   | Date<br><b>9-24-13</b>   |  |



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

CK# 2071 FIVE

SEP 26 2013

|  |  |   |                                  |   |  |                        |        |             |           |
|--|--|---|----------------------------------|---|--|------------------------|--------|-------------|-----------|
| Date of Notification (1)<br><b>9/24/13</b>   |  | Name of Building Owner/Operator (2)<br><b>Joe Antonowicz</b>  |                                  |   |  |                        |        |             |           |
| Agencies Notified  | Type Notification  | Street Address<br><b>84 Farms Rd Circle</b>   |                                  |   |  |                        |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                     | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br><b>East Brunswick NJ 08816</b>   |                                  |   |  |                        |        |             |           |
|  |  | Name of Contact<br><b>Joe</b>   | Telephone                        |   |  |                        |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |                                  |   |  |                        |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Antonowicz</b>  |  | Type of Facility (4)  |                                  |   |  |                        |        |             |           |
| Street Address<br><b>84 Farms Road Circle</b>  |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                  |   |  |                        |        |             |           |
| City (5)<br><b>East Brunswick</b>  |  | Square Feet<br><b>1800</b>  | # of Floors<br><b>2</b>          |   |  |                        |        |             |           |
| County (6)<br><b>middlesex</b>   |  | Bldg. Age<br><b>53+</b>   |                                  |   |  |                        |        |             |           |
| County Code (7)<br><b>STATE USE ONLY</b>   |  | Current Use (Prior if being demolished)<br><b>Residence</b>   |                                  |   |  |                        |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |  | Name of Abatement Contractor (9)<br><b>Ace Insulation Co., Inc.</b>   |                                  |   |  |                        |        |             |           |
| Street Address   |  | Street Address<br><b>95 Montrose Road</b>   |                                  |   |  |                        |        |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br><b>Colts Neck, N.J. 07722</b>  |                                  |   |  |                        |        |             |           |
| Project Manager for Monitoring Firm  |  | Telephone No.<br><b>732-294-1757</b>  | License No.<br><b>00029</b>      |   |  |                        |        |             |           |
| Start Date (10)<br><b>10-3-13</b>  | Scheduled Completion Date (11)<br><b>10-12-13</b>  | Name of OSHA Monitor  |                                  |   |  |                        |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |  | Street Address  |                                  |   |  |                        |        |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe:                            |  | City, State, Zip Code   |                                  |   |  |                        |        |             |           |
| Scope of Work (Check All That Apply)   |  |   |                                  |   |  |                        |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  |   |                                  |   |  |                        |        |             |           |
| <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |   |                                  |   |  |                        |        |             |           |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |                                  |   |  |                        |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>In Facility (13)<br><b>Basement</b>   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |                                  | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)<br><b>Floor tile w/ mastic</b> | Amount (Specify SF or LF)<br><b>400 ft</b> | Abatement Type         |        |             |           |
|  | Yes  | No  | N/A                              |   |  | Removal                | Repair | Encapsulate | Enclosure |
|  |  |   |                                  |   |  |                        |        |             |           |
|  |  |   |                                  |   |  |                        |        |             |           |
|  |  |   |                                  |   |  |                        |        |             |           |
| Name of Registered Waste Hauler<br><b>Ace Insulation Co., Inc.</b>   |  | NJDEP Waste Hauler ID No.<br><b>12086</b>   | Cubic Yards of Waste<br><b>2</b> | Name of Registered Landfill<br><b>Chrins</b>  |  |                        |        |             |           |
| City, State<br><b>Colts Neck, New Jersey</b>   |  |   | Disposal Date                    | City, State<br><b>Easton, Pa</b>  |  |                        |        |             |           |
| Completed by<br><b>George Wuest</b>  |  | Title<br><b>President</b>   | Signature<br><b>George Wuest</b> |   |  | Date<br><b>9/24/13</b> |        |             |           |



08/07/2030 11:11 FAX

REMEMBER - MAIL IN HARD COPY

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

DOL - 10 DAY

SEP 10 2013

WAIVER APPROVED

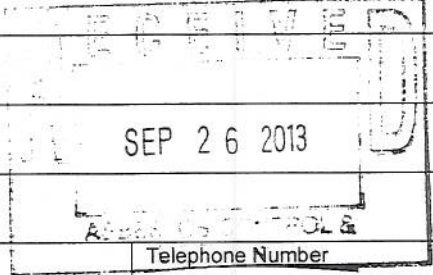
|  |   |   |   |  |                |                  |        |             |           |
|--|---|---|---|--|----------------|------------------|--------|-------------|-----------|
| Date of Notification (1)<br>09/19/13 CK# 2824 \$200  |   | Name of Building Owner/Operator (2)<br>South Orange/Maplewood Board of Education  |   |  |                |                  |        |             |           |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA   |   | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input checked="" type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation  |   |  |                |                  |        |             |           |
| Street Address<br>25 West Parker Avenue  |   | City, State, Zip Code<br>Maplewood, New Jersey 07040  |   |  |                |                  |        |             |           |
| Name of Contact<br>Mr William Kyle   |   | Telephone Number  |   |  |                |                  |        |             |           |
| FACILITY INFORMATION   |   |   |   |  |                |                  |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Columbia High School   |   | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter B (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)   |   |  |                |                  |        |             |           |
| Street Address<br>17 Parker Avenue   |   | Square Feet<br>10,000   | # of Floors<br>2  |  |                |                  |        |             |           |
| City (5)<br>Maplewood, New Jersey 07040  |   | Bldg. Age<br>55+  |   |  |                |                  |        |             |           |
| County (6)<br>Essex  |   | Current Use (Prior if being demolished)<br>High School  |   |  |                |                  |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>AHRA Consultants  |   | ASCM No.  |   |  |                |                  |        |             |           |
| Street Address<br>PO Box 385   |   | Name of Abatement Contractor (9)<br>Lilich Corporation  |   |  |                |                  |        |             |           |
| City, State, Zip Code<br>Oceanville, New Jersey  |   | Street Address<br>606 McBride Avenue  |   |  |                |                  |        |             |           |
| Project Manager for Monitoring Firm<br>Eric Clarkson   |   | City, State, Zip Code<br>Woodland Park, New Jersey 07424  |   |  |                |                  |        |             |           |
| Telephone No.<br>609-652-1833  |   | Telephone No.<br>973-225-8400   | License No.<br>01104  |  |                |                  |        |             |           |
| Start Date (10)<br>09/20/13  |   | Name of OSHA Monitor<br>J&S Environmental   |   |  |                |                  |        |             |           |
| Scheduled Completion Date (11)<br>09/23/13   |   | Street Address<br>2333 Route 22 West  |   |  |                |                  |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: SPM Start |   | City, State, Zip Code<br>Union, New Jersey 07083  |   |  |                |                  |        |             |           |
| Scope of Work (Check All That Apply)   |   |   |   |  |                |                  |        |             |           |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf<br><input checked="" type="checkbox"/> ≥ 180 sf or ≥ 250 lf   |   | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |                |                  |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (15)   | 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 |
| Cafeteria  |   | X   |   | O&M Ceiling Plaster                                | 6 SF           | X                |        |             |           |
|  |   |   |   |  |                | X                |        |             |           |
|  |   |   |   |  |                | X                |        |             |           |
| Name of Registered Waste Hauler<br>Tatiana Kalenikova  |   | NJDEP Waste Hauler ID No.<br>18724  | Cubic Yards of Waste<br>1   | Name of Registered Landfill<br>G.R.O.W.S. Landfill |                |                  |        |             |           |
| City, State<br>Woodland Park, New Jersey 07424   |   | Disposal Date<br>09/24/13   | City, State<br>Morrisville, Pennsylvania  |  |                |                  |        |             |           |
| Completed by<br>Tatiana Kalenikova   |   | Title<br>Vice President   | Signature<br>   |  |                | Date<br>09/19/13 |        |             |           |

