

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

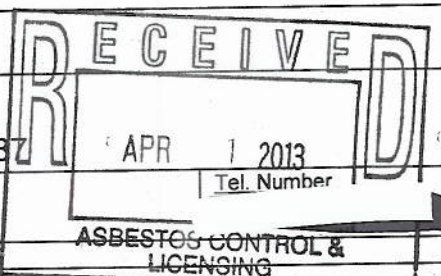
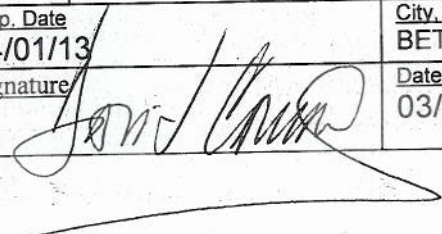
CK# 0067

Date of Notification (1) 3-26-2013		Name of Building Owner/Operator (2) Legow Management		RECEIVED APR 1 2013 ASBESTOS CONTROL & LICENSING					
Agencies Notified	Type Notification	Street Address 160 S. Livingston Ave.							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Livingston, NJ 07039 Name of Contact John							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Chilton Towers			Type of Facility (4)						
Street Address 220 W. Jersey Street			☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Elizabeth			Square Feet 10,000	# of Floors 15	Bldg. Age 50+				
County (6) Union		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartment Building						
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950	License No. 01193					
Start Date (10) 4/15/2013		Scheduled Completion Date (11) 5/24/2013		Name of OSHA Monitor Loznica Management Corporation					
Occupancy Status During Abatement (Check Only One)			Street Address 22 Troy Lane						
☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: <u>Apartment are vacated</u>			City, State, Zip Code Lincoln Park, NJ 07035						
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition		☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st through 14th Floor Apt. H			X	Pipe Fittings in Pipe Chases	Approx. 22	X			
				*2 openings					
1st through 14th Floor Apt. A			X	Pipe Fittings in Pipe Chases	Approx. 14	X			
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 0033137		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Lincoln Park, NJ 07035				Disposal Date TBD	City, State Morrisville PA 19067				
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>		Date 3/26/2013			

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Check #

10270

Date of Notification (1) 03/25/13		Name of Building Owner/Operator (2) Simeon Gonzales	
Agencies Notified () EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA	Type of Notification (X) Initial Notification () Amended Amendment # _____ (X) Emergency (including justification) () Cancellation	Street Address 308 8 th Street	
		City, State, Zip Code Union City, NJ 07087	
		Name of Contact Simeon Gonzales	Tel. Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential property		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) Sq. Feet: 2,701 SQFT # Of Floors: 2 Bldg. Age: 170 years Current Use (if being demolished):	
Street Address 315 5 th Street			
City (5) Union City	County (6) Hudson	Zip Code (7) State Use Only	
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No. N/A	
Street Address N/A		Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc.	
City, State, Zip Code N/A		Street Address 3300 Hudson Avenue	
Project Manager for Monitoring Firm N/A		City, State, Zip Code Union City, NJ 07087	
Telephone Number N/A		Telephone Number (201)-325-0055	
Scheduled Start Date (10) 03/27/13		License Number 01124	
Scheduled Completion Date (11) 04/01/13		Name of OSHA Monitor ISES, Inc.	
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Work area will be unoccupied during abatement		Street Address 3300 Hudson Avenue	
		City, State, Zip Code Union City, NJ 07087	
Source of Work (Check all that apply) (X) Demolition () Renovation			
() Minor Project (< 25 SF or < 10 LF ACM)			
() Small Project (>25 <160 SF or >10 <260 LF ACM)			
(X) Large Project (>160 SF or > 260 LF ACM)			
() Full Containment with Negative Pressure			
() Mini-Enclosure			
(X) Glove-bag Procedure			
(X) Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)	Amount (Specify SF or LF)
Basement	YES NO N/A	Pipes TIS	70 LFT
Roof	YES NO N/A	Flat roof	250 SQFT
Name of Reg. Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID # 04509	Cubic Yards of Waste 5	Name of Reg. Landfill IESI BETHLEHEM LANDFILL
City, State 369 Raymond Blvd., Newark, NJ 07105	Disp. Date 04/01/13	City, State BETHLEHEM, PA 18015	
Completed by (Print or Type) David Camacho	Title Project Supervisor	Signature 	Date 03/25/13

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

VIA U.S. Mail

Ch# 1049

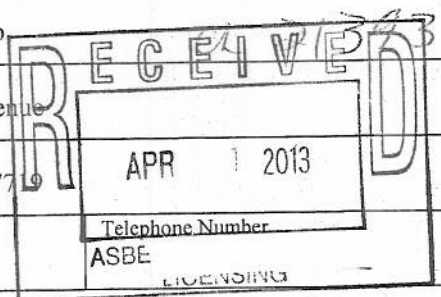
Date of Notification (1) 3/26/13		Name of Building Owner/Operator (2) Colicchio Construction, LLC		RECEIVED APR 1 2013 TELEPHONE CONTROL &			
Agency Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address 544 Elm St. City, State, Zip Code WESTFIELD N.J. 07090 Name of Contact Mr. Tom Colicchio					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) 823 CLARK ST			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)				
Street Address							
City (5) WESTFIELD N.J.			Square Feet 2,000	# of Floors 2	Bldg. Age 70		
County (6) UNION		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENT HOUSE				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) NOVATECH INC				
Street Address			Street Address P.O. Box 814				
City, State, Zip Code			City, State, Zip Code OLD BRIDGE N.J. 08857				
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732 238x7500		License No. 00806		
Start Date (10) 4/04/13		Scheduled Completion Date (11) 5/04/13		Name of OSHA Monitor NOVATECH INC			
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:			Street Address P.O. Box 814				
			City, State, Zip Code OLD BRIDGE N.J. 08857				
Scope of Work (Check all that apply) ☒ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf ☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure.							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BASEMENT	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) <100 LF	Abatement Type		
	Yes	No			N/A	Removal	Repair
			X	PIPE INSULATION	<100 LF	X	
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 8	Name of Registered Landfill G.R.O.W.S.			
City, State OLD BRIDGE N.J. 08857		Disposal Date		City, State PORRVILLE P.A.			
Completed by Carlos Ameida		Title PRESIDENT		Signature <i>[Signature]</i>		Date 3/26/13	

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

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

21393

Date of Notification (1) March 26, 2013		Name of Building Owner/Operator (2) Sandra Caputo	
Agencies Notified	Type of Notification	Street Address	
☒ EPA	☐ Initial Notification	1705 Surf Avenue	
☐ DEP	☐ Amended Notification	City, State, Zip Code	
☒ DOL	☐ Amendment #	Belmar, NJ 07719	
☒ DOH	☒ Emergency (including justification)	Name of Contact	
☐ DCA	☐ Cancellation	Sandra Caputo	

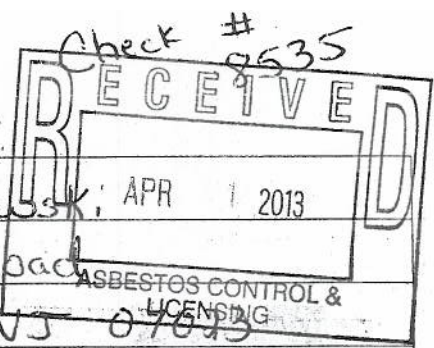


Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 1705 Surf Avenue			☐ School (K-12)		
			☐ Subchapter 8 (other than K12)		
City Belmar			County (6) Monmouth		
County Code (7) (STATE USE ONLY)			Square feet 1500 sf		
			# of Floors 1		
			Bldg. Age 60		
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 3/26/13		Scheduled Completion Date (11) 3/27/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one)			Street Address 1056 Stelton Road		
☒ Facility Closed/Vacated During Entire Period of Abatement			City, State, Zip Code Piscataway, New Jersey 08854		
☐ Abatement Performed Outside of Normal Facility Hours					
☐ Other - Describe					
Scope of Work (Check all that apply)					
☐ >3 sf or ≥3 lf		☐ Renovation		☐ Full Containment with Negative Pressure	
☒ ≥160 sf or ≥260 lf		☒ Demolition		☐ Mini-Enclosure	
				☐ Glovebag Procedure	
				☒ Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	X	Asbestos siding	1250 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.			
City, State Toms River, New Jersey		Disposal Date 3/28/13	City, State Tullytown, Pennsylvania				
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager	Signature <i>Nicholas Fernicola</i>			Date 3/26/2013	

