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

Check # 10169

|   |   |  |  |
|---|---|--|--|
| Date of Notification (1) <b>September 23, 2015</b><br><del>September 18, 2015</del>   |   | Name of Building Owner / Operator (2)<br><b>MCP 8 King Road LLC</b>  |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>1</u><br><input type="checkbox"/> Cancellation | Street Address<br><b>260 Franklin Street, Suite 620</b><br><br>City, State & Zip Code<br><b>Boston, MA 02110</b><br><br>Name of Contact _____ Telephone Number _____ |  |

| FACILITY INFORMATION   |  |   |                                |
|--|--|---|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Spectra Laboratories</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, home, etc.) |                                |
| Street Address<br><b>East Building - 8 King Road</b>   |  | Square Feet<br><b>200,000</b>   | # of Floors<br><b>2</b>        |
| City (5)<br><b>Rockleigh</b>   |  | Bldg. Age<br><b>70</b>  |                                |
| County (6)<br><b>Bergen</b>  |  | Current Use (Prior if being demolished)<br><b>Medical Laboratories</b>  |                                |
| County Code (7)<br><b>USE ONLY</b>   |  |   |                                |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Arcadis U.S., Inc.</b>   |  | ASCN No.  |                                |
| Street Address<br><b>35 Columbia Road</b>  |  | Name of Abatement Contractor (9)<br><b>Synatech, Inc.</b>   |                                |
| City, State & Zip Code<br><b>Branchburg, NJ 08876</b>  |  | Street Address<br><b>829 Radio Road</b>   |                                |
| Project Manager for Monitoring Firm<br><b>Alex Hernandez</b>   |  | Telephone Number<br><b>908-526-1000</b>   | License Number<br><b>00817</b> |
| Scheduled Start Date (10)<br><b>October 19, 2015</b>   | Scheduled Completion Date (11)<br><b>November 20, 2015</b> | Name of OSHA Monitor<br><b>Synatech, Inc.</b>   |                                |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Hours<br><input checked="" type="checkbox"/> Other - Describe: <b>Abatement in Unoccupied Construction Area</b><br><input type="checkbox"/> Facility Occupied During Abatement |  | Street Address<br><b>829 Radio Road</b>   |                                |
|  |  | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |                                |

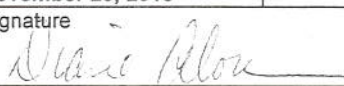
  

|   |   |  |  |
|---|---|--|--|
| Scope of Work (Check all that apply)  |   |  |  |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure |  |

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |    |     | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|---|--|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
|   | Yes  | No | N/A |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| Storage Area  |  |    | X   | Mastic  | 1,500 SF                  | X              |        |             |           |
|   |  |    |     |   |                           |                |        |             |           |
|   |  |    |     |   |                           |                |        |             |           |
|   |  |    |     |   |                           |                |        |             |           |

|  |   |   |  |
|--|---|---|--|
| Name of Registered Waste Hauler<br><b>Synatech, Inc.</b> | NJDEP Waste Hauler ID<br><b>#27429</b>  | Cubic Yards of Waste<br><b>12</b>   | Name of Registered Landfill<br><b>Grows Landfill</b>           |
| City, State<br><b>Little Egg Harbor, NJ 08087</b>        |   | Disposal Date<br><b>November 23, 2015</b>   | City, State<br><b>Morrisville, PA</b>                          |
| Completed By<br><b>Diane Aloia</b>                       | Title<br><b>Executive Administrator</b> | Signature<br> | Date<br><b>September 23, 2015</b><br><b>September 18, 2015</b> |

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

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

Check # 10169

|  |   |   |  |
|--|---|---|--|
| Date of Notification (1)<br><b>September 18, 2015</b>  |   | Name of Building Owner / Operator (2)<br><b>MCP 8 King Road LLC</b>   |  |
| Agencies Notified  | Type Notification   | Street Address  |  |
| <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   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Cancellation | <b>260 Franklin Street, Suite 620</b><br><br>City, State & Zip Code<br><b>Boston, MA 02110</b><br><br>Name of Contact _____ Telephone Number _____  |  |
| <b>FACILITY INFORMATION</b>  |   |   |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Spectra Laboratories</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, home, etc.)   |  |
| Street Address<br><b>East Building - 8 King Road</b>   |   | Square Feet<br><b>200,000</b>   | # of Floors<br><b>2</b>                              |
| City (5)<br><b>Rockleigh</b>   |   | Bldg. Age<br><b>70</b>  |  |
| County (6)<br><b>Bergen</b>  |   | Current Use (Prior if being demolished)<br><b>Medical Laboratories</b>  |  |
| County Code (7)<br><b>USE ONLY</b>   |   |   |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Arcadis U.S., Inc.</b>   |   | Name of Abatement Contractor (9)<br><b>Synatech, Inc.</b>   |  |
| Street Address<br><b>35 Columbia Road</b>  |   | Street Address<br><b>829 Radio Road</b>   |  |
| City, State & Zip Code<br><b>Branchburg, NJ 08876</b>  |   | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |  |
| Project Manager for Monitoring Firm<br><b>Alex Hernandez</b>   |   | Telephone Number<br><b>908-526-1000</b>   | License Number<br><b>00817</b>                       |
| Scheduled Start Date (10)<br><b>October 5, 2015</b>  | Scheduled Completion Date (11)<br><b>November 2, 2015</b>   | Name of OSHA Monitor<br><b>Synatech, Inc.</b>   |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Hours<br><input checked="" type="checkbox"/> Other - Describe: <b>Abatement in Unoccupied Construction Area</b><br><input type="checkbox"/> Facility Occupied During Abatement |   | Street Address<br><b>829 Radio Road</b><br><br>City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>   |  |
| Scope of Work (Check all that apply)   |   |   |  |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" 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 IN Facility (13)</b>   | Is Location Normally Used Solely by Maintenance or 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)                            |
|  | Yes No N/A  |   |  |
| Storage Area   |   | Mastic  | 1,500 SF   |
|  |   |   |  |
|  |   |   |  |
| Name of Registered Waste Hauler<br><b>Synatech, Inc.</b>   | NJDEP Waste Hauler ID<br><b>#27429</b>  | Cubic Yards of Waste<br><b>12</b>   | Name of Registered Landfill<br><b>Grows Landfill</b> |
| City, State<br><b>Little Egg Harbor, NJ 08087</b>  | Disposal Date<br><b>November 3, 2015</b>  | City, State<br><b>Morrisville, PA</b>   |  |
| Completed By<br><b>Diane Aloia</b>   | Title<br><b>Executive Administrator</b>   | Signature<br><i>Diane Aloia</i>   | Date<br><b>September 18, 2015</b>                    |

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



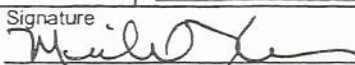
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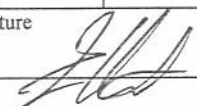
OK 3802

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

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br><b>9-22-15</b>  |  | Name of Building Owner/Operator (2)<br><b>ADAMS CONTRACTING</b>   |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>716 HAVEN AVE</b><br>City, State, Zip Code<br><b>OCEAN CITY N.J. 08226-3713</b><br>Name of Contact<br><b>DEAN ADAMS</b><br>Telephone Number _____  |  |
| <b>FACILITY INFORMATION</b>   |  |   |  |
| 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>509 11<sup>TH</sup> ST</b>   |  | Square Feet<br><b>1500</b>  | # of Floors<br><b>2</b>  |
| City (5)<br><b>OCEAN CITY</b>   |  | Bldg. Age<br><b>50+</b>   |  |
| County (6)<br><b>CAPE MAY</b>   | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)   |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>   | ASCM No.   | Name of Abatement Contractor (9)<br><b>KLEMMCO INC</b>  |  |
| Street Address  |  | Street Address<br><b>369 S. SPRUCE AVE</b>  |  |
| City, State, Zip Code   |  | City, State, Zip Code<br><b>MAPLE SHADE N.J. 08052</b>  |  |
| Project Manager for Monitoring Firm   | Telephone No.  | Telephone No.<br><b>856-779-0472</b>  | License No.<br><b>00444</b>  |
| Start Date (10)<br><b>10-5-15</b>   | Scheduled Completion Date (11)<br><b>10-12-15</b>  | Name of OSHA Monitor<br><b>JOSEPH KLEMM</b>   |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address<br><b>369 S. SPRUCE AVE</b><br>City, State, Zip Code<br><b>MAPLE SHADE N.J. 08052</b>  |  |
| Scope of Work (Check all that apply)  |  |   |  |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf   |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><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) |
|   | Yes  | No  |  |
| <b>SIDING</b>   |  |   | <b>X</b>   |
|   |  |   |  |
|   |  |   |  |
|   |  |   |  |
|   |  |   |  |
|   |  |   |  |
| Name of Registered Waste Hauler<br><b>KLEMMCO INC</b>   | NJDEP Waste Hauler ID No.<br><b>15904</b>  | Cubic Yards of Waste  | Name of Registered Landfill<br><b>C.M.C.M.U.A</b>  |
| City, State<br><b>MAPLE SHADE N.J.</b>  |  | Disposal Date   | City, State<br><b>WOODBINE N.J.</b>  |
| Completed By<br><b>MICHAEL KLEMM</b>  | Title<br><b>V/P</b>  | Signature<br>   | Date<br><b>9-22-15</b>   |