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



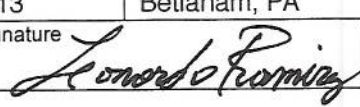
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

|  |  |  |                  |
|--|--|--|------------------|
| Date of Notification (1)<br>09-18-13   |  | Name of Building Owner/Operator (2)<br>Melinda Hofmann |                  |
| Agencies Notified  | Type Notification  | Street Address<br>30 Wayside Pl.                       |                  |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Montclair NJ 07042            |                  |
|  |  | Name of Contact<br>Melinda Hofmann                     | Telephone Number |



| FACILITY INFORMATION   |  |  |                      |
|--|--|--|----------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Melinda Hofmann  |  | Type of Facility (4)   |                      |
| Street Address<br>30 Wayside PL  |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |                      |
| City (5)<br>Montclair  | Square Feet                                | # of Floors  | Bldg. Age            |
| County (6)<br>Essex  | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)  |                      |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | Name of Abatement Contractor (9)<br>Delfa Contracting LLC.   |                      |
| Street Address   |  | Street Address<br>522 7th St.  |                      |
| City, State, Zip Code  |  | City, State, Zip Code<br>Union City, NJ 07087  |                      |
| Project Manager for Monitoring Firm  | Telephone No.                              | Telephone No.<br>201 216-9603  | License No.<br>01206 |
| Start Date (10)<br>09-19-13  | Scheduled Completion Date (11)<br>09-20-13 | Name of OSHA Monitor<br>Delfa Contracting LLC.   |                      |
| Occupancy Status During Abatement (Check Only One)   |  | Street Address<br>522 7th St.  |                      |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | City, State, Zip Code<br>Union City NJ 07087   |                      |
| Scope of Work (Check All That Apply)   |  |  |                      |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                      |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|--|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
|  | Yes   | No | N/A |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| Basement   |   | x  |     | Boiler insulation   | 64 SF                     | x              |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |

|  |                          |   |                           |   |  |
|--|--------------------------|---|---------------------------|---|--|
| Name of Registered Waste Hauler<br>Rovic Transport |                          | NJDEP Waste Hauler ID No.<br>20785  | Cubic Yards of Waste<br>2 | Name of Registered Landfill<br>Waste Management |  |
| City, State<br>Riverdale NJ                        |                          | Disposal Date<br>09-23-13   |                           | City, State<br>Bethlehem, PA                    |  |
| Completed by<br>Leonardo Ramirez                   | Title<br>Project Manager | Signature<br> |                           | Date<br>09-18-13                                |  |

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

|  |   |   |   |
|--|---|---|---|
| Date of Notification (1)<br><div style="text-align: center;">9/23/2013</div>   |   | Name of Building Owner/Operator (2)<br><div style="text-align: center;">George Cray</div> |   |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type of Notification<br><input type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><div style="text-align: center;">228 Dellmuth Avenue</div>              |   |
|  |   | City, State, Zip Code<br><div style="text-align: center;">Ortley Beach, NJ 08751</div>    |   |
|  |   | Name of Contact<br><div style="text-align: center;">George Cray</div>                     | Telephone Number<br><div style="text-align: center;">225-7979</div> |

**FACILITY INFORMATION**

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| Name of Facility Where Abatement is Taking Place (3)<br><div style="text-align: center;">Residence</div>  |  |   | Type of Facility (4)<br><input type="checkbox"/> School (k-12)<br><input type="checkbox"/> Subchapter 8 (other than k-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |  |  |
| Street Address<br><div style="text-align: center;">228 Dellmuth Avenue</div>  |  |   | Square feet<br><div style="text-align: center;">600 sf</div>   |  |  |
| County (6)<br><div style="text-align: center;">Ocean</div>  |  | County Code (7)<br>(STATE USE ONLY)   | # of Floors<br><div style="text-align: center;">1</div>  | Bldg. Age<br><div style="text-align: center;">60</div>                             |  |
| Current Use (Prior if being demolished)<br><div style="text-align: center;">Residence</div>   |  |   |  |  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><div style="text-align: center;">N/A</div>   |  | ASCM No.  | Name of Abatement Contractor (9)<br><div style="text-align: center;">Guardian Contracting, Inc.</div>  |  |  |
| Street Address  |  | Street Address<br><div style="text-align: center;">1889 Route 9, Unit 61</div>                    |  |  |  |
| City, State, Zip Code   |  | City, State, Zip Code<br><div style="text-align: center;">Toms River, New Jersey 08755-1271</div> |  |  |  |
| Project Manager for Monitoring Firm   |  | Telephone Number  | Telephone Number<br><div style="text-align: center;">732-349-9932</div>  |  | License Number<br><div style="text-align: center;">00624</div> |
| Scheduled Start Date (10)<br><div style="text-align: center;">9/23/13</div>   |  | Scheduled Completion Date (11)<br><div style="text-align: center;">9/23/13</div>                  |  | Name of OSHA Monitor<br><div style="text-align: center;">E.M.S.L. Analytical</div> |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____ |  |   | Street Address<br><div style="text-align: center;">1056 Stelton Road</div>   |  |  |
|   |  |   | City, State, Zip Code<br><div style="text-align: center;">Piscataway, New Jersey 08854</div>   |  |  |
| Scope of Work (Check all that apply)  |  |   |  |  |  |
| <input type="checkbox"/> >3 sf or ≥3 lf   |  | <input type="checkbox"/> Renovation   |  | <input type="checkbox"/> Full Containment with Negative Pressure                   |  |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Demolition  |  | <input type="checkbox"/> Mini-Enclosure  |  |
|   |  |   |  | <input type="checkbox"/> Glovebag Procedure  |  |
|   |  |   |  | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure     |  |