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

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



Date of Notification (1) 3-27-13		Name of Building Owner/Operator (2) Rob Kwiatkowski	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 16 Robin Road City, State, Zip Code Fanwood NJ 07043	
		Name of Contact Rob Kwiatkowski	

Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 16 Robin Road		Square Feet	# of Floors 2
City (5) Fanwood NJ		Bldg. Age 65+	
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc	
Street Address P.O. Box 337		Street Address P.O. Box 337		
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533		
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	Telephone No. 609 758-3365	License No. 00394
Start Date (10) 4-10-13	Scheduled Completion Date (11) 4-10-13		Name of OSHA Monitor EPC Technologies Inc	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____			Street Address P.O. Box 337	
			City, State, Zip Code New Egypt NJ 08533	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	X			Floor Tile	300 SF	X			
Garage	X			Air Duct wrap	15 LF	X			

Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 2	Name of Registered Landfill Waste Management of PA	
City, State New Egypt NJ		Disposal Date 4-11-13	City, State Morrisville PA		
Completed by Steve Schenker	Title President	Signature <i>Steve Schenker</i>	Date 3-27-13		

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

RECEIVED
4333
APR 10 DAY 2013

Date of Notification (1) 3/25/13		Name of Building Owner/Operator (2) MS. WILTA LEE				
Agency Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ PCA	Type Notification ☒ Initial ☐ Amendment ☐ Emergency (including justification) ☐ Consultation	Street Address 352 FIRST ST City, State, Zip Code HACKENSACK, NJ 07601				
		Name of Contact MR. LEE				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MS. LEE		Type of Facility (4) ☒ School (K-12) ☐ Subchapter S (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 352 FIRST ST		Square Feet 2800				
City (5) HACKENSACK		# of Floors 2				
County (6) Bergen		Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8) Best Removal Inc		Name of Abatement Contractor (9) Best Removal Inc				
Street Address 450 S. River St		Street Address				
City, State, Zip Code Hackensack, N.J. 07601		City, State, Zip Code				
Project Manager for Monitoring Firm 201-329-7444		Telephone No. 00388				
Start Date (10) 3/27/13		Scheduled Completion Date (11) 3/28/13				
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: 7AM TO 5PM		Name of OSHA Monitor Omega Environmental Inc				
Scope of Work (Check all that apply) ☒ 23 of or 230 ☐ 2100 of or 2280 ft		Street Address 280 Huyler St				
☒ Renovation ☐ Demolition		City, State, Zip Code South Hackensack, N.J. 07606				
☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Potable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Y/N/A	Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 80LF	Abatement Type		
				Removal	Encapsulate	Enclosure
BASEMENT	☒	THERMAL INSULATION	80LF	☒	☐	☐
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1.40CT	Name of Registered Landfill Minerva Enterprises		
City, State Hackensack, N.J. 07601		Disposal Date 3/28/13	City, State Waynesburg, OH			
Completed by J. Maiorano		Title Estimator	Signature <i>[Signature]</i>		Date 3/25/13	

ASB-41

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

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

Date of Notification (1) 3-26-13		Name of Building Owner/Operator (2) M. HONEA		RECEIVED APR 1 2013 ASBESTOS CONTROL & LICENSING			
Agency Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation				Street Address 645 LINCOLN AVENUE	
		City, State, Zip Code MAYWOOD, NJ 07607				Name of Contact M. HONEA	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) M. HONEA				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 645 LINCOLN AVENUE				Square Feet 2000	# of Floors 2		
City (5) MAYWOOD				Bldg. Age 68 YRS			
County (6) BERGEN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENCE			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Best Removal Inc			
Street Address				Street Address 450 S. River St			
City, State, Zip Code				City, State, Zip Code Hackensack, N.J. 07601			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-329-7444	License No. 00388		
Start Date (10) 4-5-13	Scheduled Completion Date (11) 4-6-13		Name of OSHA Monitor Omega Environmental Inc				
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 8AM 5PM			Street Address 280 Huyler St				
			City, State, Zip Code South Hackensack, N.J. 07606				
Scope of Work (Check all that apply)							
☒ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf		☒ Renovation ☐ Demolition		☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 105 LF	Abatement Type		
	Yes	No				N/A	
BASEMENT			X	THERMAL INSULATION	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1/16 YD	Name of Registered Landfill Minerva Enterprises			
City, State Hackensack, N.J. 07601			Disposal Date 4-6-13	City, State Waynesburg, Oh			
Completed by J. Maiorano	Title Estimator	Signature R. Veldman		Date 3-26-13			

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

Date of Notification (1) 3-25-2013		Name of Building Owner/Operator (2) DUMONT FLOOD CONTROL		REC E/B/E APR 1 2013			
Agency Notified ☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA		Type Notification ☐ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation		Street Address 50 WASHINGTON AVENUE City, State, Zip Code DUMONT, NJ 07628 Name of Contact B. BATTAGLIA			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) DUMONT FLOOD CONTROL				Type of Facility (4) ☐ School (K-12) ☐ Subchapter S (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)			
Street Address DAVIS AVENUE @ THOMPSON STREET				Square Feet N/A # of Floors N/A Bldg. Age N/A			
City (5) DUMONT				Current Use (Prior if being demolished) N/A EXTERIOR LOCATION			
County (6) BERGEN		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Best Removal Inc			
Street Address				Street Address 450 S. River St			
City, State, Zip Code				City, State, Zip Code Hackensack, N.J. 07601			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-329-7444			
				License No. 00388			
Start Date (10) 4-11-13		Scheduled Completion Date (11) 4-11-13		Name of OSHA Monitor Omega Environmental Inc			
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 8 AM - 5 PM				Street Address 280 Huyler St			
				City, State, Zip Code South Hackensack, N.J. 07606			
Scope of Work (Check all that apply)							
☒ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf		☐ Renovation ☐ Demolition		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
EXTERIOR LOCATION			TRANSITE CEMENT PIPE DISPOSAL	20 LF			DISPOSAL
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 3/4 YD		Name of Registered Landfill Minerva Enterprises	
City, State Hackensack, N.J. 07601		Disposal Date 4-11-13		City, State Waynesburg, Oh			
Completed by J. Maiorano		Title Estimator		Signature R. Velchan		Date 3-25-13	

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

ek 4338

Date of Notification (1) 3-25-2013		Name of Building Owner/Operator (2) ESTATE OF DOMINICK MONTERISI	
Agency Notified ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA	Type Notification ☐ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address 300 CENTER STREET	
		City, State, Zip Code CARLSTADT	
		Name of Contact A. MONTERISI	

RECEIVED
 APR 1 2013
 Telephone Number

FACILITY INFORMATION		ASBESTOS CONTROL & LICENSING	
Name of Facility Where Abatement is Taking Place (3) ESTATE OF DOMINICK MONTERISI		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 300 CENTER STREET		Square Feet 3450	# of Floors 2
City (5) CARLSTADT		Bldg. Age 74 YEARS	
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc	
Street Address		Street Address 450 S. River St		
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601		
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388	
Start Date (10) 4-8-2013	Scheduled Completion Date (11) 4-10-2013	Name of OSHA Monitor Omega Environmental Inc		
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 8 AM 5 PM		Street Address 280 Huyler St		
		City, State, Zip Code South Hackensack, N.J. 07606		

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

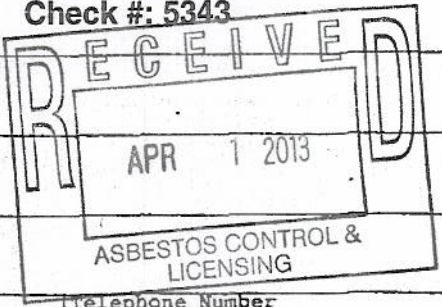
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
FRONT BASEMENT CRAWLSPACE			X	THERMAL INSULATION	175 LF	X		
REAR BASEMENT CRAWLSPACE			X	THERMAL INSULATION	68 LF	X		

Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 YOS	Name of Registered Landfill Minerva Enterprises	
City, State Hackensack, N.J. 07601		Disposal Date 4-10-2013	City, State Waynesburg, Oh		
Completed by J. Maiorano	Title Estimator	Signature R. Veldran	Date 3-25-2013		

6350-NJ

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)Initial Friable Notification
Check #: 5343

Date of Notification (1) 03/25/13		Name of Building Owner/Operator (2) Newark Public Schools	
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial Notification ☐ Amended Notification ☐ Cancellation	
Street Address 2 Cedar Street		City, State, Zip Code Newark, NJ 07102	
Name of Contact Douglas Bland, Bus. Admin.		Telephone Number	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Ivy Hill Elementary School		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 107 Ivy Street		Square Feet 45000	
City (5) Newark, NJ 07106		County (6) Essex	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) Whitman Companies, Inc.		ASCM No. 00110	
Street Address 116 Tices Lane, Unit B-1		Name of Abatement Contractor (9) Four Strong Builders, Inc.	
City, State, Zip Code East Brunswick, NJ 08816		Street Address 180 Sargeant Avenue	
Project Manager for Monitoring Firm Kevin Lovely		City, State, Zip Code Clifton, NJ 07013-1935	
Telephone Number 732-390-5858		Telephone Number 973-614-0377	
Scheduled Start Date (10) 03/26/13		License Number 00807	
Sched. Completion Date (11) 03/28/13		Name of OSHA Monitor Four Strong Builders, Inc.	
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe: ☐ Other - Describe:		Street Address 180 Sargeant Avenue	
		City, State, Zip Code Clifton, NJ 07013	

Scope of Work (Check all that apply)

☐ Demolition
☐ >3 sf or >3 lf
☒ >160 sf or >260 lf
☒ Renovation
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V E L	R E P A I R	E N C A P S U L E	E N C O U R
Room 207 and Room 213	X	Floor Tiles and Mastic	1,310 SF	X			

Name of Registered Waste Hauler Four Strong Builders, Inc.	NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.
City, State Clifton, NJ	Disposal Date	City, State Tullytown, PA	
Completed By (Print or Type) Bilyana Kulakovska	Title Office Administrator	Signature 	Date 3/25/13

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

check 1/2020

Date of Notification (1) <i>3/25/13</i>		Name of Building Owner/Operator (2) St. Cecelia Church	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 90 Church Street	
		City, State, Zip Code Rockaway, NJ 07866	
		Name of Contact Tanya	

RECEIVED

APR 1 2013

ASBESTOS
L ...TING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 70 Church Street		Square Feet 1500	# of Floors 2
City (5) Rockaway		Bldg. Age 50	
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC
Street Address		Street Address 4 E Gate Drive, PO Box 483	
City, State, Zip Code		City, State, Zip Code Glenwood NJ 07418	
Project Manager for Monitoring Firm		Telephone No. 973-583-8500	License No. 703
Start Date (10) <i>4-4-13</i>	Scheduled Completion Date (11) <i>4-11-13</i>	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: <u>normal hours</u>		Street Address	
		City, State, Zip Code	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			X	pipe fittings	20 SF		X		

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill	
City, State		Disposal Date		City, State	
Completed by Andrew Scott Higgins		Title President	Signature <i>[Signature]</i>	Date <i>3/25/13</i>	

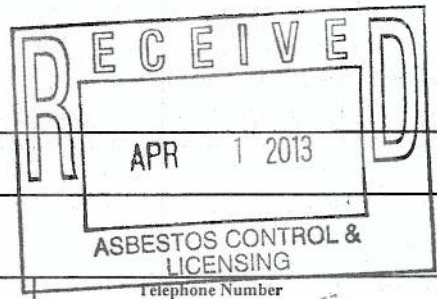
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)
03 / 25 / 13

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

Name of Building Owner/Operator (2)
 Executor of Estate Roseann Fatigati
 Street Address
 2 Kanouse Road
 City, State, Zip Code
 New Foundland NJ
 Name of Contact
 Gerald Elgentowics



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Residence
 Street Address

58 Gates Avenue
 City (5)

County (6)

County Code (7)
 (STATE USE ONLY)

Jersey City Hudson

Type of Facility (4)

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

Square Feet # of Floors Bldg. Age
 Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM

Name of Abatement Contractor (9)

J.R. Contracting & Environmental Consulting, Inc.

Street Address

Street Address

1141 Route 23

City, State, Zip Code

Wayne NJ 07470

Project Manager for Monitoring Firm

Telephone Number

Telephone Number

License No.

973 628-9500

00408

Scheduled State Date (10)

Scheduled Completion Date (11)

04 / 11 / 13 04 / 30 / 13
 Month / Day / Year Month / Day / Year

Occupancy Status During Abatement (Check only one)

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

Street Address

20-21 Wagaraw Road, Bldg. #34A

City, State, Zip Code

Fairlawn NJ 07410

Scope of Work (Check all that apply)

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

Location of Asbestos - Containing Material (ACM) <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			
				R E M O V E L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement - Boiler		Flue Patch	2 SF	X			
Roof		Roofing	1200 SF	X			
Exterior		Caulking	5 SF	X			

Name of Registered Waste Hauler

NJDEP Waste
 Hauler ID No.
 17819

Cubic Yards of Waste

Name of Registered Landfill

J.R. Contracting & Environmental Consulting, Inc.

G.R.O.W.S

City, State

Disposal Date

City, State

Wayne NJ 07470

Morrisville PA

Completed by (Print or Type)

Title

Signature

Date

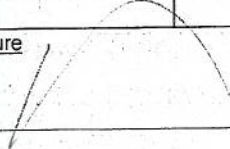
Jerry Bijelonic

Project Manager

3/25/2013

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

7580

Date of Notification (1) March 25, 2013			Name of Building Owner/Operator (2) NESTLES USA		
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA		Notification Type ☒ Initial Notification ☐ Amended Certification ☐ Cancelled		Street Address 61 JERSEYVILLE AVE City, State, Zip Code FREEHOLD, NJ Name of Contact Larry Brandlein	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (other than K-12) ☒ Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address			Sq. Feet <u>1,000,000</u> # of Floors <u>10</u>		
City (5) FREEHOLD	County (6) MONMOUTH	County Code (7) (State Use Only)	Bldg. Age <u>70</u> Current Use (prior if being demolished) FACTORY		
Name of Monitoring Firm Hired by Bldg. Owner (8) NA			ASCM No.		Name of Contractor (9) Absolut Ace Inc.
Street Address			Street Address PO BOX 295		
City, State, Zip Code			City, State, Zip Code FLORHAM PARK, NJ 07932		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number (973) 410-9217		License Number 00225
Scheduled Start Date (10) JUNE 1, 2013		Scheduled Completion Date (11) MAY 31, 2015		Name of OSHA Monitor MECS	
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - Describe- PLANT IS OPEN			Street Address 5 Linwood Ct City, State, Zip Code Hamilton, NJ 08690		
Source of Work (Check all that apply) ☒ Demolition ☐ Renovation ☒ Large Proj. (>160 SF or >260 LF ACM) ☐ SM Proj. (>25<160 SF or >10 <260 LF ACM) ☐ Minor Proj. (<25 SF or <10 LF ACM) ☒ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure					
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type	
BASEMENT- Floors 1- ROOF	X	Boiler, pipe insulation, Roofing, Tile	25,000 square feet	Rem. X	Rep. X
				Encap X	Enclose X
Name of Reg. Waste Hauler BY OWNER		NJDEP Waste Hauler ID #	Cubic Yards of Waste 200	Name of Reg. Landfill	
City, State			Disp. Date	City, State	
Completed by (Print or Type) ROBERT GROGAN		Title VP	Signature 		Date 3/25/13

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

[illegible]