CK 1132

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

| Date of Notification (1)<br><b>09/19/15</b>   |   | Name of Building Owner/Operator (2)<br><b>SARAH CHEN</b> |  | SEP 23 2015  |  |                |  |  |  |         |        |             |           |          |
|---|---|--|--|--|--|----------------|--|--|--|---------|--------|-------------|-----------|----------|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation  |  | Street Address<br><b>216 SUMMIT AVE</b><br>City, State, Zip Code<br><b>JERSEY CITY, NJ. 07304</b><br>Name of Contact<br><b>SARAH CHEN</b>  |  |  |                |  |  |  |         |        |             |           |          |
|   |   |  | Telephone Number<br>_____  |  |  |                |  |  |  |         |        |             |           |          |
|   | <b>FACILITY INFORMATION</b>   |  |  |  |  |                |  |  |  |         |        |             |           |          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>SARAH'S HOME</b><br>Street Address<br><b>216 SUMMIT AVE</b><br>City (5)<br><b>JERSEY CITY</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.)<br>Square Feet<br><b>2000</b> # of Floors<br><b>2</b> Bldg. Age<br><b>1930</b> |  |  |                |  |  |  |         |        |             |           |          |
| County (6)<br><b>HUDSON</b>   |   | County Code (7)<br>(STATE USE ONLY) _____                |  | Current Use (Prior if being demolished)<br><b>RESIDENCE</b>  |  |                |  |  |  |         |        |             |           |          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>_____  |   | ASCM No.<br>_____  |  | Name of Abatement Contractor (9)<br><b>INDIAN ARROW INDUSTRIES</b><br>Street Address<br><b>144 MILL ST.</b><br>City, State, Zip Code<br><b>PATERSON, NJ. 07501</b> |  |                |  |  |  |         |        |             |           |          |
| Project Manager for Monitoring Firm<br>_____  |   | Telephone No.<br>_____                                   |  | Telephone No.<br><b>973 653 9652</b> License No.<br><b>1257</b>  |  |                |  |  |  |         |        |             |           |          |
| Start Date (10)<br><b>10/01/15</b>  |   | Scheduled Completion Date (11)<br><b>10/31/15</b>        |  | Name of OSHA Monitor<br><b>GORAN IGEV</b><br>Street Address<br><b>144 MILL ST.</b><br>City, State, Zip Code<br><b>PATERSON, NJ. 07501</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: _____  |   |  |  |  |  |                |  |  |  |         |        |             |           |          |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |  |  |  |                |  |  |  |         |        |             |           |          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)<br><b>BASMENT</b>  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes    No    N/A<br><b>✓</b>   |  |  | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)<br><b>TSI</b>                       | Amount (Specify SF or LF)<br><b>120 LF</b> |                |  |  |  |         |        |             |           |          |
|   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4">Abatement Type</th> </tr> <tr> <th>Removal</th> <th>Repair</th> <th>Encapsulate</th> <th>Enclosure</th> </tr> <tr> <td align="center"><b>✓</b></td> <td></td> <td></td> <td></td> </tr> </table> |  |  |  |  | Abatement Type |  |  |  | Removal | Repair | Encapsulate | Enclosure | <b>✓</b> |
| Abatement Type  |   |  |  |  |  |                |  |  |  |         |        |             |           |          |
| Removal   | Repair  | Encapsulate  | Enclosure  |  |  |                |  |  |  |         |        |             |           |          |
| <b>✓</b>  |   |  |  |  |  |                |  |  |  |         |        |             |           |          |
| Name of Registered Waste Hauler<br><b>INDIAN ARROW INDUSTRIES CO.</b>   |   | NJDEP Waste Hauler ID No.<br><b>100161</b>               |  | Cubic Yards of Waste<br><b>TBD</b>   |  |                |  |  |  |         |        |             |           |          |
| City, State<br><b>PATERSON, NJ</b>  |   | Disposal Date<br><b>TBD</b>                              |  | Name of Registered Landfill<br><b>G.R.O.W.S.</b><br>City, State<br><b>TULLYTOWN, PA</b>  |  |                |  |  |  |         |        |             |           |          |
| Completed by<br><b>GORAN IGEV</b>   |   | Title<br><b>SECRETARY</b>                                |  | Signature<br>  |  |                |  |  |  |         |        |             |           |          |
|   |   |  |  | Date<br><b>09/19/15</b>  |  |                |  |  |  |         |        |             |           |          |



09/22/2015 7:13AM FAX

00004/0005

CK # 24935

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 9:60 and 9:16)

DOL - 10 DAY

|   |   |   |  |                                       |                |  |        |
|---|---|---|--|---------------------------------------|----------------|--|--------|
| Date of Notification (1)<br><b>9/22/15</b>  |   | Name of Building Owner/Operator (2)<br><b>Dembach</b>   |  |                                       |                |  |        |
| 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 type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (Including Justification)<br><input type="checkbox"/> Cancellation |  |                                       |                |  |        |
| Street Address<br><b>34 Brainard Ave.</b>   |   | City, State, Zip Code<br><b>Port Monmouth, NJ 07758</b>   |  |                                       |                |  |        |
| Name of Contact<br><b>Dennis Dembach</b>  |   | Telephone Number  |  |                                       |                |  |        |
| <b>FACILITY INFORMATION</b>   |   |   |  |                                       |                |  |        |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residential</b>  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)                            |  |                                       |                |  |        |
| Street Address<br><b>34 Brainard Ave.</b>   |   | Square Feet<br><b>1400</b>  |  |                                       |                |  |        |
| City (5)<br><b>Port Monmouth, NJ 07758</b>  |   | # of Floors<br><b>2</b>   |  |                                       |                |  |        |
| County (6)<br><b>Monmouth</b>   |   | Bldg. Age<br><b>70+/-</b>   |  |                                       |                |  |        |
| County Code (7) (STATE USE ONLY)  |   | Current Use (Prior if being demolished)   |  |                                       |                |  |        |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>DB Environmental</b>  |   | Name of Abatement Contractor (9)<br><b>Stevens Environmental Services, Inc.</b>   |  |                                       |                |  |        |
| Street Address<br><b>4 Berkeley Place</b>   |   | Street Address<br><b>PO Box 322</b>   |  |                                       |                |  |        |
| City, State, Zip Code<br><b>Freehold, NJ</b>  |   | City, State, Zip Code<br><b>Allentown, NJ 08501</b>   |  |                                       |                |  |        |
| Project Manager for Monitoring Firm<br><b>Dave Buncore</b>  |   | Telephone No.<br><b>(732) 740-8408</b>  |  |                                       |                |  |        |
| Start Date (10)<br><b>9/24/15</b>   |   | Scheduled Completion Date (11)<br><b>9/25/15</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: <b>8 am to 4 pm</b>  |   | Name of OSHA Monitor<br><b>DB Environmental</b>   |  |                                       |                |  |        |
| Street Address<br><b>4 Berkeley Place</b>   |   | City, State, Zip Code<br><b>Freehold, NJ 07728</b>  |  |                                       |                |  |        |
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft<br><input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 ft<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Fixable 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 |
| <b>1st Fl. Bathroom</b>   |   | <b>X</b>  |  | <b>25 sf</b>                          | <b>X</b>       |  |        |
|   |   |   |  |                                       |                |  |        |
|   |   |   |  |                                       |                |  |        |
| Name of Registered Waste Hauler<br><b>Stevens Environmental Services, Inc.</b>  |   | NJ DEP Waste Hauler ID No.<br><b>18292</b>  |  | Cubic Yards of Waste<br><b>1 CU</b>   |                | Name of Registered Landfill<br><b>GROWS Landfill</b> |        |
| City, State<br><b>Allentown, NJ</b>   |   | Disposal Date<br><b>9/25/15</b>   |  | City, State<br><b>Morrisville, PA</b> |                |  |        |
| Completed By<br><b>Mahlon E. Stevens</b>  |   | Title<br><b>Project Manager</b>   |  | Signature<br><i>[Signature]</i>       |                | Date<br><b>9/22/15</b>                               |        |

ASB-44  
MAR 00

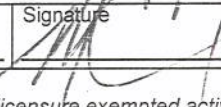
\* Do not use this form for asbestos licensure exempted activities.



