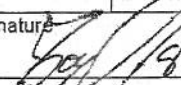


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
2014 APR -3 PM 1:05
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 03/29/2014		Name of Building Owner/Operator (2) WEISS PROPERTIES							
Agencies Notified	Type Notification	Street Address 41 Bayard St - 2nd Floor							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code New Brunswick, NJ 08901							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Rob Kafinski	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Deals (Bakery)		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 148 Smith Street		Square Feet	# of Floors						
City (5) Perth Amboy		Bldg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) CA Environmental		ASCM No.	Name of Abatement Contractor (9) SUPER, LLC						
Street Address 2200 Paterson Plank Rd 7		Street Address 484 Route 17 North							
City, State, Zip Code North Bergen, NJ 07047		City, State, Zip Code Paramus, NJ 07652							
Project Manager for Monitoring Firm Carmelo Almonte		Telephone No. (201)864-6583	Telephone No. (201)336-0477						
Start Date (10) 04/08/2014		Scheduled Completion Date (11) 04/22/2014	License No. 01195						
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: _____		Name of OSHA Monitor Testor Tech							
		Street Address 10-59 Jackson Ave							
		City, State, Zip Code LIC, NY 11101							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3. sf or ≥3 lf. <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> 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
Main Floor			X	Duct Insulation	260 SF	X			
Name of Registered Waste Hauler SUPER, LLC		NJDEP Waste Hauler ID No. 034893	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State PARAMUS, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Tailor Dominguez		Title Project Manager		Signature 			Date 03/29/2014		

B & G proj. #: 2014-50

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

Check #6460

Date of Notification (1)

03/13/14

Name of Building Owner/Operator (2)

Matthew Maniscalco

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Street Address

292 Essex Avenue

City, State, Zip Code

Bloomfield, NJ 07003

Name of Contact

Matthew Maniscalco

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Matthew Maniscalco

Street Address

292 Essex Avenue

City (5)

Bloomfield, NJ 07003

County (6)

Essex

County Code (7)
(State use only)

Type of Facility (4)

☐ School (K - 12)☐ Subchapter 8 (Other than K-12)☒ Other (Private/Commercial
Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)
residential

Name of Monitoring Firm Hired by Bldg. Owner (8)

N/A

ASCM No.

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

973-696-6869

License Number

0378

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

04/10/2014

Sched. Completion Date (11)

04/11/2014

Occupancy Status During Abatement (Check only one)

☒ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-
Describe: _____☐ Other-Describe: _____

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☒ >3 sf or >3 lf☐ ≥160 sf or ≥260 lf☐ Full Containment w/negative pressure☒ Mini-enclosure☐ wrap & cut☒ Glovebag procedure☐ Non-friable procedureLocation of
asbestos-containing
material to be
abated in facility (13)Is location normally used solely
by maintenance/custodial
staff (12)

Yes

No

N/A

Description of asbestos-containing
material (ACM)Amount
(Specify SF or
LF)R
e
m
o
v
eR
e
p
a
i
rE
n
c
a
pE
n
c
l

Boiler room / laundry room

☐☐☒ X

pipe insulation

30 lf

☒☐☐☐

Basement main room

☐☐☒ X

pipe insulation

57 lf

☒☐☐☐Registered Waste Hauler
& G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
1

Name of Registered Landfill

Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ 07035

Disposal Date

04/11/2014

City, State

Tullytown, PA

Completed by (Print or Type)