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

Check # 8536

Date of Notification (1) 3-27-13		Name of Building Owner/Operator (2) John U...							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address 23 Patrick Drive City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact John Whitaker ASBF							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single Family Shone House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 23 Patrick Drive		Square Feet	# of Floors 1						
City (5) Manahawkin NJ		Bldg. Age 60+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Shone Home							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) 4-11-13	Scheduled Completion Date (11) 4-12-13	Name of OSHA Monitor EPC Technologies Inc							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply) ☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf ☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior Walls			x	Siding Shingles	1000 SF	x			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 6	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date 4-12-13		City, State Morrisville PA					
Completed by Steve Schenker		Title President	Signature Steve Schenker		Date 3-27-13				

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:13)

CK 1348

DOL-10 DAY

Date of Notification (1) 3/27/13		Name of Building Owner/Operator (2) MR. SAMUEL KNIGHT				
Agency Notified ☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amendment ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address 114 GIRARD AVE	City, State, Zip Code EAST ORANGE			
		Name of Contact MR. KNIGHT				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MR. KNIGHT		Type of Facility (4) ☐ School (K-12) ☐ Subchapter S (Other than K-12) ☐ Other (i.e., private & commercial buildings, homes, etc.)				
Street Address 114 GIRARD AVE		Square Feet 1800	# of Floors 2			
City (5) EAST ORANGE		Bldg. Age 65 years				
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)				
Street Address		Best Removal Inc				
City, State, Zip Code		Street Address 450 S. River St				
		City, State, Zip Code Hackensack, N.J. 07601				
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	Licenses No. 00388			
Start Date (10) 3/28/13	Scheduled Completion Date (11) 3/29/13	Name of OSHA Monitor Omega Environmental Inc				
Occurrence Factors During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe 7AM TO 5PM		Street Address 280 Huyler St				
		City, State, Zip Code South Hackensack, N.J. 07606				
Scope of Work (Check all that apply) ☒ 3 of or less ☐ 3 of or less ☐ 3 of or less						
☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Gloving Procedures ☐ Non-Encapsulated (*) and Non-Fixable Procedures						
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)	Is Location Typically Used Solely by Maintenance/ Custodial Staff? (13) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
BASEMENT		THERMAL INSULATION	50 LF	☒		
Name of Registered Waste Handler Best Removal Inc	NJDEP Waste Handler ID No. 17109	Cubic Yards of Waste 1 1/2	Name of Registered Landfill Minerva Enterprises			
City, State Hackensack, N.J. 07601	Disposal Date 3/27/13	City, State Waynesburg, Oh		Date 3/27/13		
Completed by J. Maiorano	Title Estimator	Signature <i>[Signature]</i>		Date 3/27/13		

APP-01

* Do not use this form for asbestos abatement activities.

chk #1050

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

Date of Notification (1) 3/27/13		Name of Building Owner/Operator (2) Ms Doris Miller		RECEIVED APR 1 2013 ASBESTOS CONTROL & LICENSING				
Agency Notified ☒ EPA ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address 106 MAIN ST		City, State, Zip Code South RIVER N.J. 08882				
		Name of Contact MS						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 106 MAIN ST				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)				
Street Address				Square Feet 4,000	# of Floors 2			
City (5) South RIVER N.J.				Bldg. Age 80				
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENT				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Novatech Inc.					
Street Address			Street Address P.O. Box 814					
City, State, Zip Code			City, State, Zip Code Old Bridge, N.J. 08857					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. (732) 238-7500					
Start Date (10) 04/03/13		Scheduled Completion Date (11) 05/03/13	License No. 00806					
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:			Name of OSHA Monitor Novatech Inc.					
			Street Address P.O. Box 814					
			City, State, Zip Code Old Bridge, N.J. 08857					
Scope of Work (Check all that apply) ☒ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf ☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure.								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
BASEMENT				PIPE INSULATION	120 LF	X		
" "				MASIC Removal	2300 SF	X		
Name of Registered Waste Hauler Novatech Inc.		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S.				
City, State Old Bridge, N.J.		Disposal Date 05/03/13	City, State Harrisville P.A.					
Completed by Carlos Almeida		Title President	Signature [Signature]			Date 3/27/13		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 9:50 and 12:120)

CK 4343

Date of Notification (1) 3/27/13		Name of Building Owner/Operator (2) BASF		DOL 10 DAY	
Agency Notified ☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA		Type of Notification ☒ Initial ☐ Amended ☐ Emergency (including justification) ☐ Cancellation		Street Address 25 MIDDLESEX TPK	
		City, State, Zip Code ISCEN. NJ. 08833		MAR 27 2013	
		Name of Contact MR. JOHN ZABZENSKI		WA	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) BASF				Type of Facility (4) APR 1 2013	
Street Address 25 MIDDLESEX TPK				☐ School (K-12) ☐ Subchapter S (Other than K-12) ☐ Other (i.e. private commercial buildings, homes, etc.)	
City (5) ISCEN				Square Foot 100,000	
County (6) MIDDLESEX				# of Floors 3	
County Code (7) (STATE USE ONLY)				Current Use (Prior to being demolished) RD OFFICE / LAB	
Name of Monitoring Firm Hired by (existing Owner) (8) EHI		Adm. No.		Name of Abatement Contractor (9) Best Removal Inc	
Street Address 655 WEST SHORE TRAIL		Current Address 450 S. River St		City, State, Zip Code Hackensack, N.J. 07601	
City, State, Zip Code SPARTA, NJ. 07871		Telephone No. 973-729-5649		License No. 00388	
Project Manager for Monitoring Firm BILL KCBEL		Scheduled Completion Date (11) 3/30/13		Name of OSHA Monitor Omega Environmental Inc	
Start Date (10) 3/29/13		Emergency Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 7AM TO 5PM		Street Address 280 Huyler St	
Scope of Work (Check all that apply) ☒ 253 of or 25 ft ☐ 253 of or 250 ft		☒ Renovation ☐ Demolition		City, State, Zip Code South Hackensack, N.J. 07606	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) LAB 123		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) VAT	
				Amount (Specify SF or LF) 130 SF	
				Abatement Type Removal Enclosure X	
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 1 1/2	
City, State Hackensack, N.J. 07601		Disposal Date 3/30/13		Name of Registered Landfill Minerva Enterprises	
Completed by J. Maiorano		Title Estimator		City, State Waynesburg, Oh	
Date 3/27/13		Signature <i>[Signature]</i>			

ASB-41

Do not use this form for asbestos licensing or abatement activities.

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:60 and 12:120)

645

0645

Date of Notification (1)
March 26, 2013

Name of Building Owner/Operator (2)
Prism Construction Management, LLC

Street Address
200 Broadacres Drive
City, State, Zip Code
Bloomfield, NJ 07003

Name of Contact
Stephen Torelli, Senior Project Manager

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

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

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
 Buildings
 Street Address
 5 Lawrence Avenue
 City (5)
 Bloomfield, NJ 07003
 County (6)
 Essex
 County Code (7)
 (STATE USE ONLY)
 Type of Facility (4)
☐ School (K-12)
☐ Subchapter S (Other than K-12)
☒ Other (i.e. private commercial buildings, etc.)
 Square Feet
 # of Floors
 Bldg. Age
 Current Use (Prior if being demolished)
 Buildings

Name of Monitoring Firm Hired by Building Owner (8)
AET
Street Address
907 Doolittle Drive
City, State, Zip Code
Bridgewater, NJ 08807
Project Manager for Monitoring Firm
Eric Houseknecht
Telephone No.
(908) 218-1108
Start Date (10)
3/26/13
Scheduled Completion Date (11)
12/31/13

Name of Abatement Contractor (9)
The MACK Group, LLC
Street Address
1500 Kings HWY N, STE 209
City, State, Zip Code
Cherry Hill, NJ 08034
Telephone No.
(973) 759-5000
License No.
00781
Name of OSHA Monitor
The MACK Group, LLC
Street Address
1500 Kings HWY N, STE 209
City, State, Zip Code
Cherry Hill, NJ 08034

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

Scope of Work (Check All That Apply)
☒ 23 sq ft or less
☒ 23 sq ft or less
☒ 23 sq ft or less
☐ Renovation
☒ Demolition
☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
recently exposed excavation	X			pipe insulation debris	TBD	X			