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>in facility<br>(13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12) |    |     | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                  |                            |   |   |
|--|--|----|-----|--|---------------------------|---------------------------------|----------------------------|---|---|
|  | YES  | NO | N/A |  |                           | R<br>E<br>M<br>O<br>V<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Exterior shower  |  | X  |     | Asbestos panels  | 60 sf                     | X                               |                            |   |   |
|  |  |    |     |  |                           |                                 |                            |   |   |
|  |  |    |     |  |                           |                                 |                            |   |   |
|  |  |    |     |  |                           |                                 |                            |   |   |

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| Name of Registered Waste Hauler<br><div style="text-align: center;">Guardian Contracting, Inc.</div> |   | NJDEP Waste Hauler ID No.<br><div style="text-align: center;">20223</div>     | Cubic Yards of Waste<br><div style="text-align: center;">1</div>              | Name of Registered Landfill<br><div style="text-align: center;">T.R.R.F.</div> |  |
| City, State<br><div style="text-align: center;">Toms River, New Jersey</div>                         |   | Disposal Date<br><div style="text-align: center;">9/24/13</div>               | City, State<br><div style="text-align: center;">Tullytown, Pennsylvania</div> |  |  |
| Completed by (Print or Type)<br><div style="text-align: center;">Nicholas Fernicola</div>            | Title<br><div style="text-align: center;">Project Manager</div> | Signature<br><div style="text-align: center;"><i>Nicholas Fernicola</i></div> |   | Date<br><div style="text-align: center;">9/23/2013</div>                       |  |

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

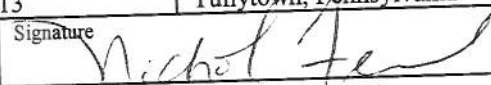


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

|  |  |   |                             |
|--|--|---|-----------------------------|
| Date of Notification (1)<br><b>September 23, 2013</b>  |  | Name of Building Owner/Operator (2)<br><b>Charles Baha &amp; Sons</b>   |                             |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Type of Notification<br><input checked="" type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                             |
|  |  | Street Address<br><b>49 Durell Street</b>   |                             |
|  |  | City, State, Zip Code<br><b>Verona, NJ 07044</b>  |                             |
|  |  | Name of Contact<br><b>Charles Baha &amp; Sons</b>   | Telephone Number<br># _____ |

**FACILITY INFORMATION**

|   |                            |                                     |   |                         |                        |
|---|----------------------------|-------------------------------------|---|-------------------------|------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Old Lumber Yard</b>  |                            |                                     | Type of Facility (4)<br><input type="checkbox"/> School (k-12)<br><input type="checkbox"/> Subchapter 8 (other than k-12)<br><input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |                         |                        |
| Street Address<br><b>37 Durell Street</b>   |                            |                                     |   |                         |                        |
| City<br><b>Verona</b>   | County (6)<br><b>Essex</b> | County Code (7)<br>(STATE USE ONLY) | Square feet<br><b>10,000 sf</b>   | # of Floors<br><b>1</b> | Bldg. Age<br><b>60</b> |
|   |                            |                                     | Current Use (Prior if being demolished)<br><b>Old lumber yard</b>   |                         |                        |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>   |                            |                                     | ASCM No.  |                         |                        |
| Street Address  |                            |                                     | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b>   |                         |                        |
| City, State, Zip Code   |                            |                                     | Street Address<br><b>1889 Route 9, Unit 61</b>  |                         |                        |
| Project Manager for Monitoring Firm   |                            |                                     | City, State, Zip Code<br><b>Toms River, New Jersey 08755-1271</b>   |                         |                        |
| Telephone Number  |                            |                                     | Telephone Number<br><b>732-349-9932</b>   |                         |                        |
| Scheduled Start Date (10)<br><b>10/7/13</b>   |                            |                                     | License Number<br><b>00624</b>  |                         |                        |
| Scheduled Completion Date (11)<br><b>10/9/13</b>  |                            |                                     | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b>  |                         |                        |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____   |                            |                                     | Street Address<br><b>1056 Stelton Road</b>  |                         |                        |
|   |                            |                                     | City, State, Zip Code<br><b>Piscataway, New Jersey 08854</b>  |                         |                        |
| Scope of Work (Check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> &gt;3 sf or ≥3 lf<br/> <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf         </div> <div> <input type="checkbox"/> Renovation<br/> <input checked="" type="checkbox"/> Demolition         </div> </div> |                            |                                     |   |                         |                        |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Full Containment with Negative Pressure<br/> <input type="checkbox"/> Mini-Enclosure<br/> <input type="checkbox"/> Glovebag Procedure<br/> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>                     |                            |                                     |   |                         |                        |

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>in facility<br>(13)  | Is Location Normally used Solely by Maintenance/Custodial Staff (12)<br><br>YES   NO   N/A |                                 |                                  | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                     | Abatement Type                  |                            |   |   |
|---|--|---------------------------------|----------------------------------|---|---|---------------------------------|----------------------------|---|---|
|   |  |                                 |                                  |   |   | R<br>E<br>M<br>O<br>V<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Exterior  |  | X                               |                                  | Asbestos siding   | 3000 sf                                       | X                               |                            |   |   |
| Exterior  |  | X                               |                                  | Roof flashing   | 250 lf  | X                               |                            |   |   |
|   |  |                                 |                                  |   |   |                                 |                            |   |   |
| <div style="display: flex; justify-content: space-between;"> <div>           Name of Registered Waste Hauler<br/><b>Guardian Contracting, Inc.</b> </div> <div>           NJDEP Waste Hauler ID No.<br/><b>20223</b> </div> <div>           Cubic Yards of Waste<br/><b>10</b> </div> <div>           Name of Registered Landfill<br/><b>T.R.R.F.</b> </div> </div> |  |                                 |                                  |   |   |                                 |                            |   |   |
| City, State<br><b>Toms River, New Jersey</b>  |  |                                 | Disposal Date<br><b>10/10/13</b> |   | City, State<br><b>Tullytown, Pennsylvania</b> |                                 | Date<br><b>9/23/2013</b>   |   |   |
| Completed by (Print or Type)<br><b>Nicholas Fernicola</b>   |  | Title<br><b>Project Manager</b> |                                  | Signature<br>                               |   |                                 |                            |   |   |

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

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

|  |   |   |                           |
|--|---|---|---------------------------|
| Date of Notification (1)<br><b>September 10, 2012</b>  |   | Name of Building Owner/Operator (2)<br><b>Lynx Waste &amp; Recycling, Inc.</b> <i>6 22577</i> |                           |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type of Notification<br><input type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>P O Box 188</b>  |                           |
|  |   | City, State, Zip Code<br><b>Spring Lake, NJ 07762</b>   |                           |
|  |   | Name of Contact<br><b>Richard Hyde</b>  | Telephone Number<br>_____ |

