

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

*No check*

2013 APR 12 AM 12:00  
AMENDMENT # 1

ETS JOB # 3915/13

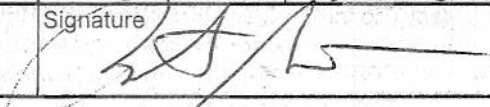
Date of Notification (1) <b>3/21/2013</b>		Name of Building Owner / Operator (2) <b>Port Authority of New York &amp; New Jersey</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		Street Address <b>241 Erie Street, Room 236</b>
			City, State & Zip Code <b>New Jersey, NJ 07310</b>
			Name of Contact <b>Mr. Ralph Campione</b>
			Telephone Number <b>[REDACTED]</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Terminal B, B-2 Connector Departures Level</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>Newark International Airport, Newark, NJ</b>			Square Feet <b>1.2 Mil</b>	# of Floors <b>2</b>	Bldg. Age <b>50+</b>
City (5) <b>Newark</b>	County (6) <b>Essex</b>	County Code (7)	Current Use (Prior if being demolished) <b>Airport</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>THE PORT AUTHORITY OF NY &amp; NJ</b>		ASCM No.	Name of Abatement Contractor (9) <b>ETS Contracting, Inc.</b>		
Street Address <b>241 ERIE STREET, ROOM 236</b>			Street Address <b>160 Clay Street</b>		
City, State & Zip Code <b>JERSEY CITY, NJ 073100</b>			City, State & Zip Code <b>Brooklyn, NY 11222</b>		
Project Manager for Monitoring Firm <b>MR. RALPH CAMPIONE</b>		Telephone Number <b>973-624-6898</b>	Telephone Number <b>718-706-6300</b>	License Number <b>00511</b>	
Scheduled Start Date (10) <b>4/7/2013</b>	Scheduled Completion Date (11) <b>7/31/2013</b>		Name of OSHA Monitor <b>TESTOR TECH, INC.</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <b>MONDAY - FRIDAY 7:00 AM - 3:30 PM</b> <input type="checkbox"/> Other - Describe:			Street Address <b>10 59 JACKSON AVENUE</b>		
			City, State & Zip Code <b>L.I.C., NY 11101</b>		

Scope of Work (Check all that apply)			
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> Large Project		<input type="checkbox"/> Mini-Enclosure	
<input type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM		<input type="checkbox"/> Glovebag Procedure	
<input checked="" type="checkbox"/> Quantity is $\geq 160$ SF or $\geq 260$ LF ACM		<input type="checkbox"/> Other: I	

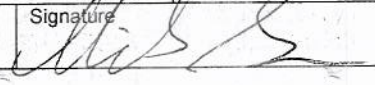
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
<b>Terminal B- B-2 Connector, Dept. Level</b>	<b>NO</b>	<b>FIREPROOFING</b>	<b>5,800 SF</b>	<b>Removal</b>
<b>Terminal B- B-2 Connector, Dept. Level</b>	<b>NO</b>	<b>PIPE</b>	<b>1,200 LF</b>	<b>Removal</b>

Name of Registered Waste Hauler <b>TRI-STATE TRANSFER</b>		NJDEP Waste Hauler ID # <b>2A-456</b>	Cu. Yds. of Waste <b>120</b>	Name of Registered Landfill <b>Minerva Enterprises, Inc.</b>
City, State <b>Bronx, NY</b>		Disposal Date <b>TBD</b>	City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>Richie Smith</b>	Title <b>Project Executive</b>	Signature 	Date <b>3/21/2013</b>	



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

RECEIVED

Date of Notification (1) 03/28/2013		Name of Building Owner/Operator (2) Borough Highland Park		2013 APR -3 AM 12:00	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 221 South 5th Ave.	
				City, State, Zip Code Highland Park NJ 08904	
		Name of Contact Scott Lutuman		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Police Station			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 222 South 5th Ave.			Square Feet		
City (5) Highland Park			# of Floors		
County (6) Middlesex			Bldg. Age		
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Police - Fire Station			
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services Inc.		ASCN No. 00100		Name of Abatement Contractor (9) Savic Construction Corp	
Street Address 1805 Atlantic Avenue		Street Address 205 Route 46 Suite 15			
City, State, Zip Code Manasquan, NJ 08736		City, State, Zip Code Totowa, NJ 07512			
Project Manager for Monitoring Firm Jason P. Hooper		Telephone No. 732-223-2225		Telephone No. 973-339-9735	
Start Date (10) 04/01/2013		Scheduled Completion Date (11) 04/03/2013		License No. 01034	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Name of OSHA Monitor Savic Construction Corp		
			Street Address 205 Route 46 Suite 15		
			City, State, Zip Code Totowa, NJ 07512		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Heating system chase			X	TSI - wet/wrap/cut	320 LF
Name of Registered Waste Hauler Savic Construction Corp		NJDEP Waste Hauler ID No. 32253		Cubic Yards of Waste 10 yr	Name of Registered Landfill GROWS
City, State Totowa NJ		Disposal Date		City, State Morrisville, PA	
Completed by Milos Savic		Title Project Manager		Signature 	Date 03/28/2013



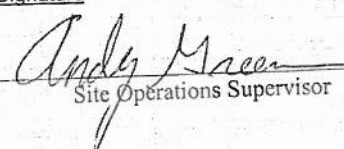
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 03/29/13		Name of Building Owner/Operator (2) Donald McCrumb							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6 Venezia Lane							
		City, State, Zip Code Haskell, NJ 07420							
		Name of Contact Jonathan Kondash							
<div style="text-align: right;"> <b>RECEIVED</b>  2013 APR -3 AM 12:00  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 906 Ringwood Avenue		Square Feet 2,000	# of Floors 2						
City (5) Haskell		Bldg. Age 50+							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Private House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Stanmark Contractors, LLC						
Street Address		Street Address 27 Edsall Drive							
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-864-2022	License No. 01137						
Start Date (10) 04/07/13	Scheduled Completion Date (11) 04/10/13	Name of OSHA Monitor AmeriSci							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 117 30th Street							
		City, State, Zip Code New York, NY 11037							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	x			boiler and pipe insulation	24 S.F.	x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Wayne, NJ		Disposal Date on completion		City, State Morrissville, PA					
Completed by Marko Stankovic		Title President	Signature <i>Marko Stankovic</i>			Date 03/29/13			



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

RECEIVED  
2013 APR -3 AM 12:00  
Hazardous Waste Control  
& Licensing

<b>Date of Notification (1)</b> 3/13/13		<b>Name of Building Owner/Operator (2)</b> Paulsboro Refining Company	
<b>Agencies Notified</b>  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<b>Notification Type</b>  <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled		<b>Street Address</b> 800 Billingsport Rd
			<b>City, State, Zip Code</b> Paulsboro, NJ 08066
			<b>Name of Contact</b> Ravi Jarecha
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> Paulsboro Refining Company		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)	
<b>Street Address</b> 800 Billingsport Rd		<b>Sq. Feet</b> N/A <b># of Floors</b> N/A	
<b>City (5)</b> Paulsboro	<b>County (6)</b> Gloucester	<b>County Code (7)</b> (State Use Only)	<b>Bldg. Age</b> N/A <b>Current Use (prior if being demolished)</b> Oil Refinery
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b>		<b>ASCM No.</b>	<b>Name of Contractor (9)</b> K A Industrial Services LLC
<b>Street Address</b>		<b>Street Address</b> 800 Billingsport Rd	
		<b>City State, Zip Code</b> Paulsboro, NJ 08066	
<b>Project Manager for Monitoring Firm</b>	<b>Telephone Number</b>	<b>Telephone Number</b> 856-224-4392	<b>License Number</b> 00857
<b>Scheduled Start Date (10)</b> 3/27/13	<b>Scheduled Completion Date (11)</b> 4/5/13		<b>Name of OSHA Monitor</b> Kenny Atlantic Industrial Services, LLC
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Other - Describe - Removal within restricted work area in outside areas		<b>Street Address</b> 800 Billingsport Rd	
		<b>City, State, Zip Code</b> Paulsboro NJ 08066	
<b>Source of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input checked="" type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure			
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES    NO    NA	<b>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</b>	<b>Amount (Specify SF or LF)</b>
Amine Line Between Coker and MLDW Units	X	Pipe Insulation	250 LF
<b>Name of Reg. Waste Hauler</b> Waste Management, Inc.		<b>NJDEP Waste Hauler ID #</b> 17273	<b>Cubic Yards of Waste</b> < 1 CY
<b>City, State</b> South Harrison, NJ		<b>Disp. Date</b> Various	<b>Name of Reg. Landfill</b> Gloucester County Landfill
<b>City, State</b> South Harrison, NJ		<b>City, State</b> South Harrison, NJ	
<b>Completed by (Print or Type)</b> ANDREW GREEN	<b>Title</b> MANAGER - KENNY ATLANTIC	<b>Signature</b>  Site Operations Supervisor	<b>Date</b> 3/13/13