Name of Registered Waste Hauler
Newark / Freehold / American Waste / Rovic
City, State
Newark / Freehold / Newton / Riverdale, NJ
Completed by
Mike Cooper
Title
President
NJ DEP Waste Hauler ID No.
4509
Cubic Yards of Waste
TDB
Disposal Date
12/31/13
Name of Registered Landfill
Cumberland County / IES Bethlehem
City, State
Newburg / Bethlehem, PA
Signature

Date
3/26/13

CHECK #
2701

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

RECEIVED
APR 1 2013
CONTRACTING
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 3/27/13		Name of Building Owner/Operator (2) EMPH TECH CONTRACTING	
Agencies Notified ☐ EPA ☐ DEP ☐ DOL ☐ DOM ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address 155 RT. 50	City, State, Zip Code GREENFIELD, N.J. 08230
		Name of Contact BRUCE BREUNIG	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) ☐ School (K-12) ☐ Subchapter B (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 26 BATTERSEA ROAD		Square Feet 1000	# of Floors 2
City (5) OCEAN CITY		Bldg Age 40+	
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMMCO INC.	
Street Address		Street Address 369 S. SPRUCE AVE.	
City, State, Zip Code		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Project Manager for Monitoring Firm		Telephone No. 856-779-0422	License No. 00444
Start Date (10) 4/8/13	Scheduled Completion Date (11) 4/15/13	Name of OSHA Monitor JOSEPH KLEMM	
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address 369 S. SPRUCE AVE.	
		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Scope of Work (Check all that apply)			
☐ 23 SF or 23 II ☐ 2160 SF or 2260 II		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Frangible Procedure	
☒ Renovation ☒ Demolition			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE	Amount (Specify SF & LF) 1500 SF
			Abatement Type Removal X
Name of Registered Waste Hauler KLEMMCO INC.		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5
City, State MAPLE SHADE, N.J. 08052		Disposal Date	Name of Registered Landfill C.M.C.M.U.A.
			City, State WOODBINE, N.J.
Completed By JOSEPH KLEMM	Title OWNER	Signature <i>Joseph Klemm</i>	Date 3/27/13

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

Check # 10495

Date of Notification (1) 3-27-2013		Name of Building Owner/Operator (2) Margaret Holloway		RECEIVED APR 1 2013 ASBESTOS CONTROL & REMEDIATION
Agenies Notified	Type Notification	Street Address 35 Elmwood Ave		
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial Notification ☐ Amended Notification ☐ EMERGENCY ☐ Cancellation	City, State, Zip Code Montclair, NJ, 07042		
		Name of Contact Margaret Holloway		
		Telephone Number		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet # of Floors Bldg. Age		
City (5)			2300 3 65		
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)			

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address			Street Address 86 Christopher St.	
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371
Scheduled Start Date (10) 4-8-2013		Sched. Completion Date (11) 4-9-2013		Name of OSHA Monitor N/A
Month Day Year Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» ☐ Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

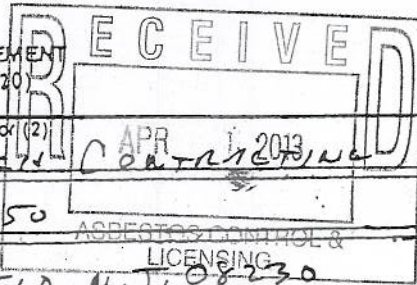
- | | | |
|--|--|--|
| ☒ >3 sf or >3 lf | ☒ Renovation | ☐ Full Containment with Negative Pressure |
| ☐ >160 sf or >260 lf | ☐ Demolition | ☐ Mini-Enclosure |
| | | ☒ Glovebag Procedure |
| | | ☐ Non-Friable Procedure |

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			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement			☒	washing previously removed pipe insulated And apply lock Dn.	120 lf	☒			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 4-10-2013	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 3-27-2013		

CHECK #
2698

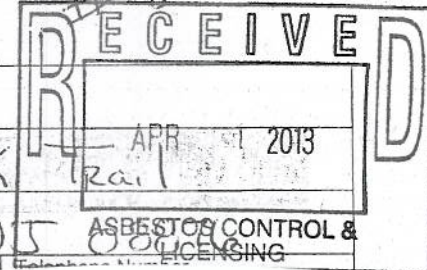
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 3/27/13		Name of Building Owner/Operator (2) Earth Tech Contracting							
Agencies Notified ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation							
Street Address 155 Rt. 50		City, State, Zip Code GREENFIELD, N.J. 08230							
Name of Contact BRUCE BREUNIG		Telephone ---							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 144 West Ave.		Square Feet 1000							
City (5) OCEAN CITY		# of Floors 2							
County (6) CAPE MAY		Bldg Age 40+							
County Code (7) (STATE USE ONLY) ---		Current Use (Prior to being demolished) VACANT							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) KLEMCO INC.							
Street Address ---		Street Address 369 S. SPRUCE Ave.							
City, State, Zip Code ---		City, State, Zip Code MAPLE SHADE, N.J. 08052							
Project Manager for Monitoring Firm ---		Telephone No. 856-779-0422							
Telephone No. ---		License No. 00444							
Start Date (10) 4/8/13		Scheduled Completion Date (11) 4/15/13							
Name of OSHA Monitor JOSEPH KLEMM		Street Address 369 S. SPRUCE AVE.							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: ---		City, State, Zip Code MAPLE SHADE, N.J. 08052							
Scope of Work (Check all that apply) ☐ 23 SF or 23 ft ☐ 2160 SF or 2260 ft ☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Frangible Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1"><tr><td>Yes</td><td>No</td><td>N/A</td></tr><tr><td></td><td></td><td>X</td></tr></table>		Yes	No	N/A			X
Yes	No	N/A							
		X							
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE		Amount (Specify SF or LF) 1400 LB							
Name of Registered Waste Hauler Klemco Inc.		Cubic Yards of Waste 5							
City, State MAPLE SHADE, N.J. 08052		Disposal Date ---							
Name of Registered Landfill C.M.C.M.U.A.		City, State WOODBINE, N.J.							
Completed By JOSEPH KLEMM		Signature Joseph Klemm							
Title OWNER		Date 3/27/13							

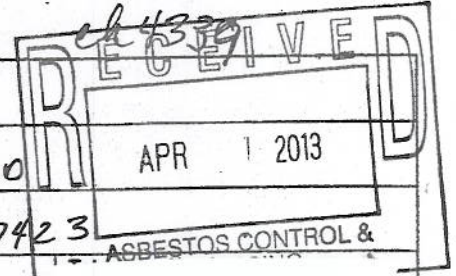
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

Check # 8534



Date of Notification (1) 3-27-13		Name of Building Owner/Operator (2) Paul Dressler							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address 28 Mohawk City, State, Zip Code Branchburg NJ 08801 Name of Contact Gretchen O'Kane (Southview Homes)							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Shore House (Damaged by Sandy)		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 117 West Bayview Drive		Square Feet 900	# of Floors 1						
City (5) Toms River NJ 08735		Bldg. Age 75+-							
County (6) Ocean		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Summer Shore Home						
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) April 8 2013		Scheduled Completion Date (11) April 8, 2013							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Name of OSHA Monitor EPC Technologies Inc							
		Street Address P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply)									
☐ ≥ 3 sf or ≥ 3 lf ☐ Renovation ☒ ≥ 160 sf or ≥ 260 lf ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior walls			X	Siding Shingles	650 SF	X			
Bedroom		X		FLOOR TILE	250 SF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 3	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date 4-9-13		City, State Morrisville PA					
Completed by Steve Schenker		Title President	Signature Steve Schenker	Date 3-27-13					