Gordana Luna

Title

Secretary/Treasurer

Signature

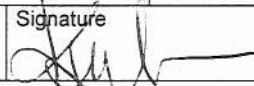
Gordana Luna

Date

03/31/2014

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

RECEIVED
2014 APR -3 PM 1:02
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>3</u> / <u>31</u> / <u>14</u>		Name of Building Owner/Operator (2) Ms. Eileen Campbell		Job # 1403-1860 Chk. #3528	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 123 East Sweet-Briar Avenue			
		City, State, Zip Code Wildwood Crest, NJ 08268			
		Name of Contact Zach Feinstein, Realtor		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential Property			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 123 East Sweet-Briar Avenue					
City (5) Wildwood Crest			Square Feet 1300	# of Floors 3	Bldg. Age 1926
County (6) Cape May		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.		
Street Address PO Box 336		Street Address 3859 Sylon Boulevard			
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Hainesport, NJ 08036			
Project Manager for Monitoring Firm Dave Flanigan		Telephone No. 856-848-0800	Telephone No. 609-702-0400		License No. 00862
Start Date (10) <u>4</u> / <u>14</u> / <u>14</u>	Scheduled Completion Date (11) <u>4</u> / <u>16</u> / <u>14</u>		Name of OSHA Monitor EMSL Analytical, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address 200 U.S. Route 130 North		
			City, State, Zip Code Cinnaminson, NJ 08077		
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 ENCLOSURE <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		
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	800 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"/>		
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfill	
City, State Freehold, NJ		Disposal Date 4/16/14		City, State Morrisville, PA 19067	
Completed By (Print or Type) Kimberly A. Trumbetti	Title Office Coordinator	Signature 		Date 03/31/14	

page 1 of 2

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

Date of Notification (1) 3 / 31 / 14		Name of Building Owner/Operator (2) Trustees of Princeton / Job #1304-4626 Check #6133							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Trustees of Princeton University E.A. MacMillan Bldg. City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego, P.E.							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 20 Washington Road		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 20 Washington Road, Princeton University Main Campus									
City (5) Princeton	Square Feet 1,000,000	# of Floors 5	Bldg. Age 85						
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) University Library							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates		ASCM No. 00098	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Michael R. Keehn		Telephone No. 609-386-8800	Telephone No. 609-265-2107						
		License No. 00529							
Start Date (10) 3 / 24 / 14	Scheduled Completion Date (11) 12 / 31 / 14	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
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
Room 227A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandon Exterior Steam Tunnell	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cut & Wrap	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
see attached p.2	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 12/31/14		City, State Tullytown, PA					
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator		Signature <i>Jennifer Piraine</i>			Date 3/31/14		

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

1304-4626
Page 2 of 2

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Light Court TAR Shaft	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe	20 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heritage Glass TAR Shaft	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe	20 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Perimeter Window Caulk	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Window Glazing	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECEIVED
2014 APR -3 PM 12:59
ASBESTOS CONTROL
& LICENSING

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

Date of Notification (1) 3 / 31 / 14		Name of Building Owner/Operator (2) Verizon Communication		Job #1403-4741 Check #6132					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 100 Greenwood Ave. City, State, Zip Code Jenkintown, PA 19046 Name of Contact Alex Baylor					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon - Blackwood CO				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 38 W. Church Street									
City (5) Blackwood		Square Feet		# of Floors	Bldg. Age				
County (6) Camden		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Offices					
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 8436 Enterprise Avenue		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810		License No. 00529					
Start Date (10) 4 / 14 / 14		Scheduled Completion Date (11) 5 / 01 / 14		Name of OSHA Monitor EMSL Analytical					
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				Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
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
Basement Equipment Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation & Pipe Fitting Insul.	330 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Equipment Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12"x12" Floor tile & Mastic	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Equipment Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation	2400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 5/1/14		City, State Tullytown, PA					
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator		Signature <i>Jennifer Piraine</i>		Date 3/31/14			