Mail to: NJDEP-DSHW-BRRTP  
401 E. State St., PO 414  
Trenton, NJ 08625-0414

Telephone 609-984-6620

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9/18/00



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

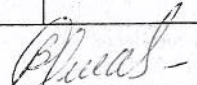
Date of Notification (1) 03-28-2013		Name of Building Owner/Operator JBL Electric Inc.							
Agencies Notified	Type Notification	Street Address 3001 South Clinton Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code South Plainfield, NJ 07080							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Brandon Luise	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Outside (on the side of the bridge)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address Rt. 287 & Washington Avenue		Square Feet N/A	# of Floors N/A						
City (5) Bernardsville		Bldg. Age N/A							
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) outside							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Stanmark Contractors, LLC						
Street Address		Street Address 28 Edsall Drive							
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461							
Project Manager for Monitoring Firm		Telephone No. _____	License No. _____						
Start Date (10) 03/29/2013		Scheduled Completion Date (11) 03/30/2013							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor AmeriSci							
		Street Address 117 30th Street							
		City, State, Zip Code New York, NY 11016							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
emerg. letter explanation attached	x			emergency letter	assumed				
				explanation attached	dust vacuum				
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste assumed 1	Name of Registered Landfill G.R.O.W.S.					
City, State Wayne, NJ			Disposal Date on completion	City, State Morrisville, PA					
Completed by Marko Stankovic		Title President	Signature <i>Marko Stankovic</i>	Date 03/28/13					



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

2013 APR -3 AM 12:00

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 2/22/2013		Check #2390		Name of Building Owner/Operator (2) Immaculate Heart Academy	
Agencies Notified		Type Notification		Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		500 Van Emburgh Avenue	
				City, State, Zip Code Washington Township, NJ 07675	
				Name of Contact Patricia Molly	
				Telephone Number _____	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Immaculate Heart Academy				Type of Facility (4)	
Street Address 500 Van Emburgh Avenue				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Washington Township, NJ 07675				Square Feet 40,000	# of Floors 2
				Bldg. Age 60+	
County (6) BERGEN COUNTY		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) EA Services Corporation	
Street Address				Street Address 426 69th Street	
City, State, Zip Code				City, State, Zip Code Guttenberg, NJ 07093	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-295-1700	License No. 01074
Start Date (10) 4/03/2013		Scheduled Completion Date (11) 4/05/2013		Name of OSHA Monitor same as above	
Occupancy Status During Abatement (Check Only One)				Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 8:00 AM				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement Electrical Room		x		Open Seam	1 LF
Gymnasium		x		Troweled on ceiling	18 SF
Name of Registered Waste Hauler n/a		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill
City, State				Disposal Date	City, State
Completed by Gina Salvador		Title Office Manager		Signature 	Date 2/22/2013



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

*No check*

Date of Notification (1) 3-21-2013		Name of Building Owner/Operator (2) Bella Cleaning and Carting.							
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address 9 Prospect St.							
		City, State, Zip Code Ridgewood NJ.							
		Name of Contact Ben Raabe	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 469 Martin Luther King Blvd.		Square Feet 2500	# of Floors 3						
City (5) Jersey City NJ 07304.		Bldg. Age 60+							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services.						
Street Address		Street Address 235 Virginia Ave							
City, State, Zip Code		City, State, Zip Code Jersey City NJ. 07304							
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 3-22-2013	Scheduled Completion Date (11) 3-22-2013	Name of OSHA Monitor Same as Above							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		X		Roofing Material	2000SF	X			
Name of Registered Waste Hauler Tri-State Transfer Associate.		NJDEP Waste Hauler ID No. 2A456	Cubic Yards of Waste 30	Name of Registered Landfill Minerva Enterprises.					
City, State Bronx - New York			Disposal Date 3-22-2013	City, State Wynesburg-Ohio.					
Completed by Tiffany Nunez.		Title Office Manager.	Signature			Date 3-21-2013.			



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

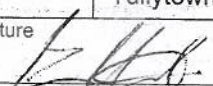
*No check*

Date of Notification (1) 3-19-2013		Name of Building Owner/Operator (2) Hudson County Community College							
Agencies Notified	Type Notification	Street Address 81 Sip Ave.							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City NJ. 07306							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact Jim Sorentino.	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 81 Sip Ave.		Square Feet 12000	# of Floors 6						
City (5) Jersey City NJ.		Bldg. Age 60+							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision		ASCN No. 00079	Name of Abatement Contractor (9) Green Environmental Services.						
Street Address 20-21 Wagaraw Rd. Building 35A.		Street Address 235 Virginia Ave.							
City, State, Zip Code Fair lawn NJ 07410		City, State, Zip Code Jersey City NJ. 07304							
Project Manager for Monitoring Firm Guillermo Moralez.		Telephone No. 973-636-9145	License No. 01174						
Start Date (10) 3-29-2013	Scheduled Completion Date (11) 3-31-2013	Name of OSHA Monitor Envirovision.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 20-21 Wagaraw Rd. Building 34A.							
		City, State, Zip Code Fair lawn NJ 07410							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement.		X		Pipe Insulation.	120LF	X			
Name of Registered Waste Hauler Tri-State Transfer Associate.		NJDEP Waste Hauler ID No. 2A456	Cubic Yards of Waste 5	Name of Registered Landfill Minerva Enterprises.					
City, State Bronx New York.		Disposal Date 4-1-2013		City, State Wynesburg Ohio.					
Completed by Tiffany Nunez		Title Office Manager.		Signature _____		Date 3-19-2013.			



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

RECEIVED  
2013 APR -9 AM 12:00  
ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 03/29/13		Name of Building Owner/Operator (2) Gulay Schorr						
Agencies Notified	Type Notification	Street Address 469 Undercliff Avenue						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Edgewater, NJ, 07020						
		Name of Contact John Driesse	Telephone Number _____					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) 12 Columbia Terrace		Type of Facility (4)						
Street Address 12 Columbia Terrace		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Edgewater NJ 07020		Square Feet 1200	# of Floors 2					
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age 70					
Name of Monitoring Firm Hired by Building Owner (8) EHI, Inc		ASCM No. 00104	Name of Abatement Contractor (9) Indian Arrow Industries, Inc					
Street Address 655 West Shore Trail		Street Address 730 Broadway						
City, State, Zip Code Sparta NJ 07871		City, State, Zip Code Paterson NJ 07514						
Project Manager for Monitoring Firm Charles Hoffman		Telephone No. 973-651-1323	License No. 1183					
Start Date (10) 04/12/13	Scheduled Completion Date (11) 04/22/13		Name of OSHA Monitor Jim Proktor					
Occupancy Status During Abatement (Check Only One)		Street Address 318 12th St						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Hammonton NJ 0837						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <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
Basement		X	thermal systems insulation	15lf	X			
				10 sq ft	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 4	Name of Registered Landfill Waste Management Inc				
City, State Wayne, NJ		Disposal Date 04/22/13		City, State Tullytown, PA				
Completed by Goran Igev		Title Secretary	Signature 		Date 03/29/13			



No check

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

CHECK #: 8116

2013 APR -8 AM 12:00

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <b>3/12/13</b>		Name of Building Owner/Operator (2) <b>SAVERIO MANGIOLA</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <b>65 ALBERT ST.</b>		City, State, Zip Code <b>NORTH ALINGTON, N.J. 07031</b>							
Name of Contact <b>ANTONIO GAETANO</b>		Telephone Number							
Name of Facility Where Abatement is Taking Place (3) <b>MANGIOLA</b>									
Street Address <b>141 SANFORD AVE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>LYNDHURST</b>		Square Feet <b>2500</b>	# of Floors <b>3</b>						
County (6) <b>BERGEN</b>		Bldg. Age <b>50+</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>RESIDENCE</b>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) <b>A. MAC Contracting Inc</b>							
City, State, Zip Code		Street Address <b>105 Lowell Road</b>							
Project Manager for Monitoring Firm		City, State, Zip Code <b>Glen Rock, NJ 07452</b>							
Telephone No.		Telephone No. <b>201-262-5841</b>	License No. <b>00156</b>						
Start Date (10) <b>3/25/13</b>	Scheduled Completion Date (11) <b>4/25/13</b>		Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>280 Huyer Street</b>							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition  <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>Hackensack, NJ 07606</b>							
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
BASOMNT			✓	SHEET ROCK & COMPOUND	1,100 SF	✓			
BASOMNT			✓	VAT: MASTIC	1750 SF	✓			
KITCHEN			✓	SHEET ROCK & COMPOUND	224 SF	✓			
ROOF			✓	ROOFING	1300 SF	✓			
Name of Registered Waste Hauler <b>ROVIC TRANSPORT</b>		NJDEP Waste Hauler ID No. <b>20785</b>		Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>				
City, State, Zip Code <b>RIVERDALE, NEW JERSEY 07457</b>		Disposal Date <b>3/25/13</b>		City, State, Zip Code <b>Bethlehem, PA 18015</b>					
Completed by <b>JOSEPH VOCATURO</b>		Title <b>OPERATIONS</b>		Signature <b>J. Vocaturo</b>		Date <b>3/12/13</b>			