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



Date of Notification (1) 3-26-13		Name of Building Owner/Operator (2) P. HAMERNICK							
Agency Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address 508 SHERWOOD ROAD City, State, Zip Code HOKUS, NJ 07423 Name of Contact P. HAMERNICK							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) P. HAMERNICK		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 508 SHERWOOD ROAD		Square Feet 2100	# of Floors 2						
City (5) HOKUS		Bldg. Age 55 YRS							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc							
Street Address		Street Address 450 S. River St							
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 4-15-13	Scheduled Completion Date (11) 4-16-13	Name of OSHA Monitor Omega Environmental Inc							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 8AM 5PM		Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606							
Scope of Work (Check all that apply) ☒ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf ☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	THERMAL INSULATION	50 LF	X			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1/2 yd	Name of Registered Landfill Minerva Enterprises					
City, State Hackensack, N.J. 07601			Disposal Date 4-16-13	City, State Waynesburg, Oh					
Completed by J. Maiorano	Title Estimator	Signature R. Veldman				Date 3-26-13			

CHECK #
2699

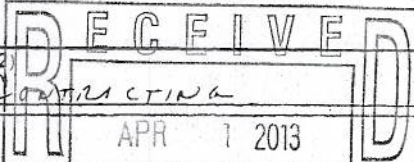
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
APR 1 2013

Date of Notification (1) 3/27/13		Name of Building Owner/Operator (2) CAHTECH CONTRACTING																																																				
Agencies Notified ☐ EPA ☐ DEP ☐ DOL ☐ DOM ☐ DCA		Type Notification ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation																																																				
Street Address 155 RT. 50		ASBESTOS CONTROL & LICENSING																																																				
City, State, Zip Code ORANGEFIELD, N.J. 08230		Name of Contact BRUCE BREUNIG																																																				
FACILITY INFORMATION																																																						
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) ☐ School (K-12) ☐ Subchapter B (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)																																																				
Street Address 3060 ASBURY AVE.		Square Feet 1000	# of Floors 2																																																			
City (5) OCEAN CITY		Bldg Age 40+																																																				
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) VACANT																																																				
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.																																																				
Street Address		Name of Abatement Contractor (9) KLEMMCO INC.																																																				
City, State, Zip Code		Street Address 369 S. SPRUCE AVE.																																																				
Project Manager for Monitoring Firm		City, State, Zip Code MAPLE SHADE, N.J. 08052																																																				
Telephone No.		Telephone No. 856-779-0422																																																				
License No.		License No. 00444																																																				
Start Date (10) 4/8/13		Scheduled Completion Date (11) 4/15/13																																																				
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe		Name of OSHA Monitor JOSEPH KLEMM																																																				
Scope of Work (Check all that apply) ☐ 2310 or 2311 ☐ 2160 S1 or 2260 II ☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Min. Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Enforce Procedure		Street Address 369 S. SPRUCE AVE.																																																				
City, State, Zip Code MAPLE SHADE, N.J. 08052		City, State, Zip Code MAPLE SHADE, N.J. 08052																																																				
<table border="1"><thead><tr><th rowspan="2">Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th><th colspan="3">Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th><th rowspan="2">Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th><th rowspan="2">Amount (Specify SF or LF)</th><th colspan="3">Abatement Type</th></tr><tr><th>Yes</th><th>No</th><th>N/A</th><th>Removal</th><th>Repair</th><th>Encapsulation</th></tr></thead><tbody><tr><td>SHED SIDING</td><td></td><td></td><td>X</td><td>TRANSITE</td><td>400 LF</td><td>X</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>				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	Encapsulation	SHED SIDING			X	TRANSITE	400 LF	X																													
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	Encapsulation																																														
SHED SIDING			X	TRANSITE	400 LF	X																																																
Name of Registered Waste Hauler KLEMMCO INC.		NJDEP Waste Hauler ID No. 17904		Cubic Yards of Waste 5		Name of Registered Landfill C.M.C.M.U.A.																																																
City, State MAPLE SHADE, N.J. 08052		Disposal Date		City, State WOODBINE, N.J.		Signature Joseph Klemm																																																
Completed By JOSEPH KLEMM		Title OWNER		Date 3/27/13																																																		

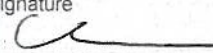
CHECK #
2699

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



Date of Notification (1) 3/27/13		Name of Building Owner/Operator (2) EARTHTECH CONTRACTING							
Agencies Notified ☒ EPA ☒ DEF ☒ DOL ☐ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 155 R. 50	City, State, Zip Code GREENFIELD, ASBESTOS CONTROL & REMEDIATION						
		Name of Contact BRUCE BREUNIG	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 8403 LAMHERST AVE		Square Feet	# of Floors						
City, State, Zip Code MARGATE		Blg. Age							
County (6) ATLANTIC	County Code (7) (STATE ONLY) 02	Current Use (Prior if being demolished) VACANT							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) KLEMMCO INC.							
Street Address _____		Street Address 369 S. SPRUCE AVE.							
City, State, Zip Code _____		City, State, Zip Code MAPLE SHADE, N.J. 08052							
Project Manager for Monitoring Firm _____		Telephone No. 856-779-0472	License No. 00444						
Start Date (10) 4/8/13	Scheduled Completion Date (11) 4/15/13	Name of OSHA Monitor JOSEPH KLEMM							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe _____		Street Address 369 S. SPRUCE AVE.							
		City, State, Zip Code MAPLE SHADE, N.J. 08052							
Scope of Work (Check all that apply) ☐ 20 SF or 20 LF ☐ 2100 SF or 2200 LF ☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Enforce 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	In-situ Encapsulation	Enclosure
SIDING			X	TRANSITE	1500 SF	X			
Name of Registered Waste Hauler KLEMMCO INC.		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste	Name of Registered Landfill A.C.U.A.					
City, State MAPLE SHADE, N.J.			Disposal Date	City, State PLEASANTVILLE, N.J.					
Completed By JOSEPH KLEMM		Title V/P	Signature Joseph Klemm		Date 3/27/13				

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

Date of Notification (1) 3/27/13		Name of Building Owner/Operator (2) Timothy McAlindin / Private Home		RECEIVED APR 1 2013 ASBESTOS CONTROL & LICENSING					
Agencies Notified		Street Address							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		6 East Florida Avenue							
Type Notification ☐ Initial ☐ Amended ☐ Amendment # ☒ Emergency (including justification) ☐ Cancellation		City, State, Zip Code Beach Haven Park NJ 08008							
		Name of Contact Timothy		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Timothy McAlindin / Private Home				Type of Facility (4)					
Street Address 6 East Florida Avenue				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Beach Haven Park NJ 08008				Square Feet 1000+	# of Floors 2				
County (6) Ocean		County Code (7) (STATE USE ONLY)		Bldg. Age 35+					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc					
Street Address				Street Address PO Box 329					
City, State, Zip Code				City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 3/28/13		Scheduled Completion Date (11) 4/1/13		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One)				Street Address					
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:				City, State, Zip Code					
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	3800 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ				Disposal Date 4/1/13	City, State Morrisville PA 19067				
Completed by Anthony T Perna		Title President		Signature 			Date 3/27/13		

CHECK #
2702

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

DECEIVED
APR 1 2013
ASBESTOS CONTROL &

Date of Notification (1) <u>3/27/13</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>	
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☐ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address <u>300 77 TH ST.</u> City, State, Zip Code <u>SEA ISLE CITY N.J. 08243</u> Name of Contact <u>FRANK EDUARDI</u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>60 CHANNEL DRIVE</u>		Square Feet	# of Floors
City (5) <u>AVACON MANOR</u>		Bldg. Age	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>
Start Date (10) <u>4/8/13</u>	Scheduled Completion Date (11) <u>4/15/13</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address <u>369 S. SPRUCE AVE.</u>	
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Scope of Work (Check all that apply)			
☐ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf		☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>SIDING</u>			<u>TRANSITE</u>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.U.A.</u>
City, State <u>MAPLE SHADE, N.J.</u>	Disposal Date	City, State <u>WOODBINE, N.J.</u>	
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>3/27/13</u>