2014 APR -3 PM 12:57

ASBESTOS CONTROL & LICENSING

Name of Building Owner/Operator
Plainfield Public School

Date of Notification (1)
3-28-14

Street Address
920 Park Ave

City, State, Zip Code
Plainfield, NJ 07060

Name of Contact
Eugene Campbell

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Maxson Middle School

Street Address
920 East Seventh Street

City (5)
Plainfield

County (6)
Union

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet
40,000

of Floors
3

Bldg. Age
50+

Current Use (Prior if being demolished)
Middle School

Name of Abatement Contractor (9)
GL Group, Inc

Street Address
140 Hamburg Turnpike

City, State, Zip Code
Bloomington, NJ 07403

Telephone No.
(201)710-9725

License No.
01084

Name of OSHA Monitor
GL Group, Inc

Street Address
140 Hamburg Turnpike

City, State, Zip Code
Bloomington, NJ 07403

Name of Monitoring Firm Hired by Building Owner (8)
TTI Environmental Inc

Street Address
1253 North Church St

City, State, Zip Code
Moorestown, NJ 08057

Project Manager for Monitoring Firm
Mary Ellen Leotta

Telephone No.
856-840-8800

Start Date (10)
3-29-2014

Scheduled Completion Date (11)
3-30-2014

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)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Room ME133		X		Pipe Insulation	9 LF	X		

Name of Registered Waste Hauler
GL Group, Inc

City, State
Bloomington, NJ

NJDEP Waste Hauler ID No.
0033034

Cubic Yards of Waste
TBD

Disposal Date
TBD

Name of Registered Landfill
Grows

City, State
Morrisville, PA

Signature

Date
3-28-2014

Completed by
Michael B Solakov

Title
P.M.

* Do not use this form for asbestos licensure exempted a

GL14-007

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

Page 1 of 1

Check #1145

Date of Notification (1) 3-25-2014		Name of Building Owner/Operator (2) Mahwah Board of Education							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 60 Ridge Road		City, State, Zip Code Mahwah, NJ 07430							
Name of Contact ED Deptula									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Joyce Kilmer 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 80 Ridge Road		Square Feet 45,000	# of Floors 1						
City (5) Mahwah		Bldg. Age 50							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Elementary School							
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental Analysis Inc		ASCM No. _____	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 403 St James Ave		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Jonathan Gilbert		Telephone No. 908-454-6316	License No. 01084						
Start Date (10) 4-9-2014	Scheduled Completion Date (11) 4-21-2014	Name of OSHA Monitor GL Group, 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 140 Hamburg Turnpike							
		City, State, Zip Code Bloomingdale, NJ 07403							
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) <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
Old Gym		X		Wood, cork, felt, mastic	3,500 SF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS					
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 3-25-2014			

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

Date of Notification (1) 3-25-14		Name of Building Owner/Operator (2) DARBY KOLB							
Agencies Notified	Type Notification	Street Address 905 Ridge road							
<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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Stillwater, NJ							
		Name of Contact Darby Kolb	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 905 Ridge road		Square Feet 1600	# of Floors 1						
City (5) stillwater, NJ		Bldg. Age 74							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) DYV Enterprises LLC						
Street Address		Street Address 254 Cumberland ave							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07502							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-9426924	License No. 00129						
Start Date (10) 4-08-14	Scheduled Completion Date (11) 4-11-14	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement laundry room			x	Thermal systems insulation	70LF	x			
Name of Registered Waste Hauler DYV Enterprises LLC		NJDEP Waste Hauler ID No. 00341	Cubic Yards of Waste 10cy	Name of Registered Landfill Waste Management					
City, State Paterson, NJ		Disposal Date 3-15-14		City, State Tullytown, PA					
Completed by Yanet Carpio		Title Owner		Signature Yanet Carpio				Date 3-25-14	

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

Check # 1938

Date of Notification (1) 04 / 02 / 14		Name of Building Owner / Operator (2) INFINEUM			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Street Address 1900 EAST LINDEN AVE	
		City, State, Zip Code LINDEN, NJ, 07036			
		Name of Contact MICHAEL PULSFORT			
		Telephone Number _____			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) INFINEUM			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 1900 EAST LINDEN AVE			Square Feet: 100,000 # Of Floors: 5 Building Age: 40 + Current Use (Prior if being demolished): OFFICE		
City (5) LINDEN	County (6) UNION	County Code (7)			
Name of Monitoring Firm Hired by Bldg. Owner (8) AET			ASCM NO \		
Street Address 907 Doolittle Drive			LVI Demolition Services Inc.		
City, State, Zip Code Bridgewater, NJ 08807			Street Address 32 Williams Parkway		
Project Mngr. For Monitoring Firm Eric Houseknecht			City, State, Zip Code East Hanover, NJ 07936		
Telephone Number 908-218-1108		Telephone Number 973-884-8682		License Number 00860	
Sched. Start Date (10) 04 / 04 / 14		Sched. Completion Date (11) 04 / 07 / 14			
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: 5:00 PM FRID - 5:00PM SUN			Name of OSHA Monitor LVI Demolition Services Inc.		
			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	YES NO N/A			R E M O V A L	R E P A I R
4TH FLOOR	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VAT/CONCRETE DEBRIS	1200SF	<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"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.	
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105		
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i>		Date 04/02/14