**FACILITY INFORMATION**

|   |                               |  |  |  |                        |
|---|-------------------------------|--|--|--|------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>  |                               |  | Type of Facility (4)<br><input type="checkbox"/> School (k-12)<br><input type="checkbox"/> Subchapter 8 (other than k-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |  |                        |
| Street Address<br><b>564 Pompano Avenue</b>   |                               |  |  |  |                        |
| City<br><b>Manasquan</b>  | County (6)<br><b>Monmouth</b> | County Code (7)<br>(STATE USE ONLY)            | Square feet<br><b>1500 sf</b>  | # of Floors<br><b>1</b>  | Bldg. Age<br><b>60</b> |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>   |                               |  | Current Use (Prior if being demolished)<br><b>Residence</b>  |  |                        |
| Street Address<br><b>N/A</b>  |                               |  | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b>  |  |                        |
| City, State, Zip Code   |                               |  | Street Address<br><b>1889 Route 9, Unit 61</b>   |  |                        |
| Project Manager for Monitoring Firm   |                               |  | City, State, Zip Code<br><b>Toms River, New Jersey 08755-1271</b>  |  |                        |
| Telephone Number  |                               |  | Telephone Number<br><b>732-349-9932</b>  |  |                        |
| Scheduled Start Date (10)<br><b>9/23/13</b>   |                               |  | License Number<br><b>00624</b>   |  |                        |
| Scheduled Completion Date (11)<br><b>9/24/13</b>  |                               |  | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b>   |  |                        |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____ |                               |  | Street Address<br><b>1056 Stelton Road</b>   |  |                        |
|   |                               |  | City, State, Zip Code<br><b>Piscataway, New Jersey 08854</b>   |  |                        |
| Scope of Work (Check all that apply)  |                               |  |  |  |                        |
| <input type="checkbox"/> >3 sf or ≥3 lf   |                               | <input type="checkbox"/> Renovation            |  | <input type="checkbox"/> Full Containment with Negative Pressure               |                        |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |                               | <input checked="" type="checkbox"/> Demolition |  | <input type="checkbox"/> Mini-Enclosure  |                        |
|   |                               |  |  | <input type="checkbox"/> Glovebag Procedure                                    |                        |
|   |                               |  |  | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                        |

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>in facility<br>(13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12)<br><br>YES   NO   N/A |   |  | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                  |                            |   |   |  |
|--|--|---|--|---|---------------------------|---------------------------------|----------------------------|---|---|--|
|  |  |   |  |   |                           | R<br>E<br>M<br>O<br>V<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |  |
| Exterior   |  | X |  | Asbestos siding   | 1350 sf                   | X                               |                            |   |   |  |
|  |  |   |  |   |                           |                                 |                            |   |   |  |
|  |  |   |  |   |                           |                                 |                            |   |   |  |
|  |  |   |  |   |                           |                                 |                            |   |   |  |

|  |   |   |  |
|--|---|---|--|
| Name of Registered Waste Hauler<br><b>Guardian Contracting, Inc.</b> | NJDEP Waste Hauler ID No.<br><b>20223</b> | Cubic Yards of Waste<br><b>3</b>              | Name of Registered Landfill<br><b>T.R.R.F.</b> |
| City, State<br><b>Toms River, New Jersey</b>                         | Disposal Date<br><b>9/25/13</b>           | City, State<br><b>Tullytown, Pennsylvania</b> |  |
| Completed by (Print or Type)<br><b>Nicholas Fernicola</b>            | Title<br><b>Project Manager</b>           | Signature<br><i>Nicholas Fernicola</i>        | Date<br><b>9/23/2013</b>                       |

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



CHECK #  
2942

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

|   |   |  |   |
|---|---|--|---|
| Date of Notification (1)<br><u>9/23/13</u>  |   | Name of Building Owner/Operator (2)<br><u>EMERTECH CONTRACTING</u>   |   |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA   |   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   |
| Street Address<br><u>155 RT. 50</u>   |   | City, State, Zip Code<br><u>GREENFIELD, N.J. 08230</u>   |   |
| Name of Contact<br><u>BRUCE BREUNIG</u>   |   |  |   |
| FACILITY INFORMATION  |   |  |   |
| Name of Facility Where Abatement is Taking Place (3)<br><u>RESIDENCE</u>  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter B (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)         |   |
| Street Address<br><u>131 89TH ST.</u>   |   | Square Feet<br><u>1000</u>   | # of Floors<br><u>2</u>                             |
| City (5)<br><u>STONE HARBOR</u>   |   | Bldg. Age<br><u>40+</u>  |   |
| County (6)<br><u>CAPE MAY</u>   | County Code (7) (STATE USE ONLY)                  | Current Use (Prior to being demolished)<br><u>VACANT</u>   |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>N/A</u>   |   | Name of Abatement Contractor (9)<br><u>KLEMMCO INC.</u>  |   |
| Street Address<br><u>N/A</u>  |   | Street Address<br><u>369 S. SPRUCE AVE.</u>  |   |
| City, State, Zip Code   |   | City, State, Zip Code<br><u>MAPLE SHADE, N.J. 08052</u>  |   |
| Project Manager for Monitoring Firm   |   | Telephone No.<br><u>856-779-0422</u>   | License No.<br><u>00444</u>                         |
| Start Date (10)<br><u>10/3/13</u>   | Scheduled Completion Date (11)<br><u>10/10/13</u> | Name of OSHA Monitor<br><u>JOSEPH KLEMM</u>  |   |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____ |   | Street Address<br><u>369 S. SPRUCE AVE.</u>  |   |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> 23.51 or 23.11<br><input type="checkbox"/> 2160.51 or 2260.11<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   |   | Name of OSHA Monitor<br><u>JOSEPH KLEMM</u>  |   |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A   |   | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   |   |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)<br><u>SIDING</u>   |   | Amount (Specify SF or LF)<br><u>1500 LF</u>  |   |
| Name of Registered Waste Hauler<br><u>KLEMMCO INC.</u>  |   | Cubic Yards of Waste<br><u>5</u>   | Name of Registered Landfill<br><u>C.M.C. M.U.A.</u> |
| City, State<br><u>MAPLE SHADE, N.J. 08052</u>   |   | Disposal Date  | City, State<br><u>WOODBINE, N.J.</u>                |
| Completed By<br><u>JOSEPH KLEMM</u>   |   | Signature<br><u>Joseph Klemm</u>   | Date<br><u>9/23/13</u>                              |
| Title<br><u>OWNER</u>   |   |  |   |