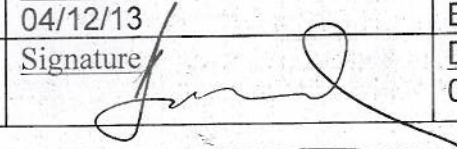
**STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT Check # 10273**

Date of Notification (1) 03/29/13		Name of Building Owner/Operator (2) Sharyn Angley	
Agencies Notified ( ) EPA (X) NJDEP (X) NJ DOL (X) DOH ( ) DCA	Type of Notification (X) Initial Notification ( ) Amended Amendment # _____ ( ) Emergency (including justification) ( ) Cancellation	Street Address 157 11 <sup>th</sup> Street City, State, Zip Code Hoboken, NJ 07030 Name of Contact Sharyn Angley Tel. Number _____	

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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: 2,217 SQFT # Of Floors: 2 Bldg. Age: 133 Current Use (if being demolished):		
Street Address 517 11 <sup>th</sup> Street			City, State, Zip Code Hoboken, NJ 07030		
City (5) Hoboken	County (6) Hudson	County Code (7) (State Use Only)	Name of Monitoring Firm hired by Bldg. Owner (8) N/A		
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) 04/09/13			License Number 01124		
Scheduled Completion Date (11) 04/12/13			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		

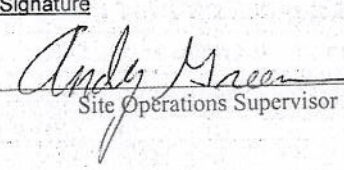
Source of Work (Check all that apply) ( ) Demolition (X) Renovation  
( ) Minor Project (< 25 SF or < 10 LF ACM)  
( ) Small Project (>25 <160 SF or >10 <260 LF ACM)  
(X) Large Project (>160 SF or > 260 LF ACM)  
( ) Full Containment with Negative Pressure  
( ) Mini-Enclosure  
(X) Glove-bag Procedure  
(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) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)	Amount (Specify SF or LF)	Abatement Type				
				Removal	Repair	Encapsulate	Enclosure	
Crawl Space		X	Pipe insulation (Debris)	150 LFT	X			
Windows		X	Caulking/glazing materials	80 LFT	X			
Second Floor		X	VAT	150 SQFT	X			
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 04/12/13	City, State BETHLEHEM, PA 18015					
Completed by (Print or Type) David Camacho		Title Project Supervisor	Signature 	Date 03/28/13				



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

**RECEIVED**  
2013 APR - 9 AM 12:50  
ASBESTOS CONTROL & LICENSING

<b>Date of Notification (1)</b> 3/26/13		<b>Name of Building Owner/Operator (2)</b> Paulsboro Refining Company	
<b>Agencies Notified</b>  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<b>Notification Type</b>  <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled		<b>Street Address</b> 800 Billingsport Rd
			<b>City, State, Zip Code</b> Paulsboro, NJ 08066
			<b>Name of Contact</b> Ravi Jarecha
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> Paulsboro Refining Company		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)	
<b>Street Address</b> 800 Billingsport Rd		<b>Sq. Feet</b> N/A <b># of Floors</b> N/A	
<b>City (5)</b> Paulsboro	<b>County (6)</b> Gloucester	<b>County Code (7)</b> (State Use Only)	<b>Bldg. Age</b> N/A <b>Current Use (prior if being demolished)</b> Oil Refinery
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b>		<b>ASCM No.</b>	<b>Name of Contractor (9)</b> K A Industrial Services LLC
<b>Street Address</b>		<b>Street Address</b> 800 Billingsport Rd	
		<b>City, State, Zip Code</b> Paulsboro, NJ 08066	
<b>Project Manager for Monitoring Firm</b>	<b>Telephone Number</b>	<b>Telephone Number</b> 856-224-4392	<b>License Number</b> 00857
<b>Scheduled Start Date (10)</b> 4/15/13	<b>Scheduled Completion Date (11)</b> 4/16/13	<b>Name of OSHA Monitor</b> Kenny Atlantic Industrial Services, LLC	
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Other - Describe - Removal within restricted work area in outside areas		<b>Street Address</b> 800 Billingsport Rd	
		<b>City, State, Zip Code</b> Paulsboro NJ 08066	
<b>Source of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input checked="" type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure			
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES    NO    NA	<b>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</b>	<b>Amount (Specify SF or LF)</b>
Steam line south of PG-10 Pumps by 3042 tank - CU6	X	Pipe Insulation	5 LF
<b>Name of Reg. Waste Hauler</b> Waste Management, Inc.	<b>NJDEP Waste Hauler ID #</b> 17273	<b>Cubic Yards of Waste</b> < 1 CY	<b>Name of Reg. Landfill</b> Gloucester County Landfill
<b>City, State</b> South Harrison, NJ		<b>Disp. Date</b> Various	<b>City, State</b> South Harrison, NJ
<b>Completed by (Print or Type)</b> ANDREW GREEN	<b>Title</b> MANAGER - KENNY ATLANTIC	<b>Signature</b>  Site Operations Supervisor	<b>Date</b> 3/26/13

Mail to: NJDEP-DSHW-BR RTP  
401 E. State St., PO 414  
Trenton, NJ 08625-0414

Telephone 609-984-6620

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9/18/00



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Date of Notification (1) 03/29/2013		Name of Building Owner/Operator (2) Friends of Hoboken Charter School							
Agencies Notified	Type Notification	Street Address 732 Willow Avenue #17							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hoboken, NJ 07030							
		Name of Contact Harold Berlowe							
		Telephone Number 2013 APR -9 AM 12:10							
FACILITY INFORMATION									
Name of Facility Where Abatement Is Taking Place (3) Hoboken Charter School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 713 Washington Street		Square Feet	# of Floors 4						
City (5) Hoboken		Bldg. Age 50+							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc.		ASCM No. 0079	Name of Abatement Contractor (9) VMC Company, Inc.						
Street Address 20-21 Wagraw Road		Street Address 208 Plaget Ave.							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Clifton NJ 07011							
Project Manager for Monitoring Firm Fredric Larson.		Telephone No. 973-636-9145	Telephone No. 973-253-8828						
		License No. 00704							
Start Date (10) 03/11/2013	Scheduled Completion Date (11) 04/04/2013	Name of OSHA Monitor VMC Co. Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement (East end)		X		Wall plaster	1000 SF	X			
4TH Floor (East end)		X		Wall/Ceiling plaster	2000 SF	X			
Basement		X		Pipe/fitting insulation	45 LF	X			
Basement		X		VAT/Mastic	3000 SF	X			
4th Floor		X		VAT/Mastic	2000 SF	X			
3rd Floor		X		VAT/Mastic	100 SF	X			
2nd Floor		X		VAT/Mastic	100 SF	X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste	Name of Registered Landfill GROWS					
City, State Newark, NJ		Disposal Date 03/29/13	City, State Morrisville, PA						
Completed by Voytek Roszkowski		Title President	Signature V. Roszkowski				Date 03/29/2013		



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

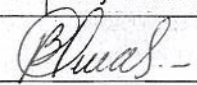
**RECEIVED**

2013 APR -3 AM 12:00

Date of Notification (1) 3/20/2013		Name of Building Owner/Operator (2) Church of the Little Flowers Parish							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 110 Roosevelt Avenue		City, State, Zip Code Berkley Heights, NJ 07922							
Name of Contact Andrew Prachar		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Little Flower		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 310 Plainfield Avenue		Square Feet 4,000	# of Floors 2						
City (5) Berkley Heights, NJ 07922		Bldg. Age 60+							
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence - Vacant for demolition							
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants		ASCM No.	Name of Abatement Contractor (9) EA Services Corporation						
Street Address 20-21 Wagaraw Road-Bldg 35-E		Street Address 426 69th Street							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Guttenberg, NJ 07093							
Project Manager for Monitoring Firm Fred Larson		Telephone No. 973-636-9145	License No. 01074						
Start Date (10) 4/8/2013	Scheduled Completion Date (11) 4/12/2013	Name of OSHA Monitor same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: Starting at 11:00 AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor		x		9 x 9 Floor Tile	335 SF	x			
Basement		x		Pipe Insulation	3 LF	x			
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste tbd	Name of Registered Landfill Waste Management					
City, State PO Box 5010		Disposal Date tbd		City, State Tully Town Landfill, PA					
Completed by Gina Salvador		Title Office Manager	Signature 			Date 3/20/2013			