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

Date of Notification (1) 4 / 2 /14		Name of Building Owner/Operator (2) MERCK & CO.	
Agencies Notified		Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
Type Notification		City, State, Zip Code	
<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		RAHWAY, NEW JERSEY 07065	
		Name of Contact Telephone Number	
		THOMAS BLAZOVIC	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK & CO.		Type of Facility (4)	
		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE -BLDG 5		Square Feet 107,000	# of Floors 7
		Bldg. Age 44	
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) OFFICE
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	

Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649		Telephone Number 845-369-7500		License Number 460	
Expected State Date (10) 4 / 12 /14 Month Day Year		Sched. Completion Date (11) 5 / 12 /12 Month Day Year		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480			

Occupancy Status During Abatement (Check only one)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: SATURDAY 7AM-7PM		117 EAST 30TH STREET	
		City, State, Zip Code NEW YORK, NEW YORK 10016	

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
BUILDING #32 - 5TH FLOOR			X	ACM FIREPROOFING	50 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 5		Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICE 447 ALEXANDER DRIVE/ROUTE 15	
City, State FREEHOLD, NEW JERSEY		Disposal Date 4/12-4/19/2014		City, State MONTGOMERY, PA 17752			
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 4/2/14	

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

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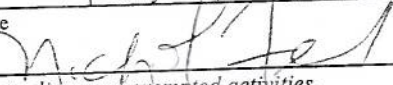
Date of Notification (1) 4/1/14		Name of Building Owner/Operator (2) David Blanche					
Agencies Notified	Type Notification	Street Address 4 Iremont Drive					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> 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 Neptune, New Jersey					
		Name of Contact Ryan					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Blanche Residence		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 4 Iremont Drive		Square Feet 1500	# of Floors 2				
City (5) Neptune		Bldg. Age 68					
County (6) monmouth		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) Residence					
Street Address		Name of Abatement Contractor (9) Ace Insulation Co., Inc					
City, State, Zip Code		Street Address 95 Montrose Rd.					
Project Manager for Monitoring Firm		City, State, Zip Code Colts Neck, New Jersey 07722					
Telephone No.		Telephone No. 732 294 1757	License No. 00029				
Start Date (10) 4-10-14	Scheduled Completion Date (11) 4-16-14	Name of OSHA Monitor					
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 Other - Describe: 7am-7pm		Street Address					
		City, State, Zip Code					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>Outdoors</u>	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) <u>Siding</u>	Amount (Specify SF or LF) <u>1500</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S			
City, State Colts Neck, New Jersey		Disposal Date 4/16/14	City, State Tullytown, PA				
Completed by Bree McGuire		Title Secretary Treasurer	Signature Bree McGuire		Date 4/1/14		

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

Date of Notification (1) March 31, 2014		Name of Building Owner/Operator (2) Messercola Enterprises	
Agencies Notified	Type of Notification	Street Address P O Box 790	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Matawan, NJ 07747	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification Amendment # _____		
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact Fernando	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA		Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 210 Hayes Court			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
County (6) Ocean			County Code (7) (STATE USE ONLY)		
			Square feet 1200 sf		
Ortley Beach			# of Floors 1		
			Bldg. Age 60		
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) 4/01/14			License Number 00624		
Scheduled Completion Date (11) 4/03/14			Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >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)			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	1100 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 4/04/14		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 				Date 3/31/2014	