CMEC #

2943

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

|  |  |  |  |
|--|--|--|--|
| Date of Notification (1)<br><u>9/24/13</u>   |  | Name of Building Owner/Operator (2)<br><u>PINELANDS CONSTRUCTION</u>   |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><u>300 77TH ST.</u> SEP 26 2013  |  |
|  |  | City, State, Zip Code<br><u>SEA ISLE CITY, N.J. 08243</u>  |  |
|  |  | Name of Contact<br><u>FRANK EDUARDI</u>  | Telephone Number   |
| FACILITY INFORMATION   |  |  |  |
| Name of Facility Where Abatement is Taking Place (3)<br><u>RESIDENCE</u>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)   |  |
| Street Address<br><u>89 20TH ST.</u>   |  | Square Feet  | Bldg. Age  |
| City (5)<br><u>AVULON</u>  |  | Current Use (Prior if being demolished)<br><u>VACANT</u>   |  |
| County (6)<br><u>CAPE MAY</u>  | County Code (7) (STATE USE ONLY)   | Name of Abatement Contractor (9)<br><u>KLEMMCO INC.</u>  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>N/A</u>  |  | Street Address<br><u>369 S. SPRUCE AVE.</u>  |  |
| Street Address   |  | City, State, Zip Code<br><u>MAPLE SHADE, N.J. 08052</u>  |  |
| City, State, Zip Code  |  | Telephone No.<br><u>856-779-0472</u>   | License No.<br><u>00444</u>  |
| Project Manager for Monitoring Firm  |  | Name of OSHA Monitor<br><u>JOSEPH KLEMM</u>  |  |
| Start Date (10)<br><u>10/4/13</u>  |  | Scheduled Completion Date (11)<br><u>10/11/13</u>  |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |  | Street Address<br><u>369 S. SPRUCE AVE.</u>  |  |
|  |  | City, State, Zip Code<br><u>MAPLE SHADE, N.J. 0805</u>   |  |
| Scope of Work (Check all that apply)   |  |  |  |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf   |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) |
|  | Yes  | No   |  |
| <u>SIDING</u>  |  |  | <u>TRANSITE</u>  |
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| Name of Registered Waste Hauler<br><u>KLEMMCO INC.</u>   | NJDEP Waste Hauler ID No.<br><u>17904</u>  | Cubic Yards of Waste   | Name of Registered Landfill<br><u>C.M.C.M.V.A.</u>   |
| City, State<br><u>MAPLE SHADE, N.J.</u>  | Disposal Date  | City, State<br><u>WOODBINE, N.J.</u>   |  |
| Completed By<br><u>JOSEPH KLEMM</u>  | Title<br><u>V/P</u>  | Signature<br><u>Joseph Klemm</u>   | Date<br><u>9/24/13</u>   |



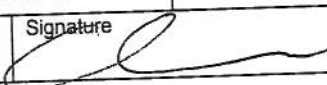
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**CK# 3002**

|  |   |   |     |  |   |                |                 |             |           |
|--|---|---|-----|--|---|----------------|-----------------|-------------|-----------|
| Date of Notification (1)<br>9/24/13  |   | Name of Building Owner/Operator (2)<br>Joanne Eckberg Private Home  |     | SEP 26 2013  |   |                |                 |             |           |
| Agencies Notified  |   | Type Notification   |     | Street Address   |   |                |                 |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                  |   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |     | 6 East 91St  |   |                |                 |             |           |
|  |   |   |     | City, State, Zip Code<br>Peahala Park NJ 08008   |   |                |                 |             |           |
|  |   | Name of Contact<br>Joanne   |     | Telephone Number   |   |                |                 |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |     |  |   |                |                 |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Joanne Eckberg Private Home  |   |   |     | Type of Facility (4)   |   |                |                 |             |           |
| Street Address<br>6 East 91St  |   |   |     | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |   |                |                 |             |           |
| City (5)<br>Peahala Park NJ 08008  |   |   |     | Square Feet<br>1000+   | # of Floors<br>2                          |                |                 |             |           |
|  |   |   |     | Bldg. Age<br>35+   |   |                |                 |             |           |
| County (6)<br>Ocean  |   | County Code (7)<br>(STATE USE ONLY)   |     | Current Use (Prior if being demolished)<br>Home  |   |                |                 |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |   | ASCM No.  |     | Name of Abatement Contractor (9)<br>Pernaco Inc  |   |                |                 |             |           |
| Street Address   |   |   |     | Street Address<br>PO Box 329   |   |                |                 |             |           |
| City, State, Zip Code  |   |   |     | City, State, Zip Code<br>West Berlin NJ 08091  |   |                |                 |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.   |     | Telephone No.<br>856-753-9800  | License No.<br>00727                      |                |                 |             |           |
| Start Date (10)<br>10/3/13   |   | Scheduled Completion Date (11)<br>10/10/13  |     | Name of OSHA Monitor<br>Same   |   |                |                 |             |           |
| Occupancy Status During Abatement (Check Only One)   |   |   |     | Street Address   |   |                |                 |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   |   |     | City, State, Zip Code  |   |                |                 |             |           |
| Scope of Work (Check All That Apply)   |   |   |     |  |   |                |                 |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |   | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   |     | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |                |                 |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |   |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  | Amount (Specify SF or LF)                 | Abatement Type |                 |             |           |
|  | Yes   | No  | N/A |  |   | Removal        | Repair          | Encapsulate | Enclosure |
| Exterior Siding  |   |   | x   | Exterior Siding  | 1500 SF                                   | x              |                 |             |           |
|  |   |   |     |  |   |                |                 |             |           |
|  |   |   |     |  |   |                |                 |             |           |
|  |   |   |     |  |   |                |                 |             |           |
| Name of Registered Waste Hauler<br>United Containers   |   | NJDEP Waste Hauler ID No.<br>22459  |     | Cubic Yards of Waste<br>2  | Name of Registered Landfill<br>G.R.O.W.S. |                |                 |             |           |
| City, State<br>Elm NJ  |   |   |     | Disposal Date<br>10/10/13  | City, State<br>Morrisville PA 19067       |                |                 |             |           |
| Completed by<br>Anthony T Perna  |   | Title<br>President  |     | Signature  |   |                | Date<br>9/24/13 |             |           |