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

Date of Notification (1) March 20, 2013		Check#2385		Name of Building Owner/Operator (2) St Theresa Church	
Agencies Notified		Type Notification		Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		541 Washington Avenue	
				City, State, Zip Code Kenilworth, NJ 07033	
				Name of Contact Rev Joseph Bejgrowicz	
				Telephone Number _____	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) St Theresa Church - Rectory				Type of Facility (4)	
Street Address 541 Washington Avenue				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Kenilworth, NJ 07033				Square Feet 8,000 SF	# of Floors 2
County (6) UNION		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Rectory (Office)	
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants			ASCM No. _____	Name of Abatement Contractor (9) EA Services Corporation	
Street Address 20-21 Wagaraw Road - Bldg 5-E			Street Address 426 69th Street		
City, State, Zip Code Fair Lawn, NJ 07410			City, State, Zip Code Guttenberg, NJ 07093		
Project Manager for Monitoring Firm Fred Larson			Telephone No. 973-636-9145	Telephone No. 201-295-1700	License No. 01074
Start Date (10) 4/5/2013		Scheduled Completion Date (11) 4/8/2013		Name of OSHA Monitor same as above	
Occupancy Status During Abatement (Check Only One)				Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>8:00 AM Through week 2</u>				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
First floor corridor		x		Pop corn ceiling+plaster	110 SF
Second Floor corridor		x		Pop corn ceiling+plaster	130 SF
Name of Registered Waste Hauler Freehold Carting			NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste tbd	Name of Registered Landfill Waste Management
City, State POBox 5010			Disposal Date tbd		City, State Tully Town Landfill, PA
Completed by Gina Salvador		Title Office Manager		Signature 	Date 3/20/2013





# State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

<b>Date of Notification (1)</b> <b>March 28, 2013</b>		<b>Name of Building Owner/Operator (2)</b> <b>Dover Blackwell Realty, Inc.</b>	
<b>Agencies Notified</b> EPA X DCA X DOL X DEP X DOH		<b>Notification Type</b> <input checked="" type="checkbox"/> Initial Notification Amended Certification Emergency (including justification) <input type="checkbox"/> Cancelled	
<b>Street Address</b> <b>64 East Midland Avenue</b>		<b>City, State, Zip Code</b> <b>Paramus, New Jersey 07652</b>	
<b>Name of Contact</b> <b>Tom Allesandrello</b>		<b>Telephone Number</b>	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> <b>Commercial Building</b>		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) <b>Sq. Feet: Unknown 3 # of Floors: Bldg. Age: 100 years</b>	
<b>Street Address</b> <b>1-5 Blackwell Street</b>		<b>Current Use (prior if being demolished):</b>	
<b>City (5)</b> <b>Dover</b>	<b>County (6)</b> <b>Morris</b>	<b>County Code (7)</b> (State Use Only)	
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> <b>EnviroVision Consultants inc.</b>		<b>ASCM No.</b> <b>00079</b>	
<b>Street Address</b> <b>20-21 Wagaraw Road, Bldg # 34A</b>		<b>Name of Contractor (9)</b> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
<b>City, State, Zip Code</b> <b>Fairlawn, NJ 07410</b>		<b>Street Address</b> <b>268 MAIN STREET</b>	
<b>Project Manager for Monitoring Firm</b> <b>Fred Larson</b>		<b>Telephone Number</b> <b>973-636-9145</b>	<b>License Number</b> <b>00840</b>
<b>Scheduled Start Date (10)</b> <b>April 8, 2013</b>		<b>Scheduled Completion Date (11)</b> <b>April 22, 2013</b>	
<b>Occupancy Status During Abatement (Check only one)</b> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe:		<b>Name of OSHA Monitor</b> <b>EMSL inc.</b>	
		<b>Street Address</b> <b>1056 Stelton Road</b>	
		<b>City, State, Zip Code</b> <b>Piscataway, NJ 08854</b>	
<b>Source of Work (Check all that apply)</b>  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf  <input type="checkbox"/> ≥ 160 sf or ≥ 260         </div> <div>           Renovation            Demolition         </div> <div>           Full Containment with Negative Pressure            Mini-Enclosure with negative air            Glovebag Procedure            Non-Exempted (*) and Non-Friable Procedure            Wrap &amp; Cut         </div> </div>			
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b> <b>First Floor</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES NO NA <input checked="" type="checkbox"/> NA	<b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b> <b>TSI-Asbestos pipe insulation</b>	<b>Amount (Specify SF or LF)</b> <b>450 lf</b>
		<b>Abatement Type</b> Remove Repair Encap Enclose <input checked="" type="checkbox"/>	
<b>Name of Reg. Waste Hauler</b> <b>See Hauler Below # 1 &amp; 2</b>		<b>NJDEP Waste Hauler ID #</b> <b>See Below</b>	<b>Cubic Yards of Waste:</b> <b>40</b>
<b>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> <b>NJ DEP # 12561</b>		<b>Name of Registered Landfill</b> <b>Meadowfill Landfill</b>	
<b>Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>		<b>Disposal Date</b> <b>April 22, 2013</b>	<b>City, State</b> <b>Route 2, Box 68</b> <b>Bridgeport, WVA</b> <b>304-842-2784</b>
<b>Completed by (Print or Type)</b> <b>Marin Graure</b>		<b>Title</b> <b>SENIOR PROJECT MANAGER</b>	<b>Signature</b> <i>Marin Graure</i>
		<b>Date</b> <b>March 28, 2013</b>	

GAC # 2013-366



Mar.20.2013 03:27 PM

State of New Jersey  
NOTIFICATION ASBESTOS ABATEMENT  
(Pursuant to NJAC 8.60 and 12:120)

UK 1363

2013 APR -3 AM 12:00

DOL 10 DAY

MAR 18 2013

APPROVED

WIA

RECEIVED

CONTROL

DATE OF NOTIFICATION (1)  
3/19/13

NAME OF BUILDING OWNER/OPERATOR (2)  
Bill Christy

STREET ADDRESS  
119 Oxford Place

CITY, STATE, ZIP CODE  
Mr. Laurel, NJ 08054

NAME OF CONTACT  
Bill Christy

AGENCIES NOTIFIED

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ BCA

TYPE NOTIFICATION

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

FACILITY INFORMATION

NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE (3)  
Residence

STREET ADDRESS  
119 Oxford Place

CITY (4)  
Mt. Laurel

COUNTY (5)  
Burlington

COUNTY CODE (7) (STATE USE ONLY)

TYPE OF FACILITY (6)

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

SQUARE FEET  
1800

# OF FLOORS  
2

Bldg Age  
25 yrs

CURRENT USE (Prior to being demolished)  
Residence

NAME OF MONITORING FIRM HIRED BY BUILDING OWNER (8) N/A

ASSM No.

NAME OF ABATEMENT CONTRACTOR (9)  
AEI2, LLC

STREET ADDRESS  
300 Lenola Road

CITY, STATE, ZIP CODE  
Maple Shade, NJ 08052

TELEPHONE No.  
609-481-2122

LICENSE No.  
00689

PROJECT MANAGER FOR MONITORING FIRM

TELEPHONE No.

NAME OF OSHA MONITOR  
AEI2, LLC

STREET ADDRESS  
300 Lenola Road

CITY, STATE, ZIP CODE  
Maple Shade, NJ 08052

START DATE (10)  
3/23/13

SCHEDULED COMPLETION DATE (11)  
3/23/13

OCCUPANCY STATUS DURING ABATEMENT (Check only one)

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

SCOPE OF WORK (Check all that apply)

☒  $\leq 3$  sf or  $\geq 3$  sf  
☐  $\geq 150$  sf or  $\geq 200$  sf

☒ 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			Full Containment	Mini-Enclosure	Glovebag	Non-Exempted
Kitchen Floor			X	Linoleum	80 SF		X		

NAME OF REGISTERED WASTE HAULER  
AEI2, LLC

NUDEP Waste Hauler ID No.  
21376

CUBIC YARDS OF WASTE  
1

DISPOSAL DATE  
TBD

NAME OF REGISTERED LANDFILL  
TBD

CITY, STATE  
TBD

COMPLETED BY  
Wm. Minnick

TITLE  
Program Mgr

SIGNATURE  
Wm. Minnick

DATE  
3/19/13

AR-01

Do not use this form for asbestos Renovation exempt activities



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

RECEIVED  
2013 APR -3 AM 12:50  
ASBESTOS CONTROL & LICENSING

No check

Date of Notification (1) 3 / 12 / 13		Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-3/28/13 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortega Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Princeton University- Engineering Quadrangle		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Olden St		Square Feet							
City (5) Princeton		# of Floors							
County (6) MERCER		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) PENNONI ASSOCIATES INC		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 515 GROVE STREET		Street Address 1123 BEAVER STREET							
City, State, Zip Code HADDON HEIGHTS, NJ 08035		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm CRAIG WILSON		Telephone No. 856-547-0505	License No. 00509						
Start Date (10) 3 / 26 / 13	Scheduled Completion Date (11) 4 / 5 / 13	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/5:00PM-1:00AM (R#1) AS OF MONDAY 4/1/13		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
B-21, B-25, B-27, B-429	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile Sheet Flooring	1100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-21, B-25, B-27, B-429	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MASTIC	750 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State BRISTOL, PA 19007			Disposal Date	City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scarfiro		Title Project Manager	Signature Brian Scarfiro / jl			Date 3/28/13			