CK#24935

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

RECEIVED

|  |   |  |  |  |                                     |         |        |             |
|--|---|--|--|--|-------------------------------------|---------|--------|-------------|
| Date of Notification (1)<br><u>9/22/15</u>   |   | Name of Building Owner/Operator (2)<br><u>Dernbach</u>   |  |  |                                     |         |        |             |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><u>34 Brainard Ave.</u>  |  |  |                                     |         |        |             |
|  |   | City, State, Zip Code<br><u>Port Monmouth, NJ 07758</u>  |  |  |                                     |         |        |             |
|  |   | Name of Contact<br><u>Dennis Dernbach</u>  | Telephone Number<br><u></u>  |  |                                     |         |        |             |
| <b>FACILITY INFORMATION</b>  |   |  |  |  |                                     |         |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br><u>Residential</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>34 Brainard Ave.</u>  |   |  |  |  |                                     |         |        |             |
| City (5)<br><u>Port Monmouth, NJ 07758</u>   |   | Square Feet<br><u>1400</u>   | # of Floors<br><u>2</u>  |  |                                     |         |        |             |
|  |   | Bldg. Age<br><u>70+/-</u>  |  |  |                                     |         |        |             |
| County (6)<br><u>Monmouth</u>  | County Code (7) (STATE USE ONLY)<br><u></u>   | Current Use (Prior if being demolished)<br><u></u>   |  |  |                                     |         |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>DB Environmental</u>   |   | Name of Abatement Contractor (9)<br><u>Stevens Environmental Services, Inc.</u>  |  |  |                                     |         |        |             |
| Street Address<br><u>4 Berkeley Place</u>  |   | Street Address<br><u>PO Box 322</u>  |  |  |                                     |         |        |             |
| City, State, Zip Code<br><u>Freehold, NJ</u>   |   | City, State, Zip Code<br><u>Allentown, NJ 08501</u>  |  |  |                                     |         |        |             |
| Project Manager for Monitoring Firm<br><u>Dave Bunocore</u>  | Telephone No.<br><u>(732) 740-8408</u>  | Telephone No.<br><u>(609) 259-9688</u>   | License No.<br><u>00493</u>  |  |                                     |         |        |             |
| Start Date (10)<br><u>9/24/15</u>  | Scheduled Completion Date (11)<br><u>9/25/15</u>  | Name of OSHA Monitor<br><u>DB Environmental</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: <u>8 am to 4 pm</u>   |   | Street Address<br><u>4 Berkeley Place</u>  |  |  |                                     |         |        |             |
|  |   | City, State, Zip Code<br><u>Freehold, NJ 07728</u>   |  |  |                                     |         |        |             |
| Scope of Work (Check all that apply)   |   |  |  |  |                                     |         |        |             |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |  |  |                                     |         |        |             |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)<br><u>25 sf</u>            | Abatement Type                      |         |        |             |
|  | Yes   | No   |  |  | N/A                                 | Removal | Repair | Encapsulate |
| <u>1st Fl. Bathroom</u>  |   | <input checked="" type="checkbox"/>  | <u>Tile Grout</u>  |  | <input checked="" type="checkbox"/> |         |        |             |
|  |   |  |  |  |                                     |         |        |             |
|  |   |  |  |  |                                     |         |        |             |
|  |   |  |  |  |                                     |         |        |             |
| Name of Registered Waste Hauler<br><u>Stevens Environmental Services, Inc.</u>   |   | NJDEP Waste Hauler ID No.<br><u>18292</u>  | Cubic Yards of Waste<br><u>1 CU</u>  | Name of Registered Landfill<br><u>GROWS Landfill</u> |                                     |         |        |             |
| City, State<br><u>Allentown, NJ</u>  |   | Disposal Date<br><u>9/25/15</u>  |  | City, State<br><u>Morrisville, PA</u>                |                                     |         |        |             |
| Completed By<br><u>Mahlon E. Stevens</u>   | Title<br><u>Project Manager</u>   | Signature<br>  |  |  | Date<br><u>9/22/15</u>              |         |        |             |

## NOTIFICATION OF ASBESTOS ABATEMENT

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

|  |  |   |                  |
|--|--|---|------------------|
| Date of Notification (1)<br>September 22, 2015                                 |  | Name of Building Owner/Operator (2)<br>DnA Demolition                                   |                  |
| Agencies Notified<br>[ X ] EPA<br>[ ] DEP<br>[ X ] DOL<br>[ X ] DOH<br>[ ] DCA | Type of Notification<br>[ ] Initial Notification<br>[ ] Amended Notification<br>Amendment # _____<br>[ X ] Emergency (including justification)<br>[ ] Cancellation | Street Address<br>2156 Camplain Road<br>City, State, Zip Code<br>Hillsborough, NJ 08844 |                  |
|  |  | Name of Contact<br>Antonio Dimuzio  | Telephone Number |

## FACILITY INFORMATION

|   |   |  |  |
|---|---|--|--|
| Name of Facility Where Abatement is Taking Place (3)<br>Residence   |   | Type of Facility (4)<br>[ ] School (k-12)<br>[ ] Subchapter 8 (other than k-12)<br>[ X ] Other (i.e., private & commercial buildings, homes, etc.) |  |
| Street Address<br>27 Lawrence Road  |   |  |  |
| City<br>Madison   | County (6)<br>Morris                      | County Code (7)<br>(STATE USE ONLY)  | Square feet<br>2000 sf   |
|   |   |  | # of Floors<br>2   |
|   |   |  | Bldg. Age<br>80  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Guardian Contracting, Inc.   |   | ASCM No.   | Name of Abatement Contractor (9)<br>Guardian Contracting, Inc. |
| Street Address<br>1889 Route 9, Unit 61   |   | Street Address<br>1889 Route 9, Unit 61  |  |
| City, State, Zip Code<br>Toms River, NJ 08755   |   | City, State, Zip Code<br>Toms River, New Jersey 08755-1271   |  |
| Project Manager for Monitoring Firm<br>Nicholas Fernicola   | Telephone Number<br>732-349-9932          | Telephone Number<br>732-349-9932   | License Number<br>00624  |
| Scheduled Start Date (10)<br>9/22/15  | Scheduled Completion Date (11)<br>9/23/15 | Name of OSHA Monitor<br>E.M.S.L. Analytical  |  |
| Occupancy Status During Abatement (Check only one)<br>[ X ] Facility Closed/Vacated During Entire Period of Abatement<br>[ ] Abatement Performed Outside of Normal Facility Hours<br>[ ] Other - Describe _____ |   | Street Address<br>1056 Stelton Road  |  |
|   |   | City, State, Zip Code<br>Piscataway, New Jersey 08854  |  |
| Scope of Work (Check all that apply)<br>[ X ] >3 sf or ≥3 lf<br>[ ] ≥160 sf or ≥260 lf  |   | [ ] Full Containment with Negative Pressure<br>[ ] Mini-Enclosure<br>[ X ] Glovebag Procedure<br>[ ] Non-Exempted (*) and Non-Friable Procedure    |  |

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>in facility<br>(13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12)<br>YES NO N/A | Description of Asbestos-Containing Material (ACM) (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 |
| Garage   | X  | Duct work  | 20 sf                                  | X                                       |                            |   |   |
|  |  |  |  |   |                            |   |   |
|  |  |  |  |   |                            |   |   |
| Name of Registered Waste Hauler<br>Guardian Contracting, Inc.                                |  | NJDEP Waste Hauler ID No.<br>20223   | Cubic Yards of Waste<br>2              | Name of Registered Landfill<br>T.R.R.F. |                            |   |   |
| City, State<br>Toms River, New Jersey  |  | Disposal Date<br>9/24/15   | City, State<br>Tullytown, Pennsylvania |   |                            |   |   |
| Completed by (Print or Type)<br>Nicholas Fernicola   | Title<br>Project Manager   | Signature  |  |   | Date<br>9/22/2015          |   |   |

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



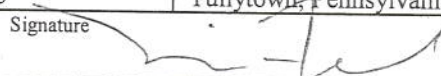
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

|   |   |  |  |
|---|---|--|--|
| Date of Notification (1)<br><b>September 23, 2015</b> |   | Name of Building Owner/Operator (2)<br><b>Crivelli Construction</b> <span style="float: right;">27801</span> |  |
| Agencies Notified                                     | Type of Notification  | Street Address<br><b>1955 Route 35 North, Suite D</b>  |  |
| <input checked="" type="checkbox"/> EPA               | <input type="checkbox"/> Initial Notification                           | City, State, Zip Code<br><b>Ortley Beach, NJ 08751</b> <span style="float: right;">SEP 23 2015</span>        |  |
| <input type="checkbox"/> DEP                          | <input type="checkbox"/> Amended Notification<br>Amendment # _____      |  |  |
| <input checked="" type="checkbox"/> DOL               | <input checked="" type="checkbox"/> Emergency (including justification) | Name of Contact<br><b>Matt Crivelli</b>  |  |
| <input checked="" type="checkbox"/> DOH               | <input type="checkbox"/> Cancellation                                   |  |  |
| <input type="checkbox"/> DCA                          |   | Telephone Number   |  |