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

**CL # 3601**


| Date of Notification (1)<br>9/24/13  |   | Name of Building Owner/Operator (2)<br>Dennis & Cathy Brazill Private Home   |   |  |                           |                 |        |             |           |
|--|---|--|---|--|---------------------------|-----------------|--------|-------------|-----------|
| Agencies Notified  |   | Street Address<br>128 Jeanette Ave (78th St)   |   |  |                           |                 |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation           |   |  |                           |                 |        |             |           |
|  |   | City, State, Zip Code<br>Beach Haven Crest NJ 08008  |   |  |                           |                 |        |             |           |
|  |   | Name of Contact<br>Dennis  |   |  |                           |                 |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |   |  |                           |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Dennis & Cathy Brazill Private Home  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |   |  |                           |                 |        |             |           |
| Street Address<br>128 Jeanette Ave (78th St)   |   | Square Feet<br>1000+   | # of Floors<br>2  |  |                           |                 |        |             |           |
| City (5)<br>Beach Haven Crest NJ 08008   |   | Bldg. Age<br>35+   |   |  |                           |                 |        |             |           |
| County (6)<br>Ocean  | County Code (7)<br>(STATE USE ONLY)                                   | Current Use (Prior if being demolished)<br>Home  |   |  |                           |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |   | ASCM No.   | Name of Abatement Contractor (9)<br>Pernaco Inc   |  |                           |                 |        |             |           |
| Street Address   |   | Street Address<br>PO Box 329   |   |  |                           |                 |        |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>West Berlin NJ 08091  |   |  |                           |                 |        |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.<br>856-753-9800  | License No.<br>00727  |  |                           |                 |        |             |           |
| Start Date (10)<br>10/3/13   | Scheduled Completion Date (11)<br>10/10/13                            | Name of OSHA Monitor<br>Same   |   |  |                           |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Street Address   |   |  |                           |                 |        |             |           |
|  |   | City, State, Zip Code  |   |  |                           |                 |        |             |           |
| Scope of Work (Check All That Apply)   |   |  |   |  |                           |                 |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |   |  |                           |                 |        |             |           |
|  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |                           |                 |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |  |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type  |        |             |           |
|  | Yes   | No   | N/A   |  |                           | Removal         | Repair | Encapsulate | Enclosure |
| Exterior Siding  |   |  | x   | Exterior Siding  | 2300 SF                   | x               |        |             |           |
|  |   |  |   |  |                           |                 |        |             |           |
|  |   |  |   |  |                           |                 |        |             |           |
|  |   |  |   |  |                           |                 |        |             |           |
| Name of Registered Waste Hauler<br>United Containers   |   | NJDEP Waste Hauler ID No.<br>22459   | Cubic Yards of Waste<br>3   | Name of Registered Landfill<br>G.R.O.W.S.  |                           |                 |        |             |           |
| City, State<br>Elm NJ  |   | Disposal Date<br>10/10/13  |   | City, State<br>Morrisville PA 19067  |                           |                 |        |             |           |
| Completed by<br>Anthony T Perna  |   | Title<br>President   | Signature<br> |  |                           | Date<br>9/24/13 |        |             |           |

\* 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 # 3000

|  |   |  |   |  |                           |                |        |                 |           |
|--|---|--|---|--|---------------------------|----------------|--------|-----------------|-----------|
| Date of Notification (1)<br>9/24/13  |   | Name of Building Owner/Operator (2)<br>Mark Halverson Private Home   |   |  |                           |                |        |                 |           |
| Agencies Notified  | Type Notification   | Street Address<br>23 East 9th Street   |   |  |                           |                |        |                 |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____  | City, State, Zip Code<br>Beach Haven NJ 08008  |   |  |                           |                |        |                 |           |
| <input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Name of Contact<br>Mark  |   |  |                           |                |        |                 |           |
|  |   | Telephone Number _____   |   |  |                           |                |        |                 |           |
| <b>FACILITY INFORMATION</b>  |   |  |   |  |                           |                |        |                 |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Mark Halverson Private Home  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |   |  |                           |                |        |                 |           |
| Street Address<br>23 East 9th Street   |   | Square Feet<br>1000 +  | # of Floors<br>1.5                              |  |                           |                |        |                 |           |
| City (5)<br>Beach Haven NJ 08008   |   | Bldg. Age<br>35+   |   |  |                           |                |        |                 |           |
| County (6)<br>Ocean  | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>Home  |   |  |                           |                |        |                 |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |   | ASCM No. _____   | Name of Abatement Contractor (9)<br>Pernaco Inc |  |                           |                |        |                 |           |
| Street Address   |   | Street Address<br>PO Box 329   |   |  |                           |                |        |                 |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>West Berlin NJ 08091  |   |  |                           |                |        |                 |           |
| Project Manager for Monitoring Firm  |   | Telephone No.<br>856-753-9800  | License No.<br>00727                            |  |                           |                |        |                 |           |
| Start Date (10)<br>10/3/13   | Scheduled Completion Date (11)<br>10/4/13   | Name of OSHA Monitor<br>Same   |   |  |                           |                |        |                 |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Street Address   |   |  |                           |                |        |                 |           |
|  |   | City, State, Zip Code  |   |  |                           |                |        |                 |           |
| Scope of Work (Check All That Apply)   |   |  |   |  |                           |                |        |                 |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |   |  |                           |                |        |                 |           |
|  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |                           |                |        |                 |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                 |  |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |                 |           |
|  | Yes   | No   | N/A   |  |                           | Removal        | Repair | Encapsulate     | Enclosure |
| Exterior Siding  |   |  | x   | Exterior Siding  | 1500 SF                   | x              |        |                 |           |
|  |   |  |   |  |                           |                |        |                 |           |
|  |   |  |   |  |                           |                |        |                 |           |
|  |   |  |   |  |                           |                |        |                 |           |
| Name of Registered Waste Hauler<br>United Containers   |   | NJDEP Waste Hauler ID No.<br>22459   | Cubic Yards of Waste<br>3                       | Name of Registered Landfill<br>G.R.O.W.S   |                           |                |        |                 |           |
| City, State<br>Elm NJ  |   | Disposal Date<br>10/4/13   |   | City, State<br>Morrisville PA 19067  |                           |                |        |                 |           |
| Completed by<br>Anthony T Perna  |   | Title<br>President   |   | Signature<br>                              |                           |                |        | Date<br>9/24/13 |           |

