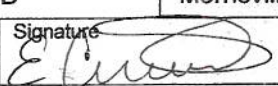


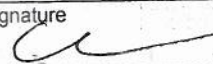
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**CK# 0074**

Date of Notification (1) 4-1-2013		Name of Building Owner/Operator (2) Montgomery Township							
Agencies Notified	Type Notification	Street Address 2261 Van Horne Road - Route 206 North							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Belle Meade, NJ 08502							
		Name of Contact John M	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Pump House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 373-375 Burnt Hill Road		Square Feet	# of Floors						
City (5) Skillman		Bldg. Age							
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Pump House							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Loznica Management Corporation						
Street Address		Street Address 22 Troy Lane							
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm		Telephone No. 973-706-7950	License No. 01193						
Start Date (10) 4/10/2013	Scheduled Completion Date (11) 4/17/2013	Name of OSHA Monitor Loznica Management Corporation							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input 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 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
Roof			X	Roofing Felt	250 SF	X			
Name of Registered Waste Hauler Loznica Management Group		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by E. Cirovic		Title Secretary		Signature 			Date 4/1/2013		



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

Date of Notification (1) 4/2/13		Name of Building Owner/Operator (2) Lorraine Heucke / Private Home							
Agencies Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 58 Myrtle Drive							
		City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Lorraine							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Lorraine Heucke / 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 58 Myrtle Drive		Square Feet 1000+	# of Floors 1						
City (5) Manahawkin NJ 08050		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 4/22/13	Scheduled Completion Date (11) 4/26/13	Name of OSHA Monitor same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 Sf	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 4/26/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 4/2/13		



CHECK #  
2707

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

Date of Notification (1) <b>4/11/13</b>		Name of Building Owner/Operator (2) <b>EMPH TECH CONTRACTING</b>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address <b>155 RT. 50</b>		City, State, Zip Code <b>GREENFIELD, N.J. 08230</b>					
Name of Contact <b>BRUCE BREUNIG</b>		Telephone (if available)					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <b>1941-43 SIMPSON AVE.</b>		Square Feet <b>1000</b>	# of Floors <b>2</b>				
City (5) <b>OCEAN CITY</b>		Bldg Age <b>40+</b>					
County (6) <b>CAMP MARI</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <b>VACANT</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.					
Street Address		Name of Abatement Contractor (9) <b>KLEMMCO INC.</b>					
City, State, Zip Code		Street Address <b>369 S. SPRUCE AVE.</b>					
Project Manager for Monitoring Firm		City, State, Zip Code <b>MAPLE SHADE, N.J. 08052</b>					
Telephone No.		Telephone No. <b>856-779-0422</b>	License No. <b>00444</b>				
Start Date (10) <b>4/15/13</b>	Scheduled Completion Date (11) <b>4/22/13</b>	Name of OSHA Monitor <b>JOSEPH KLEMM</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>369 S. SPRUCE AVE.</b>					
Scope of Work (Check all that apply) <input type="checkbox"/> 23101 or 2311 <input type="checkbox"/> 21601 or 22601 <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure		City, State, Zip Code <b>MAPLE SHADE, N.J. 08052</b>					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
<b>SIDING</b>			<b>X</b>	<b>TRANSITE</b>	<b>2200 LF</b>	<b>X</b>	
Name of Registered Waste Hauler <b>KLEMMCO INC.</b>		NJDEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>C.M.C.M.U.A.</b>			
City, State <b>MAPLE SHADE, N.J. 08052</b>		Disposal Date		City, State <b>WOODBINE, N.J.</b>			
Completed By <b>JOSEPH KLEMM</b>		Title <b>OWNER</b>	Signature <b>Joseph Klemm</b>		Date <b>4/11/13</b>		