**FACILITY INFORMATION**

|   |  |  |   |  |                                |
|---|--|--|---|--|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>  |  |  | Type of Facility (4)  |  |                                |
| Street Address<br><b>32 North Avenue</b>  |  |  | <input type="checkbox"/> School (k-12)  |  |                                |
|   |  |  | <input type="checkbox"/> Subchapter 8 (other than k-12)                                       |  |                                |
| City<br><b>Seaside Park</b>   |  |  | <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |  |                                |
|   |  |  | County (6)<br><b>Ocean</b>  |  |                                |
| County Code (7)<br>(STATE USE ONLY)   |  | Square feet<br><b>2500 sf</b>                    |   | # of Floors<br><b>2</b>  |                                |
|   |  | Bldg. Age<br><b>60</b>                           |   | Current Use (Prior if being demolished)<br><b>Residence</b>                    |                                |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>   |  |  | ASCM No.  |  |                                |
| 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>   |  | License Number<br><b>00624</b> |
| Scheduled Start Date (10)<br><b>9/23/15</b>   |  | Scheduled Completion Date (11)<br><b>9/25/15</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>E<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   | 3800 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>4</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>9/28/15</b>           |  | City, State<br><b>Tullytown, Pennsylvania</b>   |  |  |  |
| Completed by (Print or Type)<br><b>Nicholas Fernicola</b>            |  | Title<br><b>Project Manager</b>           |  | Signature<br> |  | Date<br><b>9/23/2015</b>                       |  |

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


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

Check  
# 9438

|   |  |   |   |
|---|--|---|---|
| Date of Notification (1)<br><b>9-23-15</b>  |  | Name of Building Owner/Operator (2)<br><b>Joey Mink</b>   |   |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br><b>109 Beechwood Road</b>   |
|   |  |   | City, State, Zip Code<br><b>Florham Park, NJ 07932</b>  |
|   |  |   | Name of Contact<br><b>Joey Mink</b>   |
| FACILITY INFORMATION  |  |   |   |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Single family Dwelling</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>109 Beechwood Road</b>   |  | Square Feet<br><b>2</b>   | # of Floors<br><b>2</b>   |
| City (5)<br><b>Florham Park, NJ 07932</b>   |  | Bldg. Age<br><b>60+</b>   |   |
| County (6)<br><b>Morris</b>   |  | County Code (7)<br>(STATE USE ONLY) _____   |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>EPC Technologies</b>  |  | Name of Abatement Contractor (9)<br><b>EPC Technologies Inc</b>   |   |
| Street Address<br><b>P.O. Box 337</b>   |  | Street Address<br><b>P.O. Box 337</b>   |   |
| City, State, Zip Code<br><b>New Egypt, NJ 08533</b>   |  | City, State, Zip Code<br><b>New Egypt NJ 08533</b>  |   |
| Project Manager for Monitoring Firm<br><b>Steve Schenker</b>  |  | Telephone No.<br><b>609 758-3365</b>  |   |
| Start Date (10)<br><b>10-6-15</b>   |  | Scheduled Completion Date (11)<br><b>10-6-15</b>  |   |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____  |  | Name of OSHA Monitor<br><b>EPC Technologies Inc</b>   |   |
|   |  | Street Address<br><b>P.O. Box 337</b>   |   |
|   |  | City, State, Zip Code<br><b>New Egypt NJ 08533</b>  |   |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |   |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A  |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) |
|   |  |   |   |
| Garage  | X  |   | Tape wrap   |
|   |  |   |   |
|   |  |   |   |
|   |  |   |   |
|   |  |   |   |
| Name of Registered Waste Hauler<br><b>EPC Technologies</b>  |  | NJDEP Waste Hauler ID No.<br><b>17000</b>   | Cubic Yards of Waste<br><b>&lt;1</b>  |
| City, State<br><b>New Egypt NJ</b>  |  | Name of Registered Landfill<br><b>Waste Management of PA</b>  |   |
| Disposal Date<br><b>10-7-15</b>   |  | City, State<br><b>Morrisville PA</b>  |   |
| Completed by<br><b>Steve Schenker</b>   |  | Title<br><b>President</b>   | Signature<br><b>Steve Schenker</b>  |
|   |  | Date<br><b>9-23-15</b>  |   |



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

| Date of Notification (1)<br>09-17-15  |  | Name of Building Owner/Operator (2)<br>George Sayrafe   |  |   |                           |                |                  |             |           |
|---|--|---|--|---|---------------------------|----------------|------------------|-------------|-----------|
| Agencies Notified   | Type Notification  | Street Address<br>600 Sylvan Ave.   |  |   |                           |                |                  |             |           |
| <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>Englewood Cliffs, NJ 07632   |  |   |                           |                |                  |             |           |
|   |  | Name of Contact<br>George Sayrafe   | Telephone Number   |   |                           |                |                  |             |           |
| <b>FACILITY INFORMATION</b>   |  |   |  |   |                           |                |                  |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Commercial Building   |  | 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>600 Sylvan Ave.   |  | Square Feet   | # of Floors  |   |                           |                |                  |             |           |
| City (5)<br>Englewood Cliffs  |  | Bldg. Age   |  |   |                           |                |                  |             |           |
| County (6)<br>Bergen  | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)   |  |   |                           |                |                  |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |  | ASCM No.  | Name of Abatement Contractor (9)<br>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.<br>201 216-9603   | License No.<br>01206                                       |   |                           |                |                  |             |           |
| Start Date (10)<br>09-18-15   | Scheduled Completion Date (11)<br>09-19-15   | Name of OSHA Monitor<br>Delfa Contracting LLC   |  |   |                           |                |                  |             |           |
| 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: 7:00 AM- 5:00 PM |  | Street Address<br>522 7th St.   |  |   |                           |                |                  |             |           |
|   |  | 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  |  |   |  |   |                           |                |                  |             |           |
| <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)<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 |
| Ground Floor / Office   |  | X   |  | Pipe Insulation   | 12 LF                     | X              |                  |             |           |
|   |  |   |  |   |                           |                |                  |             |           |
|   |  |   |  |   |                           |                |                  |             |           |
|   |  |   |  |   |                           |                |                  |             |           |
| Name of Registered Waste Hauler<br>Delfa Contracting LLC  |  | NJDEP Waste Hauler ID No.<br>35240  | Cubic Yards of Waste<br>1                                  | Name of Registered Landfill<br>Tullytown Resource Recovery Facility   |                           |                |                  |             |           |
| City, State<br>Union City NJ  |  | Disposal Date<br>07-02-15   |  | City, State<br>Tullytown, PA  |                           |                |                  |             |           |
| Completed by<br>Jaime Delgado   |  | Title<br>Proj. Manager.   |  | Signature<br>                           |                           |                | Date<br>09-17-15 |             |           |

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

Check#2302

|   |  |  |  |
|---|--|--|--|
| Date of Notification (1)<br>09 / 23 / 15  |  | Name of Building Owner/Operator (2)<br>Cristina Sander   |  |
| 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>242 N. Van Dien Avenue  |  | City, State, Zip Code<br>Ridgewood, NJ 07450   |  |
| Name of Contact<br>Cristina Sander  |  | Telephone Number   |  |

FACILITY INFORMATION

|  |  |   |  |
|--|--|---|--|
| 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>242 N. Van Dien Avenue   |  | Square Feet   |  |
| City (5)<br>Ridgewood, NJ 07450  |  | # of Floors   |  |
| County (6)<br>Bergen   |  | Bldg. Age   |  |
| County Code (7) (STATE USE ONLY)   |  | Current Use (Prior if being demolished)   |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>ASCM No.  |  | Name of Abatement Contractor (9)<br>Gr Tech LLC   |  |
| Street Address   |  | Street Address<br>576 Valley Rd #283  |  |
| City, State, Zip Code  |  | City, State, Zip Code<br>Wayne, NJ 07470  |  |
| Project Manager for Monitoring Firm  |  | Telephone No.   |  |
| Telephone No.  |  | License No.<br>973-638-1777 01127   |  |
| Start Date (10)<br>10 / 02 / 15  |  | Scheduled Completion Date (11)<br>10 / 03 / 15  |  |
| Name of OSHA Monitor<br>Envirovision Consultants, Inc  |  | Street Address<br>20-21 Wagaraw Road, Bldg. # 35E   |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM |  | City, State, Zip Code<br>Fair Lawn, NJ 07410  |  |

|  |  |  |  |
|--|--|--|--|
| Scope of Work (Check all that apply)               |  |  |  |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Clean up and decontamination with negative pressure |  |
| <input type="checkbox"/> > 160 sf or >260 lf       | <input type="checkbox"/> Demolition            | <input checked="" type="checkbox"/> Full Containment with Negative Pressure  |  |
|  |  | <input checked="" type="checkbox"/> Mini-Enclosure                           |  |
|  |  | <input type="checkbox"/> Glovebag Procedure                                  | <input type="checkbox"/> Tent with Negative Pressure |
|  |  | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure          |  |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                          |                                     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SIF or LF) | Abatement Type                      |                          |                          |                          |
|--|---|--------------------------|-------------------------------------|--|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Yes   | No                       | N/A                                 |  |                            | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Basement   | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe insulation-wrap&cut   | 150 LF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |  |                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |  |                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |  |                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |  |                                      |  |                               |  |   |  |
|--|--|--------------------------------------|--|-------------------------------|--|---|--|
| Name of Registered Waste Hauler<br>Gr Tech LLC |  | NJDEP Waste Hauler ID No.<br>0033785 |  | Cubic Yards of Waste<br>TBD   |  | Name of Registered Landfill<br>T.R.R.F. Inc |  |
| City, State<br>Wayne, NJ 07470                 |  | Disposal Date<br>TBD                 |  | City, State<br>Tullytown, PA  |  |   |  |
| Completed By (Print or Type)<br>N.Jevtic       |  | Title<br>Owner                       |  | Signature<br><i>N. Jevtic</i> |  | Date<br>09/23/2015                          |  |