ASB-41 B513022  
MAY 11

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

\*\* OFF SITE EPTDAN MARCH 29 2013



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

Date of Notification (1) 3/28/13		Name of Building Owner/Operator (2) James Kodrowski / Private Home							
Agencies Notified	Type Notification	Street Address 119 North Burgee Drive							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Tuckerton NJ 08087							
		Name of Contact James							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) James Kodrowski / Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 119 North Burgee Drive		Square Feet 1000	# of Floors 1						
City (5) Tuckerton NJ 08087		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) 4/10/13	Scheduled Completion Date (11) 4/16/13	Name of OSHA Monitor same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address  City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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 4/16/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 3/28/13		



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

Check #7611

Date of Notification (1) <b>March 28, 2013</b>		Name of Building Owner / Operator (2) <b>JP Morgan Chase &amp; Co.</b>	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	<b>566 Bloomfield Avenue</b>  City, State & Zip Code <b>Verona, NJ 07044</b>	
		Name of Contact	Telephone Number
		<b>James Lisciotto</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>JP Morgan Chase Bank</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address <b>566 Bloomfield Avenue</b>		Square Feet <b>9,500</b>	# of Floors <b>2</b>
City (5) <b>Verona, NJ</b>		Bldg. Age <b>61</b>	
County (6) <b>Essex</b>		Current Use (Prior if being demolished) <b>Bank</b>	
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Arcadis US, Inc.</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
Street Address <b>35 Columbia Road</b>		Street Address <b>829 Radio Road</b>	
City, State & Zip Code <b>Branchburg, NJ 08876</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Project Manager for Monitoring Firm <b>Bill Mener</b>		Telephone Number <b>908-526-1000</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>April 6, 2013</b>	Scheduled Completion Date (11) <b>May 6, 2013</b>	Name of OSHA Monitor <b>Synatech, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

Scope of Work (Check all that apply)

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure              |
| <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf         | <input type="checkbox"/> Demolition            | <input checked="" type="checkbox"/> Mini-Enclosure                            |
|   |  | <input type="checkbox"/> Glovebag Procedure                                   |
|   |  | <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Area surrounding teller line</b>			<b>x</b>	<b>Floor tile and mastic</b>	<b>110 SF</b>	<b>X</b>			


Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>Grows Landfill</b>
City, State <b>Little Egg Harbor, NJ 08087</b>	Disposal Date <b>May 7, 2013</b>	City, State <b>Morrisville, PA</b>	
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>	Date <b>March 28, 2013</b>

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



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

CK3101

Date of Notification (1) 3/28/13		Name of Building Owner/Operator (2) John Vogt / Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 22 Jeri Ann Drive		City, State, Zip Code Manahawkin NJ 08050							
Name of Contact John		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) John Vogt / Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 22 Jeri Ann Drive		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) 4/10/13	Scheduled Completion Date (11) 4/16/13	Name of OSHA Monitor. Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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	1200 SF	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 4/16/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 3/28/13	



023648

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) 03 / 27 / 13		Name of Building Owner/Operator (2) State of NJ DPMC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including Justification) <input type="checkbox"/> Cancellation	
Street Address 33 West State Street		City, State, Zip Code Trenton NJ 08624	
Name of Contact Mr. Kevin Diehl		Telephone Number	

RECEIVED  
2013 APR -9 AM 12:00  
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Edna Mahan Correctional Facility			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 33 West State Street			Square Feet		
City (5) Trenton			# of Floors		
County (6) Hunterdon			Bldg. Age		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Designs Street Address 5434 Kings Avenue Pennsauken NJ 08109 Project Manager for Monitoring Firm Jay Murray Telephone Number 856-616-9516			Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc. Street Address 1141 Route 23 City, State, Zip Code Wayne NJ 07470 Telephone Number 973 628-9500 License No. 00408		
Scheduled State Date (10) 04 / 15 / 13 Month / Day / Year			Scheduled Completion Date (11) 04 / 30 / 13 Month / Day / Year		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Building Occupied			Name of OSHA Monitor Enviro Vision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg. #34A City, State, Zip Code Fairlawn NJ 07410		

Scope of Work (Check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf                | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment With Negative Pressure |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure                                     |
|  |  | <input checked="" type="checkbox"/> Glovebag Procedure                      |
|  |  | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         |

Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance / Custodial Staff (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement - Throughout	X	Pipe insulation	950 LF	X			
Basement	X	Tank Insulation	75 SF	X			

Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting, Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S.
City, State Wayne NJ 07470		Disposal Date		City, State Morrisville PA
Completed by (Print or Type) Jerry Bijelonic	Title Project Manager	Signature		Date 3/27/2013



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

CIC #  
1864  
2013 APR -3 AM 12:00  
RECEIVED  
ASBESTOS CONTROL  
LICENSING

Date of Notification (1) **3-29-13**

Agencies Notified  
☒ EPA  
☒ DEP  
☒ DOH  
☐ DCA

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

Name of Building Owner/Operator (2) **AMERICAN TIMBER COMPANY**  
 Street Address **543 BRIGIE RD**  
 City, State, Zip Code **MANASQUAN NJ 08736**  
 Name of Contact **JOEBS** Telephone Number

Facility Information

Name of Facility Where Abatement is Taking Place (3) **AMERICAN TIMBER COMPANY**  
 Street Address **543 BRIGIE RD**  
 City (5) **MANASQUAN**  
 County (6) **MONMOUTH**

Type of Facility (4)  
☐ School (K-12)  
☐ Subchapter S (Other than K-12)  
☒ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet **2000** # of Floors **1** Bldg. Age **75**  
 Current Use (4) (if being demolished) **HOUSE**

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8) **ACE INSULATION CO INC**  
 Street Address **95 MONTROSE RD**  
 City, State, Zip Code **COLTS NECK NJ 07722**  
 Project Manager for Monitoring Firm **732 294 1757** Telephone No. **00029** License No.  
 Start Date (10) **4-8-13** Scheduled Completion Date (11) **4-15-13**  
 Name of OSHA Monitor **ACE INSULATION CO INC**  
 Street Address **95 MONTROSE RD**  
 City, State, Zip Code **COLTS NECK NJ 07722**

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 - 7PM**

Scope of Work (Check all that apply)  
☒ 150 sq ft or less  
☒ 160 sq ft or more  
☒ Renovation  
☒ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Moving 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			20 or less	20 or more	100 or more	1000 or more
				<b>Siding</b>	<b>1500 SF</b>				

Name of Registered Waste Hauler **ACE INSULATION CO**  
 City, State **COLTS NECK NJ 07722**  
 Name of Registered Landfill **GROWS**  
 City, State **TULLY TOWN PA**  
 Completed By **Jack Groll** Title **Ops Manager**  
 Disposal Date **4-15-13** Signature **Jack Groll** Date **3-29-13**



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

CR # 1814  
2013 APR - 9 AM 12:00  
ASBESTOS CONTROL & LICENSING

Date of Notification (1)

3-29-13

Agency Notified

☒ NJA  
☒ NJP  
☒ NJH  
☒ DOH  
☒ DCA

Type Notification

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

Name of Building Owner/Operator (2)

JACOBS

Street Address

126 GREEN ISLAND RD

City, State, Zip Code

Toms River NJ

Name of Contact

JACOBS

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

JACOBS

Street Address

126 GREEN ISLAND RD

City (5)

Toms River

County (6)

OCEAN

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, homes, etc.)

Square Feet

1800

# of Floors

1

Bldg. Age

75

Current Use (Prior if being demolished)

House

Name of Monitoring Firm Hired by Building Owner (8)

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

ACE INSULATION CO. INC.

Street Address

95 MONTROSE RD

City, State, Zip Code

COLTS NECK NJ 07722

Telephone No.

732 294 1757

License No.

00029

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)

4-10-13

Scheduled Completion Date (11)

4-16-13

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 - 7pm

Name of OSHA Monitor

ACE INSULATION CO. INC.

Street Address

95 MONTROSE RD

City, State, Zip Code

COLTS NECK NJ 07722

Scope of Work (Check all that apply)

☒ 0 sf or 23 ft  
☒ >160 sf or >260 ft

☒ Renovation  
☒ Demolition

☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glo-bag 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			20 or less	21 to 250	251 to 500	501 or more
				SIDING	1500				

Name of Registered Waste Hauler

ACE INSULATION CO.

City, State

COLTS NECK NJ 07722

Completed By

Jack GALL

Title

OPS MGR

NJDEP Waste Hauler ID No.