8117

RECEIVED
APR 18 2013 07:58am P001/001
RECEIVED
MAR 18 2013

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

CHECK # 8117

Date of Notification (1) 3/12/13		Name of Building Owner/Operator (2) ASHIT GANNOI		NJ Dept. of Health & Senior Services ASBESTOS CONTROL & LICENSING Date: 3/12/13 Time: 7:00 PM	
Agencies Notified ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation		Street Address 31 W 47th ST City, State, Zip Code N.Y. - N.Y. 10036 Name of Contact ASHIT GANNOI Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) GANNOI			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 328 SPRINGFIELD AVE			Square Feet 1250		
City (5) HASBROUCK HEIGHTS			# of Floors 2		
County (6) BERGEN			Bldg. Age +50		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) RESIDENCE		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. MAC Contracting Inc.	
Street Address		Street Address 105 Lowell Road		City, State, Zip Code Glen Rock, NJ 07452	
City, State, Zip Code		Telephone No. 201-262-5841		License No. 00156	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Omega Environmental Services Inc.	
Start Date (10) 3/13/13		Scheduled Completion Date (11) 4/13/13		Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:					
Scope of Work (Check All That Apply) ☒ ≥ 23 sf or ≥ 23 lf ☐ ≥ 180 sf or ≥ 2260 lf ☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) PIPE INSULATION	
Amount (Specify SF or LF) 60LF		Abatement Type Removal Repair Encapsulate Enclosure			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 1	
City, State, Zip Code Riverdale, NJ 07457		Disposal Date 3/13/13		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State, Zip Code Bethlehem, PA 18015		Signature J. Vocaturo		Date 3/12/13	
Completed by JOSEPH VOCATURO		Title OPERATIONS			

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

Date of Notification (1) 3-26-2013		Name of Building Owner/Operator (2) Gail Walter		RECEIVED APR 1 2013
Agencies Notified	Type Notification	Street Address 25 Woodland Ave.		
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial Notification ☐ Amended Notification ☐ EMERGENCY ☐ Cancellation	City, State, Zip Code Glen Ridge, NJ, 07028		
		Name of Contact Gail Walter		
				Telephone Number CONTROL 0

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet 3200	# of Floors 3	Bldg. Age 100
City (5)	County (6) Essex ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address		Street Address 86 Christopher St.			
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042			
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 4-5-2013 Month Day Year		Sched. Completion Date (11) 4-8-2013 Month Day Year		Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe: <u><OffHours Descript></u> ☐ Other - Describe: <u><Other Occupancy Descript></u>			Street Address		
			City, State, Zip Code		

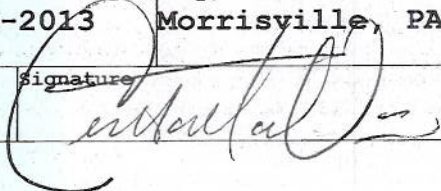
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

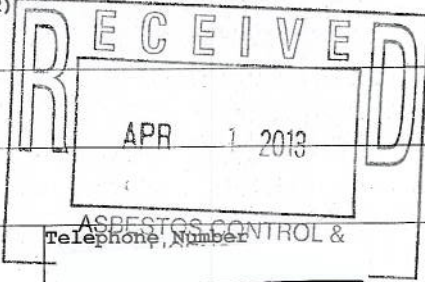
☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E	
Basement			X	Pipe Insulation	75 lf	X				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 4-9-2013	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 3-26-2013		

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

Date of Notification (1) 3-26-2013		Name of Building Owner/Operator (2) Renee Bogert		
Agencies Notified	Type Notification	Street Address 28 Vernon Terrace		
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial Notification ☐ Amended Notification ☐ EMERGENCY ☐ Cancellation	City, State, Zip Code Bloomfield, NJ, 07003		
		Name of Contact Renee Bogert		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet 1800	# of Floors 2	Bldg. Age 72
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371	
Scheduled Start Date (10) 4-4-2013 Month Day Year	Sched. Completion Date (11) 4-5-2013 Month Day Year	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» ☐ Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

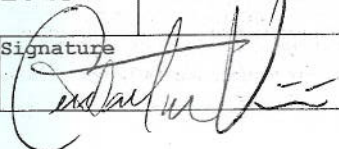
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <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			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement			X	Pipe Insulation	35 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 4-8-2013	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 3-26-2013		

Mar 25 2013 08:45am

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

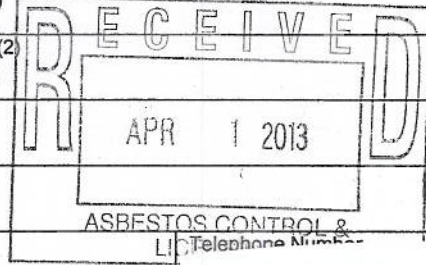
CHECK #: 8122

RECEIVED

Date of Notification (1) 3/22/13		Name of Building Owner/Operator (2) Mr. Mc Fadden		NJ Dept. of Health & Senior Services Approved 3/25/13 7:44AM (signature) ASBESTOS CONTROL LICENSING 07601	
Agencies Notified ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☐ Initial ☐ Amended ☒ Amendment # ☒ Emergency (including justification) ☐ Cancellation		Street Address 280 HIGH ST City, State, Zip Code HACKENSACK, NJ 07601 Name of Contact MC FADDEN Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Mc Fadden				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 280 HIGH ST				Square Feet 1750	
City (5) HACKENSACK				# of Floors 2	
County (5) Bergen				Bldg. Age 50+	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. MAC Contracting Inc	
Street Address				Street Address 108 Lowell Road	
City, State, Zip Code				City, State, Zip Code Glen Rock, NJ 07452	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-262-5841	
Start Date (10) 3/22/13		Scheduled Completion Date (11) 4/22/13		License No. 00156	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____				Name of OSHA Monitor Omega Environmental Services Inc.	
				Street Address 280 Huyer Street	
				City, State, Zip Code Hackensack, NJ 07606	
Scope of Work (Check All That Apply)					
☒ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf		☒ Renovation ☐ Demolition		☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement			☒	PIPE INSULATION	50LF
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 1	
City, State, Zip Code Riverton, NJ 07457		Disposal Date 3/22/13		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State, Zip Code Bethlehem, PA 18015					
Completed by JOSEPH VOCATURO		Title OPERATIONS		Signature J. Vocaturo	
				Date 3/22/13	

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

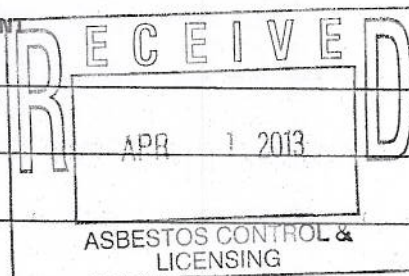
3099



Date of Notification (1) 3/27/13		Name of Building Owner/Operator (2) Robert Ford / Private Home							
Agencies Notified	Type Notification	Street Address 56 Andrew Dr.							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Robert							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Robert Ford / Private Home		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 56 Andrew Dr.		Square Feet 1000+	# of Floors 1						
City (5) Manahawkin NJ 08050		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 4/9/13	Scheduled Completion Date (11) 4/15/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition							
		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1000 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 4/15/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 3/27/13		

2581

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



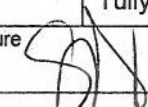
Date of Notification (1) 3-26-13		Name of Building Owner/Operator (2) Keven Inskip							
Agencies Notified	Type Notification	Street Address 456 Caverly Dr	ASBESTOS CONTROL & LICENSING						
☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA	☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Brigantine NJ 08203							
		Name of Contact Keven							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Resident		Type of Facility (4)							
Street Address 456 Caverly Dr		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Brigantine		Square Feet 2800	# of Floors 3						
County (6) Atlantic		County Code (7) (STATE USE ONLY) _____	Bldg. Age 65						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) resident							
Street Address		Name of Abatement Contractor (9) Ani & Joe LLC							
City, State, Zip Code		Street Address 1212 Burlington Ave							
Project Manager for Monitoring Firm		City, State, Zip Code Delanco .NJ . 08075							
Telephone No.		Telephone No. 856-824-0971	License No. 07010						
Start Date (10) 4-5-13	Scheduled Completion Date (11) 4-10-13	Name of OSHA Monitor self							
Occupancy Status During Abatement (Check Only One)		Street Address							
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
outside				(ACM) siding	2900lf	x			
Name of Registered Waste Hauler J Robinson Wast		NJDEP Waste Hauler ID No. 28368	Cubic Yards of Waste 1	Name of Registered Landfill Wm of Pa					
City, State Bellmawr		Disposal Date TBD		City, State Tullytown Pa					
Completed by Joseph T Hill		Title VP	Signature			Date 3-26-13			