ASB-41

MAY 11

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




08/23/2015 12:58

NO.888 #882

OK 2425


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

DEAL - 10 DAY

|  |  |  |     |  |                           |
|--|--|--|-----|--|---------------------------|
| Date of Notification (1)<br>September 28, 2015   |  | Name of Building Owner/Operator (2)<br>Lovo, LLC   |     | Check # 2425   |                           |
| 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"/> OCA   |  | Type Notification<br><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 |     | Street Address<br>10A Jennings Road<br>City, State, Zip Code<br>Madford, NJ 08055<br>Name of Contact<br>Chris Sarandoulas<br>Telephone Number  |                           |
| <b>FACILITY INFORMATION</b>  |  |  |     |  |                           |
| Name of Facility Where Abatement is Taking Place (3)<br>Yale School, Former Queen of Heaven (School Building)  |  |  |     | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 6 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |                           |
| Street Address<br>11 Connecticut Avenue  |  |  |     | Square Feet<br>31,930  |                           |
| City (5)<br>Cherry Hill  |  |  |     | # of Floors<br>2   |                           |
| County (6)<br>Camden   |  |  |     | Bldg. Age<br>55  |                           |
| County Code (7)<br>(STATE USE ONLY)  |  |  |     | Current Use (Prior if being demolished)<br>School  |                           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | ASCM No.   |     | Name of Abatement Contractor (9)<br>Shade Environmental, LLC   |                           |
| Street Address   |  | Street Address<br>823 Cutler Avenue  |     | City, State, Zip Code<br>Maple Shade, NJ 08052   |                           |
| City, State, Zip Code  |  | Telephone No.<br>856-755-0099  |     | License No.<br>00842   |                           |
| Project Manager for Monitoring Firm  |  | Telephone No.  |     | Name of OSHA Monitor<br>EMSL Laboratories  |                           |
| Start Date (10)<br>September 28, 2015  |  | Scheduled Completion Date (11)<br>September 28, 2015   |     | Name of OSHA Monitor<br>EMSL Laboratories  |                           |
| 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>200 Route 130 North<br>City, State, Zip Code<br>Cinnaminson, NJ 08077  |                           |
| Scope of Work (Check All That Apply)   |  |  |     |  |                           |
| <input checked="" type="checkbox"/> $\leq 3$ sf or $\leq 3$ lf<br><input type="checkbox"/> $\geq 150$ sf or $\geq 250$ lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |     | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<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<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) |
|  | Yes  | No   | N/A |  |                           |
| Exterior Computer Storage Room   |  | XXX  |     | Window Caulking & Glazing  | 54 LF                     |
|  |  |  |     |  |                           |
|  |  |  |     |  |                           |
|  |  |  |     |  |                           |
| Name of Registered Waste Hauler<br>Freehold Cartage  |  | NJDEP Waste Hauler ID No.<br>22253   |     | Cubic Yards of Waste<br>1  |                           |
| City, State<br>Freehold, NJ  |  | Dispose Date<br>9/28/2015  |     | Name of Registered Landfill<br>Western Berks Community Landfill  |                           |
| City, State<br>Freehold, NJ  |  | Dispose Date<br>9/28/2015  |     | Name of Registered Landfill<br>Birdsboro, PA   |                           |
| Completed by<br>Christina Lynch  |  | Title<br>Operations Manager  |     | Signature<br><br>Date<br>9/23/2015   |                           |

PK 1213


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

| Date of Notification (1):<br>09/23/2015  |  | Name of Building Owner/Operator (2)<br>Newark Public School |  |  |   |                     |        |            |           |
|--|--|---|--|--|---|---------------------|--------|------------|-----------|
| Agencies Notified<br><br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment#: _____<br><input checked="" type="checkbox"/> Emergency<br>(including justification)<br><input type="checkbox"/> Cancellation | Street Address:<br>2 Cedar Street                           |  |  |   |                     |        |            |           |
|  |  | City, State, Zip Code:<br>Newark, NJ 07102                  |  |  |   |                     |        |            |           |
|  |  | Name of Contact:<br>Mr. Benjamin Olagadeyo                  |  | Telephone Number:<br>_____   |   |                     |        |            |           |
| <b>FACILITY INFORMATION</b>  |  |   |  |  |   |                     |        |            |           |
| Name of Facility: Hawkins Street School  |  |   | 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.) |  |   |                     |        |            |           |
| 8 Hawkins Street   |  |   | Square Feet: _____ # of Floors: _____  |  |   |                     |        |            |           |
| City/ (5)<br>Newark  | County (6):<br>Essex   | County Code (7):<br>07107                                   | Bldg. Age<br>Current Use : School  |  |   |                     |        |            |           |
| Name of Monitoring Firm Hired by Building Owner:<br>TTI ENVIRONMENTAL, INC.  |  | ASCM No.:<br>0003   | Name of Abatement Contractor (9):<br><b>Apex Development, Inc.</b>   |  |   |                     |        |            |           |
| Street Address:<br>1253 North Church Street  |  |   | Street Address:<br><b>658 Rutgers Place</b>  |  |   |                     |        |            |           |
| City, State, Zip Code:<br>Moorestown, NJ 08057   |  |   | City, State, Zip Code:<br><b>Paramus, NJ 07652</b>   |  |   |                     |        |            |           |
| Project Manager for Monitoring Firm:<br>James A. Guilardi  |  | Telephone No.:<br>609-314-1683                              | Telephone No.:<br><b>(973) 350-0101</b>  | License No.:<br><b>01215</b>   |   |                     |        |            |           |
| Start Date (10):<br>09/25/15   | Scheduled Completion Date (11):<br>09/28/15  |   | Name of OSHA Monitor:<br>Metro Analytical Laboratories   |  |   |                     |        |            |           |
| 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>Describe: _____<br><br><input type="checkbox"/> Other<br>Describe: _____                      |  |   | Street Address:<br><b>255 West 36<sup>th</sup> Street, Suite 203</b>   |  |   |                     |        |            |           |
|  |  |   | City, State, Zip Code:<br><b>New York, New York, 10018</b>   |  |   |                     |        |            |           |
| Scope of Work (Check all that apply):<br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf   |  |   |  |  |   |                     |        |            |           |
| <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 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 | Encapsulat | Enclosure |
| <b>CUSTODIAL CLOSET, HALLWAY AJACENT TO CUSTOSIAL CLOSET AND STORAGE ROOM</b>  |  | X   |  | <b>PIPE AND JOINTS INSULATION</b>  | <b>215 LF</b>   | *                   |        |            |           |
|  |  |   |  |  |   |                     |        |            |           |
| Name of Registered Waste Hauler:<br>TRI-STATE TRANSFER ASSOC., INC.  |  | NJDEP Waste Hauler ID No.:                                  |  | Cubic Yards of Waste: 30   | Name of Registered landfill:<br>MINERVA ENTERPRISES ASSOC, INC. |                     |        |            |           |
| City, State:<br>Bronx, NY 10474  |  | Disposal Date:  |  | City, State:<br>Waynesburg, OH 44688   |   |                     |        |            |           |
| Completed By:<br>Sylvester Oraegbunam  |  | Title:<br>President   |  | Signature:<br>                           |   | Date:<br>09/18/2015 |        |            |           |