12086

Cubic Yards of Waste

4

Disposal Date

4-16-13

Name of Registered Landfill

GROWS

City, State

TULLY TOWN PA

Signature

Jack GALL

Date

3-29-13



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

*CHK# 0008*

Date of Notification (1) 4-28-2013		Name of Building Owner/Operator (2) Slattery Contracting Inc.							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 301							
		City, State, Zip Code Whippany, NJ							
		Name of Contact David Sang	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 8 Egbert Hill Road		Square Feet 1800	# of Floors 2						
City (5) Morristown		Bldg. Age 50+							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCN 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						
Start Date (10) 4-6-2013		Scheduled Completion Date (11) 4-8-2013	License No. 01193						
Name of OSHA Monitor Loznica Management Corporation		Name of OSHA Monitor Loznica Management Corporation							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st and 2nd floor hallways			<input checked="" type="checkbox"/>	Asbestos Plaster & Carpets from steps.	250 SF	<input checked="" type="checkbox"/>			
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 3-28-2013		

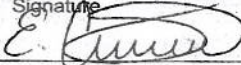
\* Do not use this form for asbestos licensure exempted activities.



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

Check #0049  
Sent: 3/15/2013

*No check*  
*\*only end date is amended*

Date of Notification (1) <b>3-28-2013</b>		Name of Building Owner/Operator (2) <b>Morris Habitat for Humanity</b>							
Agencies Notified	Type Notification	Street Address <b>274 S. Salem Street</b>							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Randolph, NJ 07869</b>							
		Name of Contact <b>David Sang</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>3 Story House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>29 Hazel Street</b>		Square Feet <b>3000</b>	# of Floors <b>3</b>						
City (5) <b>Morristown</b>		Bldg. Age <b>50+</b>							
County (6) <b>Morris</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>House</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>n/a</b>		Name of Abatement Contractor (9) <b>Loznica Management Corporation</b>							
Street Address <b>n/a</b>		Street Address <b>22 Troy Lane</b>							
City, State, Zip Code <b>n/a</b>		City, State, Zip Code <b>Lincoln Park, NJ 07035</b>							
Project Manager for Monitoring Firm <b>n/a</b>		Telephone No. <b>n/a</b>	License No. <b>01193</b>						
Start Date (10) <b>3-25-2013</b>	Scheduled Completion Date (11) <b>4-15-2013</b>	Name of OSHA Monitor <b>Loznica Management Corporation</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>22 Troy Lane</b>							
		City, State, Zip Code <b>Lincoln Park, NJ 07035</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Asbestos Siding	2,000 SF	X			
Name of Registered Waste Hauler <b>Loznica Management Corporation</b>		NJDEP Waste Hauler ID No. <b>0033137</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>GROWS Landfill</b>					
City, State <b>Lincoln Park, NJ 07035</b>		Disposal Date <b>TBD</b>		City, State <b>Morrisville PA 19067</b>					
Completed by <b>E. Cirovic</b>		Title <b>Secretary</b>		Signature 			Date <b>3-28-2013</b>		



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

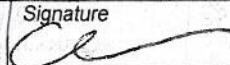
2013 APR -3 AM 12:00  
**RECEIVED**  
**ASBESTOS CONTROL & LICENSING**

Date of Notice 3/27/13 Type Notification		Name of Building Owner / Operator (2) <b>W. Campbell Realty LLC</b>		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	<input checked="" type="checkbox"/> Emergency Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		Street Address <b>180 Talmadge Rd</b> City, State & Zip Code <b>Edison, NJ 08818</b> Name of Contact <b>Kevin Nobile</b>	
			Telephone Number	
<b>FACILITY INFORMATION</b>				
Name of Facility Where Abatement is Taking Place (3) <b>Vacant House</b>  <b>1015 Cranbury South River Rd</b>			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City (5) <b>South Brunswick</b>	County (6) <b>Middlesex</b>	County Code (7)	Square Feet <b>2000</b>	# of Floors <b>2</b>
			Bldg. Age <b>60</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics, Inc</b>			Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>	
Street Address <b>64 Broad Street</b>			Street Address <b>443 Schoolhouse Road</b>	
City, State & Zip Code <b>Matawan, NJ 07747</b>			City, State & Zip Code <b>Monroe Township, NJ 08831</b>	
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	Telephone Number <b>732-605-9062</b>	License Number <b>00714</b>
Scheduled Start Date (10) <b>4/8/13</b>		Scheduled Completion Date (11) <b>4/20/13</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: <b>Area Isolated During Abatement</b> Other - Describe:			Name of OSHA Monitor <b>Global Abatement Services, LLC</b>	
Street Address <b>443 Schoolhouse Road</b>			City, State & Zip Code <b>Monroe Township, NJ 08831</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Large Project Quantity is $\geq 3$ SF or $\geq 3$ LF ACM <input checked="" type="checkbox"/> Quantity is $\geq 160$ SF or $\geq 260$ LF ACM <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Other: <b>Non-Friable</b>				
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  <b>Roof</b> <b>Potato House</b> <b>Kitchen</b>	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)  <b>N/A</b> <b>N/A</b> <b>N/A</b>	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  <b>Tar Paper</b> <b>Transite</b> <b>Sheet flooring</b>	Amount (Specify Square Feet or Linear Feet)  <b>2000 SF</b> <b>1500 SF</b> <b>300 SF</b>	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)  <b>Removal</b> <b>Removal</b> <b>Removal</b>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>40</b>	Name of Registered Landfill <b>TRRF</b>
City, State <b>Freehold, NJ</b>		Disposal Date <b>4/20/13</b>	City, State <b>Tullytown, Pa</b>	
Completed By (Print or Type) <b>Dominick Tringali</b>	Title <b>Pres.</b>	Signature <i>Dominick Tringali</i>		Date <b>3/26/13</b>



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

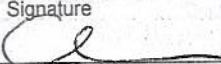
AL 305

Date of Notification (1) 3/29/13		Name of Building Owner/Operator (2) NJ Transite							
Agencies Notified	Type Notification	Street Address 1 Penn Plaza East							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark NJ 07105							
		Name of Contact Russel Samaroo							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) NJ Transit Building 1		Type of Facility (4)							
Street Address 703 Ferry Street		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newark NJ 07105		Square Feet 1000+	# of Floors 2						
		Bldg. Age 35+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address 1253 North Church St.		Street Address PO Box 329							
City, State, Zip Code Moorestown NJ 08057		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm James Garlardi		Telephone No. 856-840-8815	License No. 00727						
Start Date (10) 4/15/13	Scheduled Completion Date (11) 4/19/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: after hours after 3 PM		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd floor of building		x		pipe insulation	100 LF	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 4/19/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 3/29/13			



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

ck 3104

Date of Notification (1) 3/29/13		Name of Building Owner/Operator (2) John O'Coner / Private Home							
Agencies Notified	Type Notification	Street Address 310 North 15th St							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Surf City NJ 08008							
		Name of Contact John	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) John O'Coner / Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 310 North 15th St		Square Feet 1000+	# of Floors 2						
City (5) Surf City NJ 08008		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) 4/11/13	Scheduled Completion Date (11) 4/17/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding		x		Exterior Siding	1600 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 4/17/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 3/29/13		



CHECK #  
2705

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

Date of Notification (1) <b>3/29/13</b>		Name of Building Owner/Operator (2) <b>EMTECH CONTRACTING</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>155 RT. 50</b>	
		City, State, Zip Code <b>GREENFIELD, N.J. 08230</b>	
		Name of Contact <b>BRUCE BREUNIG</b>	
		Telephone Number (7)	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>804 ADRICH ROAD</b>		Square Feet <b>1000</b>	Bldg. Age <b>40+</b>
City (5) <b>OLEAN CITY</b>		# of Floors <b>2</b>	
County (6) <b>CAMPBELL</b>		Current Use (Prior to being demolished) <b>VACANT</b>	
County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Name of Abatement Contractor (9) <b>KLEMMCO INC.</b>	
Street Address		Street Address <b>369 S. SPRUCE AVE.</b>	
City, State, Zip Code		City, State, Zip Code <b>MAPLE SHADE, N.J. 08052</b>	
Project Manager for Monitoring Firm		Telephone No. <b>856-779-0422</b>	License No. <b>00444</b>
Start Date (10) <b>4/8/13</b>		Scheduled Completion Date (11) <b>4/15/13</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe		Name of OSHA Monitor <b>JOSEPH KLEMM</b>	
		Street Address <b>369 S. SPRUCE AVE.</b>	
		City, State, Zip Code <b>MAPLE SHADE, N.J. 08052</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> 23 sf or 23 ft <input type="checkbox"/> 2160 sf or 2260 ft <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <b>SIDING</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <b>X</b>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>TRANSITE</b>	Amount (Specify SF & LF)
Name of Registered Waste Hauler <b>KLEMMCO INC.</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>C.M.C.M.U.A.</b>
City, State <b>MAPLE SHADE, N.J. 08052</b>		Disposal Date	City, State <b>WOODBINE, N.J.</b>
Completed By <b>JOSEPH KLEMM</b>		Signature <b>Joseph Klemm</b>	Date <b>3/29/13</b>
Title <b>OWNER</b>			