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

| Date of Notification (1)<br>9/24/13  |  | Name of Building Owner/Operator (2)<br>Bob Buns Private Home  |   |   |                           |                |                 |             |           |
|--|--|---|---|---|---------------------------|----------------|-----------------|-------------|-----------|
| Agencies Notified  | Type Notification  | Street Address<br>7 East Seabreeze  |   |   |                           |                |                 |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Peahala Park NJ 08008  |   |   |                           |                |                 |             |           |
|  |  | Name of Contact<br>Bob  |   |   |                           |                |                 |             |           |
|  |  | Telephone Number _____  |   |   |                           |                |                 |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |   |   |                           |                |                 |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Bob Buns Private Home  |  | Type of Facility (4)  |   |   |                           |                |                 |             |           |
| Street Address<br>7 East Seabreeze   |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |   |                           |                |                 |             |           |
| City (5)<br>Peahala Park NJ 08008  |  | Square Feet<br>1000 +   | # of Floors<br>1.5                              |   |                           |                |                 |             |           |
| County (6)<br>Ocean  |  | Bldg. Age<br>35+  |   |   |                           |                |                 |             |           |
| County Code (7)<br>(STATE USE ONLY) _____  |  | Current Use (Prior if being demolished)<br>Home   |   |   |                           |                |                 |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | ASCM No. _____  | Name of Abatement Contractor (9)<br>Pernaco Inc |   |                           |                |                 |             |           |
| Street Address   |  | Street Address<br>PO Box 329  |   |   |                           |                |                 |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>West Berlin NJ 08091   |   |   |                           |                |                 |             |           |
| Project Manager for Monitoring Firm  |  | Telephone No. _____   | License No.<br>00727                            |   |                           |                |                 |             |           |
| Start Date (10)<br>10/3/13   | Scheduled Completion Date (11)<br>10/4/13  | Name of OSHA Monitor<br>Same  |   |   |                           |                |                 |             |           |
| Occupancy Status During Abatement (Check Only One)   |  | Street Address  |   |   |                           |                |                 |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____           |  | City, State, Zip Code   |   |   |                           |                |                 |             |           |
| Scope of Work (Check All That Apply)   |  |   |   |   |                           |                |                 |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  |   |   |   |                           |                |                 |             |           |
| <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |  |   |   |   |                           |                |                 |             |           |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |   |   |                           |                |                 |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                 |             |           |
|  | Yes  | No  | N/A   |   |                           | Removal        | Repair          | Encapsulate | Enclosure |
| Exterior Siding  |  |   | x   | Exterior Siding   | 1500 SF                   | x              |                 |             |           |
|  |  |   |   |   |                           |                |                 |             |           |
|  |  |   |   |   |                           |                |                 |             |           |
|  |  |   |   |   |                           |                |                 |             |           |
| Name of Registered Waste Hauler<br>United Containers   |  | NJDEP Waste Hauler ID No.<br>22459  | Cubic Yards of Waste<br>3                       | Name of Registered Landfill<br>G.R.O.W.S  |                           |                |                 |             |           |
| City, State<br>Elm NJ  |  | Disposal Date<br>10/4/13  |   | City, State<br>Morrisville PA 19067   |                           |                |                 |             |           |
| Completed by<br>Anthony T Perna  |  | Title<br>President  |   | Signature<br>                           |                           |                | Date<br>9/24/13 |             |           |



SEP 26 2013

## New Jersey Department of Health

Consumer, Environmental &amp; Occupational Health Service

PO Box 368, Trenton, NJ 08625-0368

Telephone: 609-826-4950 Fax: 609-826-4975

## NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

|                                      |                      |
|--------------------------------------|----------------------|
| APPROVED                             |                      |
| NJ Dept. of Health & Senior Services |                      |
| <u>Paul C. Horner</u><br>(signature) |                      |
| Date: <u>9/23/13</u>                 | Time: <u>1:14 PM</u> |

No CK

## Type of Notification (check one) and Date Submitted

☒ Initial ☐ Amended ☐ Cancellation ☒ Emergency (must include justification) Date of Notification: 09/20/2013

## Building Information

Name of Building Owner/Operator: Scott Voron

Street Address: 522 S. English Creek City: Egg Harbor City State: N.J. Zip: 08215

Name of Contact: Scott Voron Telephone No. \_\_\_\_\_

## Facility Information

Name of Facility Where Work Activity is to Take Place: Residence

Describe Facility Use: Residence

Street Address: 522 S. English Creek Road City: Egg Harbor City State: NJ Zip: 08215

County Name: Atlantic County Code (state use only): \_\_\_\_\_

Scheduled Start Date: 09/25/2013 Scheduled Completion Date: 09/27/2013

## Occupancy Status During Activity (check only one):

- ☒ Facility Closed/Vacated During Entire Activity
- ☐ Activity Performed Outside Normal Facility Hours—Describe: \_\_\_\_\_
- ☐ Other—Describe: \_\_\_\_\_

## Scope of Work (check all that apply):

- ☒ Floor Tile Square Footage: 185 SF Percentage Asbestos: \_\_\_\_\_
- ☒ Mastic Square Footage: 250 SF Percentage Asbestos: \_\_\_\_\_
- ☐ Other Square Footage: \_\_\_\_\_ Percentage Asbestos: \_\_\_\_\_

## Contractor Information

Company Name: Shade Environmental, LLC Telephone No.: (856)755-0099

Street Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052

New Jersey Asbestos License Number (if applicable): 00842

Monitoring Firm (if applicable): MDG Environmental Telephone No.: 856-755-9300

## Signature

Completed by (type or print legibly): Christina Lynch Title: Office Manager

Signature: [Signature] Date: 09/20/2013

New Jersey Department of Health  
Consumer, Environmental & Occupational Health Service  
PO Box 369, Trenton, NJ 08625-0369  
Telephone: 609-826-4950 Fax: 609-826-4975

CONTRACTOR INFORMATION FOR NON-FRIABLE ASBESTOS WORK ACTIVITIES—Exemption Request 2 6 2013  
Please Type or Print Legibly

Type of Exemption Request

☒ Floor Tile ☐ Roofing ☐ Siding ☐ Transite ☐ Other, explain: \_\_\_\_\_

General Information

Name of Company: **Shade Environmental, LLC**

Type of Company: ☐ Corporation ☐ Individual ☒ Partnership

Mailing Address: **623 Cutler Avenue** City: **Maple Shade** State: **NJ** Zip: **08052**

Company Name: **Shade Environmental, LLC** Telephone No.: \_\_\_\_\_

Fax No.: **(856)482-5879** Telephone No.: **(856)755-0099** Federal I.D. Number: **87-0721731**

Corporation Number (if applicable): **n/a** Date Incorporated: \_\_\_\_/\_\_\_\_/\_\_\_\_ State Incorporated In: \_\_\_\_\_

Primary Company Contact

Name: **William J. Lynch** Title: **Owner** Telephone No.: **(856)755-0099**

Address: **623 Cutler Avenue** City: **Maple Shade** State: **NJ** Zip: **08052**

Company (as identified above) Information

How long has the company/agency been in existence? **9** Years **7** Months

Has the company's name changed within the past two (2) years? ☒ No ☐ Yes If yes, explain below: \_\_\_\_\_

Is the company/agency an affiliate or subsidiary of any other organization? ☒ No ☐ Yes\*

\*If you answered yes to the above question, list the name(s) and address(es) to the related organization(s) and explain the relationship on a separate piece of paper.