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

CHECK # 8649

| Date of Notification (1)<br><div style="text-align: center;">09 / 21 / 15</div>   |   | Name of Building Owner/Operator (2)<br><b>New Jersey Institute of Technology</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 #3<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>323 Dr. Martin Luther King Jr. Blvd.</b>   |   |   |                           |                                     |                          |                          |                          |
|   |   | City, State, Zip Code<br><b>Newark, NJ 07102</b>  |   |   |                           |                                     |                          |                          |                          |
|   |   | Name of Contact<br><b>Mr. Joseph Myers</b>  | Telephone Number                            |   |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |   |   |   |   |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>NJIT - Central King Building (CKB)</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)  |   |   |                           |                                     |                          |                          |                          |
| Street Address<br><b>363-383 Martin Luther King Jr. Blvd. (100 Summit Street)</b>   |   |   |   |   |                           |                                     |                          |                          |                          |
| City (5)<br><b>Newark</b>   | Square Feet<br><b>300,000 SF</b>  | # of Floors<br><b>5</b>   | Bldg. Age<br><b>40+</b>                     |   |                           |                                     |                          |                          |                          |
| County (6)<br><b>Essex</b>  | County Code (7)(STATE USE ONLY)   | Current Use (Prior if being demolished)<br><b>University</b>  |   |   |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Omega Environmental Services, Inc.</b>  | ASCM No.<br><b>120</b>  | Name of Abatement Contractor (9)<br><b>East Coast Haz Mat Removal, Inc.</b>   |   |   |                           |                                     |                          |                          |                          |
| Street Address<br><b>280 Huyler Street</b>  |   | Street Address<br><b>494 E. 41 Street</b>   |   |   |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>South Hackensack, NJ 07606</b>  |   | City, State, Zip Code<br><b>Paterson, NJ 07504</b>  |   |   |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Eric Gelhaus</b>  | Telephone No.<br><b>201-489-8700</b>  | Telephone No.<br><b>973-345-0022</b>  | License No.<br><b>00507</b>                 |   |                           |                                     |                          |                          |                          |
| Start Date (10)<br><div style="text-align: center;">08 / 10 / 15</div>  | Scheduled Completion Date (11)<br><div style="text-align: center;">05 / 01 / 16</div>   | Name of OSHA Monitor<br><b>East Coast Haz Mat Removal, Inc.</b>   |   |   |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>AM-3:30PM/</u> <u>PM-12:00AM</u> |   | Street Address<br><b>494 E. 41 Street</b>   |   |   |                           |                                     |                          |                          |                          |
|   |   | City, State, Zip Code<br><b>Paterson, NJ 07504</b>  |   |   |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)  |   |   |   |   |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |   |   |                           |                                     |                          |                          |                          |
|   |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |   | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|   | Yes   | No  | N/A   |   |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| 2nd Floor - Auditorium/Balcony  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>         | Transite  | 160 SF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2nd Floor - Various Location  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>         | Wall Plaster  | 1170 SF                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1st Floor - Southern Corridor   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>         | Ceiling & Wall Plaster  | 840 SF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lower Level - Pump Room   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>         | Pipe Insulation/Fittings  | 55 LF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Freehold Cartage</b>  |   | NJDEP Waste Hauler ID No.<br><b>13206</b>   | Cubic Yards of Waste<br><b>80</b>           | Name of Registered Landfill<br><b>GROWS, Inc.</b>   |                           |                                     |                          |                          |                          |
| City, State<br><b>Paterson, NJ 07504</b>  |   | Disposal Date<br><b>04-30-2016</b>  | City, State<br><b>Morrisville, PA 12506</b> |   |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Leslie Olszewski</b>   | Title<br><b>Project Manager</b>   | Signature<br>   |   |   |                           | Date<br><b>09-21-15</b>             |                          |                          |                          |

| Location of<br>Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility<br>(13) | Is Location<br>Normally<br>Used Solely by<br>Maintenance/<br>Custodial Staff?<br>(12) |                          |                                     | Description of<br>Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation,<br>surfacing, VAT, or<br>other miscellaneous) | Amount<br>(Specify<br>SF or LF) | Abatement Type                      |                          |                          |                          |
|---|---|--------------------------|-------------------------------------|--|---------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|   | Yes   | No                       | N/A                                 |  |                                 | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Penthouse   | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Elbowes/Duct Vib. Cloth-Cut/Wrap   | 10/20 SF                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior - Pool/GYM Facade  | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Waterproofin Mastic  | 300 SF                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lower Level - NE Room   | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Electical Panel  | 12 SF                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Elevator Shaft/Pit  | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Plaster & Debris   | 1490 SF                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lower Level - Various Location  | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation/Fittings   | 1130 LF                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2015 SEP 23 11:12:22



Ck # 2877

2015 SEP 28 12:23

ASB-41  
JAN 13 PD 15103

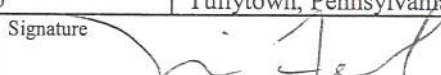
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

|   |   |   |                  |
|---|---|---|------------------|
| Date of Notification (1)<br><b>September 23, 2015</b> |   | Name of Building Owner/Operator (2)<br><b>NJ Turnpike Authority</b> |                  |
| Agencies Notified                                     | Type of Notification  | Street Address  |                  |
| <input checked="" type="checkbox"/> EPA               | <input type="checkbox"/> Initial Notification                           | <b>518 Main Street</b>  |                  |
| <input type="checkbox"/> DEP                          | <input type="checkbox"/> Amended Notification                           | City, State, Zip Code   |                  |
| <input checked="" type="checkbox"/> DOL               | Amendment # _____   | <b>Woodbridge, NJ 07095</b>   |                  |
| <input checked="" type="checkbox"/> DOH               | <input checked="" type="checkbox"/> Emergency (including justification) | Name of Contact   | Telephone Number |
| <input type="checkbox"/> DCA                          | <input type="checkbox"/> Cancellation                                   | <b>Robert Womelsdorf</b>  |                  |

**FACILITY INFORMATION**

|   |  |  |   |  |                                |
|---|--|--|---|--|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Former Sign Shop Bldg. #2</b>      |  |  | Type of Facility (4)  |  |                                |
| Street Address<br><b>Garden State Parkway Mile Post 13.8</b>                                  |  |  | <input type="checkbox"/> School (k-12)                                |  |                                |
|   |  |  | <input type="checkbox"/> Subchapter 8 (other than k-12)               |  |                                |
| City<br><b>Swanton</b>  |  |  | County (6)<br><b>Cape May</b>   |  |                                |
| County Code (7)<br>(STATE USE ONLY)   |  |  | Square feet<br><b>5,000 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>Briggs Associates</b>               |  |  | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b> |  |                                |
| Street Address<br><b>3 Crosswicks Street</b>  |  |  | Street Address<br><b>1889 Route 9, Unit 61</b>                        |  |                                |
| City, State, Zip Code<br><b>Bordentown, NJ 08505</b>  |  |  | City, State, Zip Code<br><b>Toms River, New Jersey 08755-1271</b>     |  |                                |
| Project Manager for Monitoring Firm<br><b>Mike Hoodak</b>                                     |  | Telephone Number<br><b>609-298-5520</b>          | Telephone Number<br><b>732-349-9932</b>                               |  | License Number<br><b>00624</b> |
| Scheduled Start Date (10)<br><b>9/24/15</b>   |  | Scheduled Completion Date (11)<br><b>9/25/15</b> |   | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b>                             |                                |
| Occupancy Status During Abatement (Check only one)  |  |  | Street Address<br><b>1056 Stelton Road</b>                            |  |                                |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement |  |  | City, State, Zip Code<br><b>Piscataway, New Jersey 08854</b>          |  |                                |
| <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours                 |  |  |   |  |                                |
| <input type="checkbox"/> Other - Describe _____   |  |  |   |  |                                |
| Scope of Work (Check all that apply)  |  |  |   |  |                                |
| <input checked="" type="checkbox"/> >3 sf or ≥3 lf  |  | <input type="checkbox"/> Renovation              |   | <input type="checkbox"/> Full Containment with Negative Pressure               |                                |
| <input 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) in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12)<br><br>YES NO N/A |   |  | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                  |                            |   |   |
|---|--|---|--|--|---------------------------|---------------------------------|----------------------------|---|---|
|   |  |   |  |  |                           | R<br>E<br>M<br>O<br>V<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Interior  |  | X |  | Floor joint/expansion caulk  | 50 lf                     | X                               |                            |   |   |
|   |  |   |  |  |                           |                                 |                            |   |   |
|   |  |   |  |  |                           |                                 |                            |   |   |
|   |  |   |  |  |                           |                                 |                            |   |   |

|  |   |   |  |
|--|---|---|--|
| Name of Registered Waste Hauler<br><b>Guardian Contracting, Inc.</b> | NJDEP Waste Hauler ID No.<br><b>20223</b> | Cubic Yards of Waste<br><b>2</b>  | Name of Registered Landfill<br><b>T.R.R.F.</b> |
| City, State<br><b>Toms River, New Jersey</b>                         | Disposal Date<br><b>9/28/15</b>           | City, State<br><b>Tullytown, Pennsylvania</b>   |  |
| Completed by (Print or Type)<br><b>Nicholas Fernicola</b>            | Title<br><b>Project Manager</b>           | Signature<br> | Date<br><b>9/23/2015</b>                       |

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



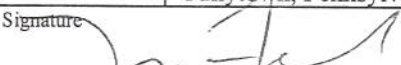
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

|   |   |  |                  |
|---|---|--|------------------|
| Date of Notification (1)<br><b>September 23, 2015</b> |   | Name of Building Owner/Operator (2)<br><b>Walters Residential, LLC</b> |                  |
| Agencies Notified                                     | Type of Notification  | Street Address   |                  |
| <input checked="" type="checkbox"/> EPA               | <input type="checkbox"/> Initial Notification                           | <b>500 Barnegat Blvd. North</b>  |                  |
| <input type="checkbox"/> DEP                          | <input type="checkbox"/> Amended Notification                           |  |                  |
| <input checked="" type="checkbox"/> DOL               | <input type="checkbox"/> Amended Notification # _____                   | City, State, Zip Code  |                  |
| <input checked="" type="checkbox"/> DOH               | <input checked="" type="checkbox"/> Emergency (including justification) | <b>Barnegat, NJ 08005</b>  |                  |
| <input type="checkbox"/> DCA                          | <input type="checkbox"/> Cancellation                                   | Name of Contact  | Telephone Number |
|   |   | <b>Victor</b>  |                  |