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

RECEIVED  
2013 APR -3 AM 12:00  
ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 03/27/13 Ck:2541 \$200		Name of Building Owner/Operator (2) Oak Knoll School of the Holy Child							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 44 Blackburn Road						
			City, State, Zip Code Summit, New Jersey 07901						
		Name of Contact John Daura	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Oak Knoll School of the Holy Child, Grace Hall		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 44 Blackburn Road		Square Feet 20,000	# of Floors 2						
City (5) Summit, New Jersey 07901		Bldg. Age 55+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No. 0017	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 65 Jackson Drive		Street Address 606 McBride Avenue							
City, State, Zip Code Cranford, New Jersey 07016		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 908-497-8900	License No. 01104						
Start Date (10) 03/28/13	Scheduled Completion Date (11) 04/01/13	Name of OSHA Monitor J&S Environmental Labs							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 4PM-1AM		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Music Room		X		Tan Layered Wafer & White Matrix	220 LF	X			
				Block Pipe Insulation					
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date 04/03/13		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>			Date 03/27/13			



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

Date of Notification (1) 03/06/13 Ck# 2509 \$200		Name of Building Owner/Operator (2) Oak Knoll School of the Holy Child							
Agencies Notified	Type Notification	Street Address 44 Blackburn Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Summit, New Jersey 07901							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact John Daura	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Oak Knoll School of the Holy Child, Grace Hall		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 44 Blackburn Road		Square Feet 20,000	# of Floors 2						
City (5) Summit, New Jersey 07901		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 65 Jackson Drive		Street Address 606 McBride Avenue							
City, State, Zip Code Cranford, New Jersey 07016		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 908-497-8900	Telephone No. 973-225-8400						
License No. 01104									
Start Date (10) 03/28/13	Scheduled Completion Date (11) 04/01/13	Name of OSHA Monitor J&S Environmental Labs							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 3pm Start		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Music Room		X		Tan Layered Wafer Insulation	35 LF	X			
Music Room		X		White Matrix Block	15 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date 04/03/13	City, State Morrisville, Pennsylvania						
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>				Date 03/06/13		



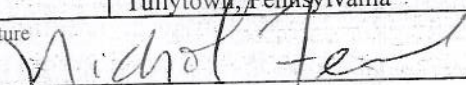
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>March 29, 2013</b>		Name of Building Owner/Operator (2) <b>DeForest Demolition</b>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	<b>2406 Herbertsville Road</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code <b>Point Pleasant, NJ 08742</b>	
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact <b>Dane</b>	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		
		Telephone Number _____	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4)		
Street Address <b>416 Hierung Avenue</b>			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K-12)		
City <b>Seaside Heights</b>			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
			County (6) <b>Ocean</b>		
County Code (7) (STATE USE ONLY)		Square feet <b>800 sf</b>		# of Floors <b>1</b>	
Bldg. Age <b>60</b>		Current Use (Prior if being demolished) <b>Residence</b>			
		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>			
Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.		Street Address <b>1889 Route 9, Unit 61</b>	
Street Address		City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>			
City, State, Zip Code		Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>	
Project Manager for Monitoring Firm		Telephone Number		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Scheduled Start Date (10) <b>3/29/13</b>		Scheduled Completion Date (11) <b>3/29/13</b>		Street Address <b>1056 Stelton Road</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>			
		Scope of Work (Check all that apply)			
		<input type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition			
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) <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	600 sf	X			

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>	Disposal Date <b>4/01/13</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>3/29/2013</b>

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



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

Date of Notification (1) March 28, 2013		Name of Building Owner/Operator (2) Susan LaPilusa	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	133 Indian Run Parkway South	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Union, NJ 07083	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Susan LaPilusa	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 3000 Beach Avenue			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K12)		
City Long Beach Island			County (6) Ocean		
			County Code (7) (STATE USE ONLY)		
Square feet 1500 sf			# of Floors 2		Bldg. Age 60
Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		
Street Address			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number			Telephone Number 732-349-9932		
Scheduled Start Date (10) 3/28/13			License Number 00624		
Scheduled Completion Date (11) 3/29/13			Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) 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	2000 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 4/01/13	City, State Tullytown, Pennsylvania				
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager	Signature <i>Nicholas Fernicola</i>			Date 3/28/2013	

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



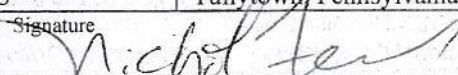
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>March 28, 2013</b>		Name of Building Owner/Operator (2) <b>GL Construction Services</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>568 East Bay Avenue</b>	
		City, State, Zip Code <b>Manahawkin, NJ 08050</b>	
		Name of Contact <b>Mike</b>	Telephone Number _____

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>47 Ruth Drive</b>			Square feet <b>1200 sf</b>		
City <b>Beach Haven West</b>	County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	# of Floors <b>1</b>	Bldg. Age <b>60</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>
Scheduled Start Date (10) <b>3/28/13</b>		Scheduled Completion Date (11) <b>3/29/13</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) 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	R	E			E			
Exterior		X		Asbestos siding	1250 sf	X			

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>	Disposal Date <b>4/01/13</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>3/28/13</b>

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



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

Date of Notification (1) <b>March 28, 2013</b>		Name of Building Owner/Operator (2) <b>Bacorp Building Group</b>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	<b>1044 Lacey Road</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	<b>Forked River, NJ 08731</b>	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	<b>Alan</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12)		
<b>63 Horn Blower</b>			<input type="checkbox"/> Subchapter 8 (other than K12)		
City	County (6)	County Code (7) (STATE USE ONLY)	Square feet	# of Floors	Bldg. Age
<b>Waretown</b>	<b>Ocean</b>		<b>1500 sf</b>	<b>1</b>	<b>60</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address			Street Address		
			<b>1889 Route 9, Unit 61</b>		
City, State, Zip Code			City, State, Zip Code		
			<b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
			<b>732-349-9932</b>		<b>00624</b>
Scheduled Start Date (10) <b>3/28/13</b>		Scheduled Completion Date (11) <b>3/29/13</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			<b>1056 Stelton Road</b>		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			City, State, Zip Code		
<input type="checkbox"/> Other - Describe _____			<b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
<input type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition					

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	E N C L O S U R E
Exterior		X		Asbestos siding	1350 sf	X			

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>	
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>4/01/13</b>	City, State <b>Tullytown, Pennsylvania</b>		
Completed by (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>	Signature <i>Nicholas Fernicola</i>		Date <b>3/28/13</b>

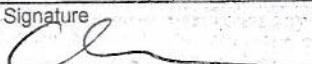
\*Do not use this form for asbestos licensure exempted activities.



\* Emergency \*

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

CK 3103

Date of Notification (1) 3/29/13		Name of Building Owner/Operator (2) Camden City Public Schools							
Agencies Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 901 S 8th Street							
		City, State, Zip Code Camden, NJ 08103							
		Name of Contact Steve 856-966-2125							
<div style="text-align: right;">2013 APR -9 AM 12:00 ASBESTOS CONTROL &amp; LICENSING</div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Bonsall Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1575 Mt Ephraim Ave		Square Feet 1000+	# of Floors 2						
City (5) Camden NJ 08102		Bldg. Age 35+							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 4/2/13	Scheduled Completion Date (11) 4/4/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Class Room 204		x		Floor Tile	1050 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 4/4/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 3/29/13	



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

CK# 22903

Date of Notification (1) <b>4/1/2013</b>		Name of Building Owner/Operator (2) <b>William Ducharme</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>18 E. Welling Avenue</b>
			City, State, Zip Code <b>Pennington, NJ 08534</b>
			Name of Contact <b>David J. D'Andrea</b>
			Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>PRIVATE RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings)	
Street Address <b>18 E. Welling Avenue</b>		Square Feet	
City (5) <b>Pennington, NJ</b>		# of Floors	
County <b>MERCER</b>		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>AMERITECH SERVICES</b>		ASCM No.	
Street Address <b>1 A ST. LAWRENCE AVENUE</b>		Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b>	
City, State, Zip Code <b>SEASIDE HEIGHTS, NJ 08751</b>		Street Address <b>15 BLACK FOREST ROAD</b>	
Project Manager for Monitoring Firm <b>ROD MORRIS</b>		City, State, Zip Code <b>HAMILTON, NJ 08691</b>	
Telephone No. <b>732-664-7788</b>	Telephone No. <b>609-890-7110</b>	License No. <b>00676</b>	
Start Date (10) <b>4/10/2013</b>	Scheduled Completion Date (11) <b>4/10/2013</b>	Name of OSHA Monitor	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	PIPE INSULATION	82 L.F.	X			
BASEMENT			X	ASSOCIATED FITTINGS	22 PIECES	X			