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

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

Date of Notification (1) 3-31-14		Name of Building Owner/Operator (2) Enby Builders Inc	
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 10 RT 47 East Penn Surt 5	
		City, State, Zip Code TEMS RIVERS	
		Name of Contact Pat.	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Resident		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 34 20th STREET		Square Feet # of Floors Bldg. Age	
City (5) Midway Beach Seaside Park		Current Use (Prior to being demolished)	
County (6) Ocean		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address Am. Ins LLC	
City, State, Zip Code		City, State, Zip Code 1212 Burlington Ave	
Project Manager for Monitoring Firm		Telephone No. Delanco NJ 08075	
Start Date (10) 4-9-14		Scheduled Completion Date (11) 4-15-14	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Telephone No. 609 846 0916	
		License No. 01070	
		Name of OSHA Monitor Self	
		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> < 25 sf or < 3 ft		<input checked="" type="checkbox"/> Renovation	
<input checked="" type="checkbox"/> ≥ 25 sf or ≥ 3 ft		<input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure	
		<input type="checkbox"/> Hot Enclosure	
		<input type="checkbox"/> Gloving Procedure	
		<input checked="" type="checkbox"/> Non-Encapsulated (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) OUTSIDE	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
		(ACM) Siding	1750 SF
Name of Registered Waste Hauler Am. Ins LLC	NJ DEP Waste Hauler ID No. 299920	Cubic Yards of Waste	Name of Registered Landfill WM of Pa
City, State Delanco NJ	Disposal Date TBD	City, State Tellertown Pa	
Completed By J Hill	Title V.P.	Signature 	Date 3-31-14

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

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

check # 0590

Date of Notification (1) 3/31/14		Name of Building Owner/Operator (2) PEM Construction & Development							
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 828 South Ave West							
		City, State, Zip Code Westfield, NJ 07090							
		Name of Contact John Ciufu	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Garage		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 388 Mountain Blvd		Square Feet 700	# of Floors 1						
City (5) Watchung		Bldg. Age 50 +							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Garage							
Name of Monitoring Firm Hired by Building Owner (8) n/a	ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corp							
Street Address n/a		Street Address 22 Troy Ln							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a	Telephone No. n/a	Telephone No. 973-706-7950	License No. 01193						
Start Date (10) 4/10/14	Scheduled Completion Date (11) 4/11/14	Name of OSHA Monitor n/a							
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 n/a							
		City, State, Zip Code n/a							
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 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
Garage			x	Exterior Transite Shingles	600 SF	x			
Name of Registered Waste Hauler Loznica Management Corp		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS North Landfill					
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville, PA					
Completed by E. Cirovic	Title Secretary		Signature E. Cirovic			Date 3/31/14			

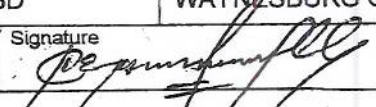
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 03/28/2014		Name of Building Owner/Operator (2) FRANCISCAN SISTERS	
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 253 KNICKERBOCKER ROAD.	
		City, State, Zip Code TENAFLY NJ. 07660	
		Name of Contact JOHN LANG	Telephone Number [REDACTED]

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PRIVATE		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 253 KNICKERBOCKER RD.		Square Feet 20,000	# of Floors 2
City (5) TENAFLY NJ.		Bldg. Age 94	
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) NONE	
Name of Monitoring Firm Hired by Building Owner (8) PREIVATE		ASCM No.	Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC.
Street Address		Street Address 22 VAN ORDEN PL.	
City, State, Zip Code		City, State, Zip Code HACKENSACK NJ. 07601	
Project Manager for Monitoring Firm		Telephone No. 201-708-42-70	License No. 01135
Start Date (10) 04/07/2014	Scheduled Completion Date (11) 04/10/2014	Name of OSHA Monitor EMSL ANALITICAL 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 307 WEST 38TH ST	
		City, State, Zip Code NEW YORK, N.Y. 10018	

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 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 Fittings and pipe insulation	17 LF	X			
BASEMENT		X		Different location	119 LF	X			
BASEMENT				Boiler Room elbows fittings and	60 LF	X			
				fiber glass insulation	250 LF	X			