**FACILITY INFORMATION**

|   |                            |  |   |  |                        |
|---|----------------------------|--|---|--|------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>                      |                            |  | Type of Facility (4)  |  |                        |
| Street Address<br><b>124 W. Penguin Way</b>   |                            |  | <input type="checkbox"/> School (k-12)                                |  |                        |
|   |                            |  | <input type="checkbox"/> Subchapter 8 (other than k-12)               |  |                        |
| <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |                            |  |   |  |                        |
| City<br><b>Lavallette</b>   | County (6)<br><b>Ocean</b> | County Code (7)<br>(STATE USE ONLY)              | Square feet<br><b>800 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>                             |                            |  | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b> |  |                        |
| Street Address  |                            |  | Street Address  |  |                        |
|   |                            |  | <b>1889 Route 9, Unit 61</b>  |  |                        |
| City, State, Zip Code   |                            |  | City, State, Zip Code   |  |                        |
|   |                            |  | <b>Toms River, New Jersey 08755-1271</b>                              |  |                        |
| Project Manager for Monitoring Firm   |                            | Telephone Number                                 | Telephone Number  |  | License Number         |
|   |                            |  | <b>732-349-9932</b>   |  | <b>00624</b>           |
| Scheduled Start Date (10)<br><b>9/23/15</b>   |                            | Scheduled Completion Date (11)<br><b>9/24/15</b> |   |  |                        |
| Occupancy Status During Abatement (Check only one)  |                            |  | Name of OSHA Monitor  |  |                        |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement |                            |  | <b>E.M.S.L. Analytical</b>  |  |                        |
| <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours                 |                            |  | Street Address  |  |                        |
| <input type="checkbox"/> Other - Describe _____   |                            |  | <b>1056 Stelton Road</b>  |  |                        |
|   |                            |  | City, State, Zip Code   |  |                        |
|   |                            |  | <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) <u>TO BE ABATED</u> in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12)<br><br>YES NO N/A |   |  | Description of Asbestos-Containing Material (ACM) (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 house  |  | X |  | Asbestos siding  | 750 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>9/25/15</b>           | City, State<br><b>Tullytown, Pennsylvania</b>   |  |
| Completed by (Print or Type)<br><b>Nicholas Fernicola</b>            | Title<br><b>Project Manager</b>           | Signature<br> | Date<br><b>9/23/15</b>                         |

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

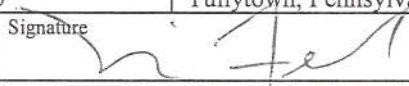
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

|   |   |  |  |
|---|---|--|--|
| Date of Notification (1)<br><b>September 23, 2015</b> |   | Name of Building Owner/Operator (2)<br><b>NJ Turnpike Authority</b> <span style="float: right;">27799</span> |  |
| Agencies Notified                                     | Type of Notification  | Street Address   |  |
| <input checked="" type="checkbox"/> EPA               | <input type="checkbox"/> Initial Notification                           | <b>518 Main Street</b>   |  |
| <input type="checkbox"/> DEP                          | <input type="checkbox"/> Amended Notification                           | City, State, Zip Code<br><b>Woodbridge, NJ 07095</b>   |  |
| <input checked="" type="checkbox"/> DOL               | Amendment # _____   |  |  |
| <input checked="" type="checkbox"/> DOH               | <input checked="" type="checkbox"/> Emergency (including justification) | Name of Contact<br><b>Robert Womelsdorf</b>  |  |
| <input type="checkbox"/> DCA                          | <input type="checkbox"/> Cancellation                                   |  |  |

**FACILITY INFORMATION**

|   |                                     |  |  |  |  |
|---|-------------------------------------|--|--|--|--|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Former Warehouse Bldg. #3</b>  |                                     |  | Type of Facility (4)   |  |  |
| Street Address<br><b>Garden State Parkway Mile Post 94.3</b>  |                                     |  | <input type="checkbox"/> School (k-12)   |  |  |
|   |                                     |  | <input type="checkbox"/> Subchapter 8 (other than k-12)  |  |  |
| City<br><b>Herbertsville</b>  |                                     |  | <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)  |  |  |
|   |                                     |  |  |  |  |
| County (6)<br><b>Ocean</b>  | County Code (7)<br>(STATE USE ONLY) | Square feet<br><b>1,000 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>Briggs Associates</b>   |                                     |  | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b>  |  |  |
| Street Address<br><b>3 Crosswicks Street</b>  |                                     |  | Street Address<br><b>1889 Route 9, Unit 61</b>   |  |  |
| City, State, Zip Code<br><b>Bordentown, NJ 08505</b>  |                                     |  | City, State, Zip Code<br><b>Toms River, New Jersey 08755-1271</b>  |  |  |
| Project Manager for Monitoring Firm<br><b>Mike Hoodak</b>   |                                     | Telephone Number<br><b>609-298-5520</b>          | Telephone Number<br><b>732-349-9932</b>  | License Number<br><b>00624</b>                     |  |
| Scheduled Start Date (10)<br><b>9/25/15</b>   |                                     | Scheduled Completion Date (11)<br><b>9/28/15</b> |  | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b> |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____ |                                     |  | Street Address<br><b>1056 Stelton Road</b>   |  |  |
|   |                                     |  | City, State, Zip Code<br><b>Piscataway, New Jersey 08854</b>   |  |  |
|   |                                     |  |  |  |  |
| Scope of Work (Check all that apply)  |                                     |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |
| <input checked="" type="checkbox"/> >3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf   |                                     |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |  |  |

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

|  |   |   |  |
|--|---|---|--|
| Name of Registered Waste Hauler<br><b>Guardian Contracting, Inc.</b> | NJDEP Waste Hauler ID No.<br><b>20223</b> | Cubic Yards of Waste<br><b>2</b>  | Name of Registered Landfill<br><b>T.R.R.F.</b> |
| City, State<br><b>Toms River, New Jersey</b>                         | Disposal Date<br><b>9/29/15</b>           | City, State<br><b>Tullytown, Pennsylvania</b>   |  |
| Completed by (Print or Type)<br><b>Nicholas Fernicola</b>            | Title<br><b>Project Manager</b>           | Signature<br> | Date<br><b>9/23/2015</b>                       |

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



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

MO#23037706967

|  |  |  |  |
|--|--|--|--|
| Date of Notification (1)<br>09 / 24 / 15   |  | Name of Building Owner/Operator (2)<br>Ronald Roberts  |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8) |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>612 Townsend Place   |  | City, State, Zip Code<br>North Plainfield, NJ 07063  |  |
| Name of Contact<br>Ronald Roberts  |  | Telephone Number   |  |

**FACILITY INFORMATION**

|  |  |   |  |
|--|--|---|--|
| 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>612 Townsend Place   |  | Square Feet   |  |
| City (5)<br>North Plainfield, NJ 07063   |  | # of Floors   |  |
| County (6)<br>Union  |  | Bldg. Age   |  |
| County Code (7) (STATE USE ONLY)   |  | Current Use (Prior if being demolished)   |  |
| Name of Monitoring Firm Hired by Building Owner (8)  |  | Name of Abatement Contractor (9)<br>Gr Tech LLC   |  |
| Street Address   |  | Street Address<br>576 Valley Rd #283  |  |
| City, State, Zip Code  |  | City, State, Zip Code<br>Wayne, NJ 07470  |  |
| Project Manager for Monitoring Firm  |  | Telephone No.<br>973-638-1777   |  |
| Telephone No.  |  | License No.<br>01127  |  |
| Start Date (10)<br>10 / 03 / 15  |  | Scheduled Completion Date (11)<br>10 / 04 / 15  |  |
| 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   |  |
|  |  | Street Address<br>20-21 Wagaraw Road, Bldg. # 35E   |  |
|  |  | City, State, Zip Code<br>Fair Lawn, NJ 07410  |  |

|  |   |  |  |
|--|---|--|--|
| Scope of Work (Check all that apply)   |   |  |  |
| <input checked="" type="checkbox"/> >3 sf or >3 lf<br><input type="checkbox"/> > 160 sf or >260 lf | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition | <input type="checkbox"/> Clean up and decontamination with negative pressure<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Tent with Negative Pressure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                          |                                     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SIF or LF) | Abatement Type                      |                          |                          |                          |
|---|---|--------------------------|-------------------------------------|--|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|   | Yes   | No                       | N/A                                 |  |                            | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Basement  | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe insulation  | 15 LF                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement  | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Elbow insulation   | 30 Elbows                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |  |                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |  |                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |  |                                      |                             |   |                    |
|--|--|--------------------------------------|-----------------------------|---|--------------------|
| Name of Registered Waste Hauler<br>Gr Tech LLC |  | NUDEP Waste Hauler ID No.<br>0033785 | Cubic Yards of Waste<br>TBD | Name of Registered Landfill<br>T.R.R.F. Inc |                    |
| City, State<br>Wayne, NJ 07470                 |  | Disposal Date<br>TBD                 |                             | City, State<br>Tullytown, PA                |                    |
| Completed By (Print or Type)<br>N.Jevtic       |  | Title<br>Owner                       |                             | Signature<br><i>N. Jevtic</i>               | Date<br>09/24/2015 |