List all owners, partners, shareholders (10% or more), officers, and directors of the company (use a separate piece of paper if necessary):

| Name (Last, First, Middle Initial) | Address               | Office/Title | % Ownership |
|------------------------------------|-----------------------|--------------|-------------|
| Lynch, Diana B.                    | 623 Cutler Avenue     | Owner        | 80%         |
|                                    | Maple Shade, NJ 08052 |              |             |
| Lynch, William J.                  | 623 Cutler Avenue     | Owner        | 20%         |
|                                    | Maple Shade, NJ 08052 |              |             |

Go To Page 2 to Complete This Application



CONTRACTOR INFORMATION FOR NON-FRIABLE ASBESTOS WORK ACTIVITIES (cont'd)

Company's History of Legal Actions

SEP 26 2013

If you answer "yes" to any of the following questions, you must provide a detailed statement to fully explain the circumstances, and attach the statement to this form.

Has the company or any person identified on this form:

been subject to, or has pending, any disciplinary action(s), suspension(s), or citation(s) of violation(s) by any administrative, governmental or regulatory agency, including, but not limited to, OSHA, EPA, NJDOLWD, NJDEP, NJDCA or NJDHSS?

☐ No ☒ Yes

now or has been subject to any order resulting from any criminal, civil or administrative proceeding brought against such company, persons or parties by any administrative, governmental or regulatory agency?

☒ No ☐ Yes

been denied any license/certification/approval, or had it suspended or revoked by any administrative, governmental or regulatory agency?

☒ No ☐ Yes

been disbarred, suspended or disqualified by any federal, state or municipal agency?

☒ No ☐ Yes

been a defendant in any civil or criminal litigation?

☒ No ☐ Yes

Historical Data (check most appropriate)

☒ intend to use the data provided by the RFCI which indicates that no significant exposure exists during the removal of asbestos containing floor tiles, when their methodology is applied to their described situation.

☐ The RFCI data is not applicable to the floor tile removal I am undertaking. Attached is data for the removal method which will be employed. This data represents airborne asbestos levels generated during and after the removal, and is proof that no significant exposure exists.

☐ I am undertaking the removal of (check one): ☐ transite ☐ roofing ☐ siding

Attached is historical or current data for this type of removal which indicates that no significant exposure exists during or after the removal of the material.

Statement and Signature

I agree that the information contained herein is accurate, true and complete, to the best of my knowledge. I understand that if such information contained herein is found to be false, I may be subject to the penalty provisions of N.J.A.C. 8:60.

I understand that this information is subject to verification and that I agree to provide any additional documentation, as required. For the same purpose, I also understand that outside sources may be contacted, therefore I hereby give permission for disclosure of any information which may be needed to determine if the contents of this document is valid and/or eligible. I also understand that failure to provide full disclosure of any of the requested or required information may result in the rejection of this request. I also understand that completion of this form does not guarantee approval of this Request.

By signing this form, I understand that, should this request be approved, I am required to follow any and all procedures prescribed by the New Jersey Department of Health in regulation and/or guidance documents as provided.

I am authorized to sign for and in behalf of persons listed as owners, partners, shareholders, officers and directors of the company identified in this document.

Name (Print): Christina Lynch

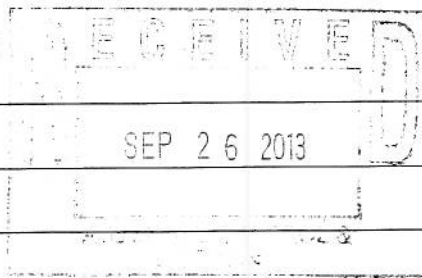
Title: Office Manager

Signature:



Date: 09/20/2013

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



CK# 13096  
**\*HURRICANE SANDY WAIVER**

|  |   |  |  |  |                           |                 |        |             |           |
|--|---|--|--|--|---------------------------|-----------------|--------|-------------|-----------|
| Date of Notification (1)<br>SEPT. 24, 2013   |   | Name of Building Owner/Operator (2)<br>KATHLEEN R. TOPLEY  |  |  |                           |                 |        |             |           |
| Agencies Notified  | Type Notification   | Street Address<br>560 RIVERSIDE DRIVE  |  |  |                           |                 |        |             |           |
| <input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>MANASQUAN, NJ 08736   |  |  |                           |                 |        |             |           |
|  |   | Name of Contact<br>CHARLES HULLFISH  |  |  |                           |                 |        |             |           |
|  |   | Telephone Number _____   |  |  |                           |                 |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |  |  |                           |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>TOPLEY RESIDENCE   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |  |  |                           |                 |        |             |           |
| Street Address<br>560 RIVERSIDE DRIVE  |   | Square Feet<br>800 SF  | # of Floors<br>1   |  |                           |                 |        |             |           |
| City (5)<br>MANASQUAN  |   | Bldg. Age<br>1920  |  |  |                           |                 |        |             |           |
| County (6)<br>MONMOUTH   | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>PRIOR RESIDENCE   |  |  |                           |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |   | ASCM No. _____   | Name of Abatement Contractor (9)<br>Finishing Touch Asbestos Abatement Corp., Inc. |  |                           |                 |        |             |           |
| Street Address   |   | Street Address<br>17 Thompson Street   |  |  |                           |                 |        |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>West Long Branch, NJ 07764  |  |  |                           |                 |        |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No. _____  | License No. _____  |  |                           |                 |        |             |           |
| Start Date (10)<br>9/26/13   |   | Scheduled Completion Date (11)<br>9/27/13  |  |  |                           |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: _____ |   | Name of OSHA Monitor<br>N/A  |  |  |                           |                 |        |             |           |
|  |   | Street Address   |  |  |                           |                 |        |             |           |
|  |   | City, State, Zip Code  |  |  |                           |                 |        |             |           |
| Scope of Work (Check All That Apply)   |   |  |  |  |                           |                 |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |  |  |                           |                 |        |             |           |
|  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |                           |                 |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |  | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type  |        |             |           |
|  | Yes   | No   | N/A  |  |                           | Removal         | Repair | Encapsulate | Enclosure |
| EXTERIOR   |   |  | X  | SIDING   | 800 SF                    | X               |        |             |           |
|  |   |  |  |  |                           |                 |        |             |           |
|  |   |  |  |  |                           |                 |        |             |           |
| Name of Registered Waste Hauler<br>Finishing Touch Asbestos Abatement Corp., Inc.  |   | NJDEP Waste Hauler ID No.<br>12058   | Cubic Yards of Waste<br>6 CY   | Name of Registered Landfill<br>GROWS NORTH LANDFILL  |                           |                 |        |             |           |
| City, State<br>OCEANPORT, NJ 07757-0400  |   | Disposal Date<br>9/24/13   |  | City, State<br>MORRISVILLE, NJ   |                           |                 |        |             |           |
| Completed by<br>JOSEPH P. MILLER   |   | Title<br>PRESIDENT   | Signature<br>  |  |                           | Date<br>9/24/13 |        |             |           |