Name of Registered Waste Hauler SHARON QUALITY CONSTRUCTION		NJDEP Waste Hauler ID No. 0033967	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE	
City, State HACKENSACK N.J. 07601			Disposal Date TBD	City, State WAYNESBURG OHIO	
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 		Date 03/28/2014

CHECK #
3243

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

Date of Notification (1) <u>3/31/14</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>300 77TH ST.</u>		City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u>	
Name of Contact <u>FRANK EDUARDI</u>		Title <u>OWNER</u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		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 <u>320.6 MONMOUTH AVE.</u>		Square Feet _____ # of Floors _____ Bldg. Age _____	
City (5) <u>LONGPORT</u>		Current Use (Prior if being demolished) <u>VACANT</u>	
County (6) <u>ATLANTIC</u>		County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____	
Street Address _____		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
City, State, Zip Code _____		Street Address <u>369 S. SPRUCE AVE.</u>	
Project Manager for Monitoring Firm _____		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Telephone No. _____		Telephone No. <u>856-779-0472</u>	
License No. _____		License No. <u>00444</u>	
Start Date (10) <u>4/10/14</u>		Scheduled Completion Date (11) <u>4/15/14</u>	
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 <u>JOSEPH KLEMM</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input 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-Friable Procedure		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN FACILITY</u> (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)	
SIDING		TRANSITE	
1500 LF		X	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	
Cubic Yards of Waste _____		Name of Registered Landfill <u>PLEASANTVILLE</u>	
Disposal Date _____		City, State <u>PLEASANTVILLE</u>	
Completed By <u>JOSEPH KLEMM</u>		Signature <u>JOSEPH KLEMM</u>	
Title <u>V/P</u>		Date <u>3/31/14</u>	

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

6607

Date of Notice 3/31/14		Name of Building Owner / Operator (2) First Presbyterian Church	
Type Notification		Street Address 722 East Ridgewood Ave	
Agencies Notified	Emergency Notification	City, State & Zip Code Ridgewood, NJ, 07450	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	Name of Contact Sandy Schultz	
<input checked="" type="checkbox"/> DEP	Amended Notification	Telephone Number	
<input checked="" type="checkbox"/> DOL	Cancellation		
<input checked="" type="checkbox"/> DOH			
<input checked="" type="checkbox"/> DCA			

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Nursery School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.)	
722 E. Ridgewood Ave		Square Feet 5,000	# of Floors 1
		Bldg. Age 50	
City (5) Ridgewood	County (6) Bergen	County Code (7)	
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) Nursery School	
Street Address		Name of Abatement Contractor (9) Global Abatement Services, LLC	
City, State & Zip Code		Street Address 443 Schoolhouse Road	
Project Manager for Monitoring Firm		City, State & Zip Code Monroe Township, NJ 08831	
Telephone Number		Telephone Number 732-605-9062	
Scheduled Start Date (10) 4/14/14		License Number 00714	
Scheduled Completion Date (11) 4/16/14		Name of OSHA Monitor Global Abatement Services, LLC	
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: Area Isolated During Abatement Other - Describe:		Street Address 443 Schoolhouse Road	
		City, State & Zip Code Monroe Township, NJ 08831	

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

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)
Kitchen	N/A	TSI Pipe	2 LF	Removal
Directors Office	N/A	TSI Pipe	2 LF	Removal
Basement	N/A	TSI Pipe	100 LF	Encapsulation

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 2	Name of Registered Landfill TRRF
City, State Freehold, NJ	Disposal Date 4/16/14	City, State Tullytown, Pa	
Completed By (Print or Type) Dominick Tringali	Title Project Manager	Signature <i>Dominick Tringali</i>	Date 3/31/14