CK# 5821


ASB-41

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



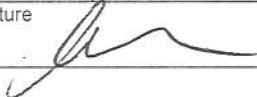
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

*Check 14301*

|  |   |  |   |   |                           |                |                 |             |           |
|--|---|--|---|---|---------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1)<br>9/24/15  |   | Name of Building Owner/Operator (2)<br>Boonpor Dorr  |   |   |                           |                |                 |             |           |
| Agencies Notified  | Type Notification   | Street Address<br>375 Kingsland Avenue   |   |   |                           |                |                 |             |           |
| <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>Lyndhurst, NJ 07071   |   |   |                           |                |                 |             |           |
| <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>Boonpor   | Telephone Number<br>646 888 1111                                    |   |                           |                |                 |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |   |   |                           |                |                 |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>375 Kingsland Avenue   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |   |   |                           |                |                 |             |           |
| City (5)<br>Lyndhurst  |   | Square Feet<br>2100  | # of Floors<br>2  |   |                           |                |                 |             |           |
| County (6)<br>Bergen   |   | County Code (7)<br>(STATE USE ONLY) _____  | Bldg. Age<br>53   |   |                           |                |                 |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |   | ASCM No. _____   | Name of Abatement Contractor (9)<br>ABS Environmental Services, LLC |   |                           |                |                 |             |           |
| Street Address   |   | Street Address<br>PO Box 483, 4 E Gate Drive   |   |   |                           |                |                 |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>Glenwood, NJ 07418  |   |   |                           |                |                 |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.<br>973-583-8500  | License No.<br>703  |   |                           |                |                 |             |           |
| Start Date (10)<br>10/4/15   | Scheduled Completion Date (11)<br>10/21/15  | Name of OSHA Monitor   |   |   |                           |                |                 |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" 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 type="checkbox"/> Demolition   |   |   |                           |                |                 |             |           |
|  |   | <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 | Enclosure |
| basement   |   |  | x   | pipe insulation   | 3 LF                      | x              |                 |             |           |
|  |   |  |   |   |                           |                |                 |             |           |
|  |   |  |   |   |                           |                |                 |             |           |
|  |   |  |   |   |                           |                |                 |             |           |
| Name of Registered Waste Hauler<br>Freehold Cartage  |   | NJDEP Waste Hauler ID No.<br>15939   | Cubic Yards of Waste<br>10  | Name of Registered Landfill<br>Western Berks Landfill   |                           |                |                 |             |           |
| City, State<br>Freehold, NJ  |   | Disposal Date<br>TBD   |   | City, State<br>Birdsboro, PA  |                           |                |                 |             |           |
| Completed by<br>A. Scott Higgins   |   | Title<br>President   |   | Signature<br>                           |                           |                | Date<br>9/24/15 |             |           |

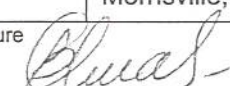
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

*Check 14299*

|  |   |   |   |   |                           |                |                 |             |           |
|--|---|---|---|---|---------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1)<br>9/23/15  |   | Name of Building Owner/Operator (2)<br>Tiger Buying Group   |   |   |                           |                |                 |             |           |
| Agencies Notified<br><br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>792 Route 17 North  |   |   |                           |                |                 |             |           |
|  |   | City, State, Zip Code<br>Paramus, NJ 07652  |   |   |                           |                |                 |             |           |
|  |   | Name of Contact<br>Robert Garipian  | Telephone Number  |   |                           |                |                 |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |   |   |                           |                |                 |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><br>Street Address<br>10 Godwin Avenue   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |   |                           |                |                 |             |           |
| City (5)<br>Ridgewood  |   | Square Feet<br>2500   | # of Floors<br>2<br>Bldg. Age<br>65                                 |   |                           |                |                 |             |           |
| County (6)<br>Bergen   | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)   |   |   |                           |                |                 |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |   | ASCM No.  | Name of Abatement Contractor (9)<br>ABS Environmental Services, LLC |   |                           |                |                 |             |           |
| Street Address   |   | Street Address<br>PO Box 483, 4 E Gate Drive  |   |   |                           |                |                 |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>Glenwood, NJ 07418   |   |   |                           |                |                 |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.<br>973-583-8500   | License No.<br>703  |   |                           |                |                 |             |           |
| Start Date (10)<br>10/1/15   | Scheduled Completion Date (11)<br>11/1/15   | Name of OSHA Monitor  |   |   |                           |                |                 |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe:   |   | Street Address<br><br>City, State, Zip Code   |   |   |                           |                |                 |             |           |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input type="checkbox"/> Renovation<br><input 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 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 roofing   |   |   | x   | roofing   | 20 SF                     | x              |                 |             |           |
|  |   |   |   |   |                           |                |                 |             |           |
|  |   |   |   |   |                           |                |                 |             |           |
|  |   |   |   |   |                           |                |                 |             |           |
| Name of Registered Waste Hauler<br>Freehold Cartage  |   | NJDEP Waste Hauler ID No.<br>15939  | Cubic Yards of Waste<br>10  | Name of Registered Landfill<br>Western Berks Landfill   |                           |                |                 |             |           |
| City, State<br>Freehold, NJ  |   | Disposal Date<br>TBD  |   | City, State<br>Birdsboro, PA  |                           |                |                 |             |           |
| Completed by<br>A. Scott Higgins   |   | Title<br>President  |   | Signature<br>                           |                           |                | Date<br>9/23/15 |             |           |



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

| Date of Notification (1)<br>9/22/2015    Check #2793   |   | Name of Building Owner/Operator (2)<br>Mr Gilberto Suarez   |   |   |                           |                   |        |             |           |
|--|---|---|---|---|---------------------------|-------------------|--------|-------------|-----------|
| Agencies Notified  | Type Notification   | Street Address<br>47 Van Reipen Avenue  |   |   |                           |                   |        |             |           |
| <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  | <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>Jersey City, NJ 07306  |   |   |                           |                   |        |             |           |
|  |   | Name of Contact<br>Gilberto Suarez  | Telephone Number  |   |                           |                   |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |   |   |                           |                   |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Mr Gilberto Suarez Residence-basement area   |   | 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>47 Van Reipen Avenue   |   | Square Feet<br>3,000  | # of Floors<br>3  |   |                           |                   |        |             |           |
| City (5)<br>Jersey City, NJ 07306  |   | Bldg. Age<br>50+  |   |   |                           |                   |        |             |           |
| County (6)<br>HUDSON   | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>Residence  |   |   |                           |                   |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |   | ASCM No.  | Name of Abatement Contractor (9)<br>EA Services Corporation |   |                           |                   |        |             |           |
| Street Address   |   | Street Address<br>426 69th Street   |   |   |                           |                   |        |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>Guttenberg, NJ 07093   |   |   |                           |                   |        |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.   | Telephone No.<br>201-295-1700                               |   |                           |                   |        |             |           |
|  |   | License No.<br>01074  |   |   |                           |                   |        |             |           |
| Start Date (10)<br>10/3/2015   | Scheduled Completion Date (11)<br>10/5/2015   | Name of OSHA Monitor<br>EA Services 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: <u>Starting 7 AM</u>  |   | Street Address<br>Same as above   |   |   |                           |                   |        |             |           |
|  |   | City, State, Zip Code   |   |   |                           |                   |        |             |           |
| Scope of Work (Check All That Apply)   |   |   |   |   |                           |                   |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition<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) <u>TO BE ABATED</u> In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type    |        |             |           |
|  | Yes   | No  | N/A   |   |                           | Removal           | Repair | Encapsulate | Enclosure |
| Basement   |   | X   |   | Pipe Insulation   | 140 LF                    | X                 |        |             |           |
|  |   |   |   |   |                           |                   |        |             |           |
|  |   |   |   |   |                           |                   |        |             |           |
|  |   |   |   |   |                           |                   |        |             |           |
| Name of Registered Waste Hauler<br>Freehold Carting  |   | NJDEP Waste Hauler ID No.<br>15939  | Cubic Yards of Waste<br>tbd                                 | Name of Registered Landfill<br>GROWS North Landfill   |                           |                   |        |             |           |
| City, State<br>Freehold, NJ  |   | Disposal Date<br>tbd  |   | City, State<br>Morrisville, PA  |                           |                   |        |             |           |
| Completed by<br>Gina Salvador  |   | Title<br>Office Manager   |   | Signature<br>                           |                           | Date<br>9/22/2015 |        |             |           |