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

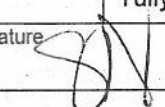
CK 6781702229

Date of Notification (1) March 28, 2013		Name of Building Owner/Operator (2) East Rutherford Board of Education							
Agencies Notified	Type Notification	Street Address 106 Uhland Street							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code East Rutherford, NJ 07073							
		Name of Contact Anthony Juskiewicz	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Alfred Faust Intermediate School		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 106 Uhland Street		Square Feet 60,000	# of Floors 3						
City (5) East Rutherford		Bldg. Age 60							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Middle School							
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental Analysis, Inc.		ASCM No. 090	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address 403 St. James Avenue		Street Address 11 Rosengren Avenue							
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Jonathan Gilbert		Telephone No. 908-454-6316	License No. #00675						
Start Date (10) 4/06/2013	Scheduled Completion Date (11) 07/15/2013	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf ☐ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Phase 1 - Nurses Offices (5 areas)		X		2'x4' Ceiling Tiles	1050 SF	X			
Phase 1 - Stage Foyer		X		2'x4' Ceiling Tiles	30 SF	X			
Phase 1 - Gym Office		X		2'x4' Ceiling Tiles	200 SF	X			
Phase 1 - 1st Fl Stairs (Paterson Ave)		X		2'x4' Ceiling Tiles	200 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996		Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA				
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature 		Date 3/28/13			

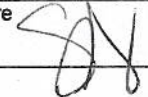
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

Date of Notification (1) March 28, 2013		Name of Building Owner/Operator (2) East Rutherford Board of Education							
Agencies Notified	Type Notification	Street Address 106 Uhland Street							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code East Rutherford, NJ 07073							
		Name of Contact Anthony Juskiewicz							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Alfred Faust Intermediate School		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 106 Uhland Street		Square Feet 60,000	# of Floors 3						
City (5) East Rutherford		Bldg. Age 60							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Middle School							
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental Analysis, Inc.		ASCM No. 090	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address 403 St. James Avenue		Street Address 11 Rosengren Avenue							
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Jonathan Gilbert		Telephone No. 908-454-6316	License No. #00675						
Start Date (10) 4/06/2013	Scheduled Completion Date (11) 07/15/2013	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☐ Renovation ☒ ≥160 sf or ≥260 lf ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ 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
Phase 1 - Storage Room 105		X		2'x4' Ceiling Tiles	200 SF	X			
Phase 2 - CST Office 1		X		2'x4' Ceiling Tiles	400 SF	X			
Phase 2 - CST Office 2		X		2'x4' Ceiling Tiles	280 SF	X			
Phase 2 - Main Office Closet		X		2'x4' Ceiling Tiles	80 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996		Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA				
City, State Totowa, NJ				Disposal Date TBD	City, State Tullytown, PA				
Completed by Deanna Brkusanin		Title Project Manager		Signature 	Date 3/28/13				

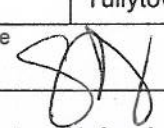
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) March 28, 2013		Name of Building Owner/Operator (2) East Rutherford Board of Education							
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 106 Uhland Street							
		City, State, Zip Code East Rutherford, NJ 07073							
		Name of Contact Anthony Juskiewicz	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Alfred Faust Intermediate School		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 106 Uhland Street		Square Feet 60,000	# of Floors 3						
City (5) East Rutherford		Bldg. Age 60							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Middle School							
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental Analysis, Inc.		ASCM No. 090	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address 403 St. James Avenue		Street Address 11 Rosengren Avenue							
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Jonathan Gilbert		Telephone No. 908-454-6316	License No. #00675						
Start Date (10) 4/06/2013	Scheduled Completion Date (11) 07/15/2013	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply) ☐ ≥3 sf or ≥3 lf ☐ Renovation ☒ ≥160 sf or ≥260 lf ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ 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
Phase 2 - 1st Fl Stairs (Grove Ave)		X		2'x4' Ceiling Tiles	400 SF	X			
Phase 3 - Room 108		X		2'x4' Ceiling Tiles	800 SF	X			
Phase 3 - Room 109		X		2'x4' Ceiling Tiles	800 SF	X			
Phase 3 - 1st Fl Stairs (Grove St)		X		2'x4' Ceiling Tiles	150 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996		Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA				
City, State Totowa, NJ				Disposal Date TBD	City, State Tullytown, PA				
Completed by Deanna Brkusanin		Title Project Manager		Signature 	Date 3/28/13				

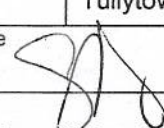
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) March 28, 2013		Name of Building Owner/Operator (2) East Rutherford Board of Education							
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification ☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 106 Uhland Street						
			City, State, Zip Code East Rutherford, NJ 07073						
			Name of Contact Anthony Juskiewicz						
			Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Alfred Faust Intermediate School		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 106 Uhland Street		Square Feet 60,000	# of Floors 3						
City (5) East Rutherford		Bldg. Age 60							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Middle School							
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental Analysis, Inc.		ASCM No. 090	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address 403 St. James Avenue		Street Address 11 Rosengren Avenue							
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Jonathan Gilbert		Telephone No. 908-454-6316	License No. #00675						
Start Date (10) 4/06/2013	Scheduled Completion Date (11) 07/15/2013	Name of OSHA Monitor D&S Abatement, Inc.							
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Scope of Work (Check All That Apply) ☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf ☐ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
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	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Phase 4 - Room 200		X		2'x4' Ceiling Tiles	700 SF	X			
Phase 4 - Room 201		X		2'x4' Ceiling Tiles	700 SF	X			
Phase 4 - Closet Room 222		X		2'x4' Ceiling Tiles	100 SF	X			
Phase 4 - Rm 201 Stairs (Grove St)		X		2'x4' Ceiling Tiles	200 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager	Signature 	Date 3/28/13					

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

Date of Notification (1) March 28, 2013		Name of Building Owner/Operator (2) East Rutherford Board of Education							
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address 106 Uhland Street							
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		Name of Contact Anthony Juskiewicz							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Alfred Faust Intermediate School		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 106 Uhland Street		Square Feet 60,000	# of Floors 3						
City (5) East Rutherford		Bldg. Age 60							
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Street Address 403 St. James Avenue		Street Address 11 Rosengren Avenue							
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Jonathan Gilbert		Telephone No. 908-454-6316	License No. #00675						
Start Date (10) 4/06/2013	Scheduled Completion Date (11) 07/15/2013	Name of OSHA Monitor D&S Abatement, Inc.							
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	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Phase 4 -Storage Room 226		X		2'x4' Ceiling Tiles	200 SF	X			
Phase 4 - 2nd Floor Hall		X		2'x4' Ceiling Tiles	2000 SF	X			
Phase 4 - Library Room 202		X		2'x4' Ceiling Tiles	1200 SF	X			
Phase 4 - Library Stairs (Grove St)		X		2'x4' Ceiling Tiles	500 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager	Signature 	Date 3/28/13					

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
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		Name of Contact Anthony Juskiewicz							
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FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Alfred Faust Intermediate School		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 106 Uhland Street		Square Feet 60,000	# of Floors 3						
City (5) East Rutherford		Bldg. Age 60							
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Street Address 403 St. James Avenue		Street Address 11 Rosengren Avenue							
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Project Manager for Monitoring Firm Jonathan Gilbert		Telephone No. 908-454-6316	License No. #00675						
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	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Phase 4 - Art Room 213		X		2'x4' Ceiling Tiles	900 SF	X			
Phase 4 - Room 212		X		2'x4' Ceiling Tiles	600 SF	X			
Phase 4-3rd FI Stairs(Paterson Ave)		X		2'x4' Ceiling Tiles	200SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.									
NJDEP Waste Hauler ID No. #20996		Cubic Yards of Waste TBD		Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ				Disposal Date TBD		City, State Tullytown, PA			
Completed by Deanna Brkusanin			Title Project Manager		Signature 			Date 3/28/13	