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

No check

RECEIVED
APR -3 AM 10:44
ASBESTOS CONTROL
LICENSING

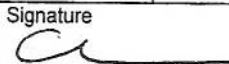
Date of Notification (1) 3/28/14		Name of Building Owner/Operator (2) New Jersey Turnpike Authority																							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <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 581 Main St. City, State, Zip Code Woodbridge, New Jersey 07095 Name of Contact William Ritter Telephone Number _____																						
	FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Newark Bay Extension Milepost 6.1 to 8.1 Street Address New Jersey Turnpike Milepost 8.1 to Milepost 6.1 City (5) Jersey City County (6) Hudson County Code (7) (STATE USE ONLY) _____ Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC ASCM No. 98 Name of Abatement Contractor (9) PAL Environmental Safety Corp. Street Address 11-02 Queens Plaza South City, State, Zip Code Long Island City, NY 11101 Telephone No. 718-349-0900 License No. 00853 Start Date (10) 4/7/14 Scheduled Completion Date (11) 4/6/15 Name of OSHA Monitor Martin Mcree Street Address 100 West 17th St City, State, Zip Code Bayonne, NJ 07002 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: _____ Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure																								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) Stage 9B Stage 11	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1"> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> <tr> <td></td> <td>X</td> <td></td> </tr> <tr> <td></td> <td>X</td> <td></td> </tr> </table>	Yes	No	N/A		X			X		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Transite Conduit Transite Conduit	Amount (Specify SF or LF) 900 LF 742 LF	Abatement Type <table border="1"> <tr> <th>Removal</th> <th>Repair</th> <th>Encapsulate</th> <th>Enclosure</th> </tr> <tr> <td>X</td> <td></td> <td></td> <td></td> </tr> <tr> <td>X</td> <td></td> <td></td> <td></td> </tr> </table>	Removal	Repair	Encapsulate	Enclosure	X				X			
Yes	No	N/A																							
	X																								
	X																								
Removal	Repair	Encapsulate	Enclosure																						
X																									
X																									
Name of Registered Waste Hauler Asbestos Transportation Co., Inc. City, State Shirley, NY 11967		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 125 Disposal Date 4/9-4/30/14	Name of Registered Landfill 110 Sand Landfill City, State Melville, NY Date 3/28/14																					
Completed by Sanford Alper		Title Senior Project Exec.		Signature _____ Date 3/28/14																					

* 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)

CR 4014

Date of Notification (1) 3/31/14		Name of Building Owner/Operator (2) Joe Desalvo Private Home							
Agencies Notified	Type Notification	Street Address 32 Budd Dr							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Joe							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Joe Desalvo 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 32 Budd Dr		Square Feet 1000 +	# of Floors 1						
City (5) Manahawkin NJ 08050		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 4/1/14	Scheduled Completion Date (11) 4/4/14	Name of OSHA Monitor Same ,							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e.: thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1300 SF	x			
through out			x	Floor tile	400 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 4/4/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 3/31/14		

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

No Check


RECEIVED 2014 APR -3 AM 10:51

ASBESTOS CONTROL & LICENSING

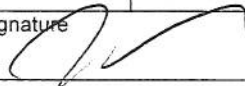
Date of Notification (1) 03/11/14 <i>04/01/14</i>		Name of Building Owner/Operator (2) MIZ CONSTRUCTION							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 21 CORNELIUS STREET							
		City, State, Zip Code LAKEWOOD, NJ 08701							
		Name of Contact SAUL MIZRACHI							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 429 SCHOOL GARDEN		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) LAKEWOOD		Square Feet	# of Floors						
County (6) OCEAN		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 03/21/14 <i>04/02/14</i>	Scheduled Completion Date (11) 03/24/14 <i>04/02/14</i>	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				EXTERIOR SIDING	1000	X			
				ROOF FLASHING	4 LF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 03/24/14		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature <i>[Signature]</i>			Date 03/11/14 <i>04/01/14</i>			

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


CK 4013

Date of Notification (1) 3/31/14		Name of Building Owner/Operator (2) Hugh McKean Private Home							
Agencies Notified	Type Notification	Street Address 61 Marguerite							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Hugh	Telephone No. _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hugh McKean 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 61 Marguerite		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) 4/1/14	Scheduled Completion Date (11) 4/4/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours 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) <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	1300 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 4/4/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 3/31/14		