Name of Registered Waste Hauler <b>JACK ROBINSON WASTE DISPOSAL</b>		NJDEP Waste Hauler ID No. <b>17134</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>GROWS</b>	
City, State <b>BELLMAWR, NEW JERSEY</b>		Disposal Date <b>4/11/2013</b>	City, State <b>MORRISVILLE, PA</b>		
Completed By <b>DAVID D'ANDREA</b>	Title <b>PRESIDENT</b>	Signature <i>David D'Andrea</i>		Date <b>4/1/2013</b>	

ASB-41

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



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

Date of Notification (1) <b>4 / 2 / 13</b>		Name of Building Owner/Operator (2) <b>JC Penney Company Incorporated</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>6501 Legacy Drive</b> City, State, Zip Code <b>Plano, Texas 75024</b> Name of Contact <b>Soy Thomas</b>							
		Telephone Number 							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>JC Penney Quaker Bridge Mall</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>500 Quaker Bridge Mall</b>									
City (5) <b>Trenton</b>	Square Feet <b>150,000</b>	# of Floors <b>2</b>	Bldg. Age <b>75</b>						
County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillmann Consulting</b>		ASCM No. <b>62252</b>	Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>						
Street Address <b>1600 Route 22 East</b>		Street Address <b>47 Foster Road</b>							
City, State, Zip Code <b>Union NJ 07083</b>		City, State, Zip Code <b>Staten Island NY 10309</b>							
Project Manager for Monitoring Firm <b>Tom Rubino</b>	Telephone No. <b>908-956-1233</b>	Telephone No. <b>718-605-6256</b>	License No. <b>00774</b>						
Start Date (10) <b>2 / 19 / 13</b>	Scheduled Completion Date (11) <b>5 / 19 / 13</b>	Name of OSHA Monitor <b>Testor Tech</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>10PM-6:30AM</b>		Street Address <b>10 59 Jackson Avenue</b> City, State, Zip Code <b>LIC NY 11101</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>2<sup>ND</sup> Level Joe Fresh Dept</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>VAT/MASTIC</b>	<b>1500SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1<sup>st</sup> Level Home Street Dept.</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>VAT/MASTIC</b>	<b>25000SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Global Waste Industries, Inc.</b>		NJDEP Waste Hauler ID No. <b>NJ-22147</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>G.R.O.W.S., Inc.</b>					
City, State <b>Hackettstown, NJ</b>		Disposal Date <b>5/19/13</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>John Tardy</b>		Title <b>Senior Project Manager</b>		Signature <i>John Tardy</i>		Date <b>4/2/13</b>			



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

Date of Notification (1) <div style="text-align: center;">4 / 2 / 13</div>		Name of Building Owner/Operator (2) <b>JC Penney Corporation Inc.</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>6501 Legacy Drive</b>							
		City, State, Zip Code <b>PLano, TX 75024</b>							
		Name of Contact <b>Soy Thomas</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Ocean County Mall-JC Penney</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>1201 Hooper Avenue</b>		Square Feet <b>150000</b>	# of Floors <b>2</b>						
City (5) <b>Toms River</b>		Bldg. Age <b>75</b>							
County (6) <b>Ocean</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillmann Consulting LLC</b>		ASCM No. <b>62252</b>	Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>						
Street Address <b>1600 Route 22 East</b>		Street Address <b>47 Foster Road</b>							
City, State, Zip Code <b>Union NJ 07083</b>		City, State, Zip Code <b>Staten Island</b>							
Project Manager for Monitoring Firm <b>Tom Rubino</b>		Telephone No. <b>908-956-1233</b>	License No. <b>00774</b>						
Start Date (10) <div style="text-align: center;">2 / 25 / 13</div>	Scheduled Completion Date (11) <div style="text-align: center;">5 / 25 / 13</div>	Name of OSHA Monitor <b>Testor Tech</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>        </u> AM - <u>10:00</u> PM - <u>6:00</u> AM		Street Address <b>10 59 Jackson Avenue</b>							
		City, State, Zip Code <b>LIC, NY 11101</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
2 <sup>nd</sup> Level Home Street Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	25500SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Level Joe Fresh Dept	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	1,800SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Global Waste Industries, Inc.</b>		NJDEP Waste Hauler ID No. <b>NJ-22147</b>	Cubic Yards of Waste <b>80</b>	Name of Registered Landfill <b>G.R.O.W.S., Inc.</b>					
City, State <b>Hackettstown, NJ</b>		Disposal Date <b>5/25/13</b>		City, State <b>Morrisville PA</b>					
Completed By (Print or Type) <b>John Tardy</b>		Title <b>Senior Project Manager</b>		Signature <i>John Tardy</i>			Date <b>4/2/13</b>		



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

Date of Notification (1) <div style="text-align: center;">4 / 2 / 13</div>		Name of Building Owner/Operator (2) <b>JC Penney Corporation Inc.</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>5</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>6501 Legacy Drive</b>							
		City, State, Zip Code <b>PLano, TX 75024</b>							
		Name of Contact <b>Soy Thomas</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Wayne Town Center</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>260 Wayne Town Center</b>									
City (5) <b>Wayne</b>	Square Feet <b>150000</b>	# of Floors <b>2</b>	Bldg. Age <b>75</b>						
County (6) <b>Passaic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillmann Consulting LLC</b>		ASCM No. <b>62252</b>	Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>						
Street Address <b>1600 Route 22 East</b>		Street Address <b>47 Foster Road</b>							
City, State, Zip Code <b>Union NJ 07083</b>		City, State, Zip Code <b>Staten Island</b>							
Project Manager for Monitoring Firm <b>Tom Rubino</b>		Telephone No. <b>908-956-1233</b>	Telephone No. <b>718-605-6256</b>						
License No. <b>00774</b>									
Start Date (10) <div style="text-align: center;">2 / 11 / 13</div>	Scheduled Completion Date (11) <div style="text-align: center;">5 / 11 / 13</div>	Name of OSHA Monitor <b>Testor Tech</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>10:00</u> AM - <u>6:00</u> PM		Street Address <b>10 59 Jackson Avenue</b>							
		City, State, Zip Code <b>LIC, NY 11101</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2 <sup>nd</sup> Level Home Street Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	4600SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Level Marchese Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	850SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Level Joe Fresh Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	175SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Global Waste Industries, Inc.</b>		NJDEP Waste Hauler ID No. <b>NJ-22147</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>G.R.O.W.S., Inc.</b>					
City, State <b>Hackettstown NJ</b>		Disposal Date <b>5/11/13</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>John Tardy</b>		Title <b>Senior Project Manager</b>		Signature <i>John Tardy</i>		Date <b>4/2/13</b>			



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

RECEIVED  
2013 APR -3 11:12:00  
ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) <div style="text-align: center;">4 / 2 / 13</div>		Name of Building Owner/Operator (2) <b>JC Penney Corporation Inc.</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>4</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>6501 Legacy Drive</b>							
		City, State, Zip Code <b>PLano, TX 75024</b>							
		Name of Contact <b>Soy Thomas</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Rockaway Town Square-JC Penney</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>305 Mount Hope Avenue</b>		Square Feet <b>150000</b>	# of Floors <b>2</b>						
City (5) <b>Rockaway NJ</b>		Bldg. Age <b>75</b>							
County (6) <b>Morris</b>		County Code (7) (STATE USE ONLY) <b></b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillmann Consulting LLC</b>		ASCM No. <b>62252</b>	Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>						
Street Address <b>1600 Route 22 East</b>		Street Address <b>47 Foster Road</b>							
City, State, Zip Code <b>Union NJ 07083</b>		City, State, Zip Code <b>Staten Island</b>							
Project Manager for Monitoring Firm <b>Tom Rubino</b>		Telephone No. <b>908-956-1233</b>	Telephone No. <b>718-605-6256</b>						
License No. <b>00774</b>		Name of OSHA Monitor <b>Testor Tech</b>							
Start Date (10) <div style="text-align: center;">2 / 12 / 13</div>	Scheduled Completion Date (11) <div style="text-align: center;">5 / 12 / 13</div>	Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>        </u> AM - <u>10:00</u> PM - <u>6:00</u> AM							
Street Address <b>10 59 Jackson Avenue</b>		City, State, Zip Code <b>LIC, NY 11101</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>1<sup>ST</sup> Level Home Street Dept.</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>VAT/MASTIC</b>	<b>15050SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2<sup>nd</sup> Level Joe Fresh Dept</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Glue Dots</b>	<b>180SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2<sup>nd</sup> Level Joe Fresh Dept.</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>VAT/MASTIC</b>	<b>125SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Global Waste Industries, Inc.</b>		NJDEP Waste Hauler ID No. <b>NJ-22147</b>	Cubic Yards of Waste <b>120</b>	Name of Registered Landfill <b>G.R.O.W.S., Inc.</b>					
City, State <b>Newark NJ</b>		Disposal Date <b>5/12/13</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>John Tardy</b>		Title <b>Senior Project Manager</b>		Signature <i>John Tardy</i>		Date <b>4/2/13</b>			