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

Date of Notification (1) 03/30/14		Name of Building Owner/Operator (2) MIZ CONSTRUCTION							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 21 CORNELIUS STREET							
		City, State, Zip Code LAKEWOOD NJ 08701							
		Name of Contact SAUL							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 419 & 409 SCHOOL GARDEN RD		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) LAKEWOOD		Square Feet 1500	# of Floors 2						
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)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-668-9078						
Start Date (10) 04/01/14		Scheduled Completion Date (11) 04/02/14	License No. 1200						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor AAA LEAD PROFESSIONALS							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR		X		ROOFING	1500 SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 15	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 04/02/14		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 			Date 04/30/14			

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

Date of Notification (1) 04/01/14		Name of Building Owner/Operator (2) SUSY							
Agencies Notified	Type Notification	Street Address 1454 PAWNEE RD.							
<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"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NORTH BRUNSWICK, NJ 08902							
		Name of Contact SUSY	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 1454 PAWNEE RD.		<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) NORTH BRUNSWICK		Square Feet 700	# of Floors 1						
County (6) MIDDLESEX		County Code (7) (STATE USE ONLY) _____	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 04/04/14	Scheduled Completion Date (11) 04/04/14	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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
FIRST FLOOR		X		FLOOR TILES	400 SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 4	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature 			Date 04/01/14		

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

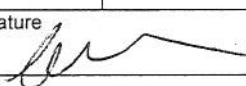
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RECEIVED
ASBESTOS CONTROL
LICENSING

Date of Notification (1) 4-1-14		Name of Building Owner/Operator (2) Lonigh Gas Corp.							
Agencies Notified	Type Notification	Street Address 702 Hamilton St Suite 203							
<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 Allentown, PA 18101							
		Name of Contact Arty	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Gas Station		Type of Facility (4)							
Street Address 549 R+36		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Belford		Square Feet 1200	# of Floors 1						
County (6) Monmouth		Bldg. Age 65+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Gas Station							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc						
Street Address		Street Address 95 Montrose Rd.							
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey 07722							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732 294 1757						
Start Date (10) 4-10-14		Scheduled Completion Date (11) 4-18-14	License No. 00029						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<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:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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 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
outdoors			X	roof flashing	120 lf	X			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S					
City, State Colts Neck, New Jersey		Disposal Date 4/18/14		City, State Tullytown, PA					
Completed by Bree McGovern		Title Secretary Treasurer	Signature Bree M G		Date 4/1/14				

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

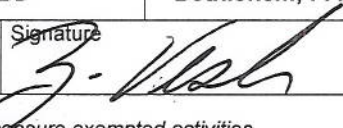
No Check

Check 12786

Date of Notification (1) 3/31/14		Name of Building Owner/Operator (2) Renee Krukovsky							
Agencies Notified	Type Notification	Street Address PO Box 511							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lake Hopatcong, NJ 07849							
		Name of Contact Renee							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 94 Knapp Pace		Square Feet 2000	# of Floors 2						
City (5) Englewood		Bldg. Age 50							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-583-8500	License No. 703						
Start Date (10) 4/5/14	Scheduled Completion Date (11) 4/14/14	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		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"/> WRAP & CUT <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
basement			x	pipe insulation	90 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS					
City, State Freehold NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Andrew Scott Higgins		Title President		Signature 			Date 3/31/14		

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>03</u> / <u>31</u> / <u>14</u>		Name of Building Owner/Operator (2) Rosella F. Trunzo							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 47 Locust Avenue City, State, Zip Code North Arlington, NJ 07031 Name of Contact Gina Ghione Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 47 Locust Avenue		Square Feet # of Floors Bldg. Age							
City (5) North Arlington		County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)							
County (6) Bergen									
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 1188						
Start Date (10) <u>04</u> / <u>12</u> / <u>14</u>	Scheduled Completion Date (11) <u>04</u> / <u>14</u> / <u>14</u>	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT Floor Tiles	200SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ALL PRO MANAGEMENT LLC		NJDEP Waste Hauler ID No. 0034860	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill					
City, State Garfield, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Zvonko Veskov		Title President		Signature 			Date 3/31/14		