RECEIVED

2013 APR -5 AM 3:00

CK 4358

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

DOL - 10 DAY

Date of Notification (1) <b>3/28/13</b>		Name of Building Owner/Operator (2) <b>MR. ADDIAN EVANS III</b>		MAR 28 2013	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> NJDOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>237 WALL AVE</b> City, State, Zip Code <b>PATERSON, NJ 07654</b>	
Name of Contact <b>MR. EVANS III</b>		Name of Abatement Contractor (8) <b>Best Removal Inc</b>			
Name of Facility Where Abatement is Taking Place (3) <b>MR. EVANS III</b>				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 <b>237 WALL AVE</b>				Square Feet <b>2800</b>	Bldg. Age <b>85 YRS</b>
City (5) <b>PATERSON</b>				County Code (7) (STATE USE ONLY) <b>PASSAIC</b>	
Name of Monitoring Firm Hired by Building Owner (6) <b>ASCM No.</b>				Current Use (Prior to being demolished) <b>RESIDENCE</b>	
Street Address <b>450 S. River St</b>				City, State, Zip Code <b>Hackensack, N.J. 07601</b>	
City, State, Zip Code <b>Hackensack, N.J. 07601</b>				Telephone No. <b>201-329-7444</b>	
Project Manager for Monitoring Firm <b>Telephone No.</b>				License No. <b>00388</b>	
Start Date (10) <b>3/29/13</b>		Scheduled Completion Date (11) <b>3/30/13</b>		Name of OCHA Monitor <b>Omega Environmental Inc</b>	
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 - Description: <b>7AM TO 5PM</b>				Street Address <b>280 Huyler St</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 1500 sq ft or less <input type="checkbox"/> 1500 sq ft or more <input type="checkbox"/> 2500 sq ft or more <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				City, State, Zip Code <b>South Hackensack, N.J. 07606</b>	
Location of Asbestos-Containing Material (ACM) (12) <b>TO REPAIRED IN FACILITY</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (13) Yes No N/A <b>Yes</b>		Description of Asbestos Containing Material (ACM) (14) i.e. thermal systems insulation, siding, VAT, or other miscellaneous <b>THERMAL INSULATION</b>	
Amount (Specify SF or LF) <b>45 LF</b>		Abatement Type Removal Repair Enclosure <b>Removal</b>		Name of Registered Waste Handler <b>Best Removal Inc</b>	
City, State <b>Hackensack N.J. 07601</b>		NJDEP Waste Handler ID No. <b>17109</b>		Cubic Yards of Waste <b>1/2</b>	
Name of Registered Landfill <b>Minerva Enterprises</b>		City, State <b>Waynesburg, Oh</b>		Disposal Date <b>3/30/13</b>	
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>		Signature <b>J. Maiorano</b>	
Date <b>3/28/13</b>		* Do not use this form for asbestos license exempted activities.			



023657

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

Date of Notification (1) 04 / 01 / 13		Name of Building Owner/Operator (2) Eyal Shuster	
Agencies Notified [X] EPA [ ] DEP [ ] DOL [X] DOH [ ] DCA		Type of Notification [X] Initial [ ] Amended Amendment # [ ] Emergency (including Justification) [ ] Cancellation	
Street Address 360 Ninth Street LLC		City, State, Zip Code Jersey City, NJ	
Name of Contact Eyal Shuster		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Warehouse Street Address 360 Ninth Street City (5) Jersey City			County (6) Hudson			County Code (7) (STATE USE ONLY)			Type of Facility (4) [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.)		
Name of Monitoring Firm Hired by Building Owner (8) ASCM			Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.			Street Address 1141 Route 23 City, State, Zip Code Wayne NJ 07470			Square Feet # of Floors Bldg. Age		
Project Manager for Monitoring Firm			Telephone Number			Telephone Number 973 628-9500			License No. 00408		
Scheduled State Date (10) 04 / 15 / 13 Month / Day / Year			Scheduled Completion Date (11) 04 / 30 / 13 Month / Day / Year			Name of OSHA Monitor Enviro Vision Consultants, Inc.			Street Address 20-21 Wagaraw Road, Bldg. #34A City, State, Zip Code Fairlawn NJ 07410		
Occupancy Status During Abatement (Check only one) [X] 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 [X] ≥ 160 sf or ≥ 260 lf [X] Renovation [ ] Demolition [ ] Full Containment With Negative Pressure [ ] Mini-Enclosure [X] Glovebag Procedure [X] Non-Exempted (*) and Non-Friable Procedure								

Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance / 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
2nd Floor Offices			X	VAT	4000 SF	X			
Roof			X	Roofing	600 SF	X			
1st Floor - Warehouse			X	Pipe Insulation	800 LF	X			

Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting, Inc.	NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S.
City, State Wayne NJ 07470	Disposal Date	City, State Morrisville PA	
Completed by (Print or Type) Jerry Bijelonic	Title Project Manager	Signature 	Date 4/1/2013



CK 023656

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

Date of Notification (1) 04 / 01 / 13		Name of Building Owner/Operator (2) Nouvelle Associated LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including Justification) <input type="checkbox"/> Cancellation	
Street Address P.O. Box 853		City, State, Zip Code Franklin Lakes, NJ 07417	
Name of Contact Mr. Luciano Bruni		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) Former Gas Station Street Address 805 Franklin Lakes Road City (5) Franklin Lakes			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.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished)		
County (6) Bergen		County Code (7) (STATE USE ONLY)		Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc. Street Address 1141 Route 23 City, State, Zip Code Wayne NJ 07470 Telephone Number 973 628-9500 License No. 00408	
Name of Monitoring Firm Hired by Building Owner (8) ASCM		Name of OSHA Monitor Enviro Vision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg. #34A City, State, Zip Code Fairlawn NJ 07410			
Project Manager for Monitoring Firm Telephone Number		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:			
Scheduled State Date (10) Month / Day / Year 04 / 18 / 13		Scheduled Completion Date (11) Month / Day / Year 04 / 22 / 13			

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment With Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input 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 A P S U L E
Roof - Chimney			X	Roof Flashing	20 SF	X			

Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting, Inc.		NJDEP Waste Hauler ID No. 17819		Cubic Yards of Waste		Name of Registered Landfill G.R.O.W.S	
City, State Wayne NJ 07470		Disposal Date		City, State Morrisville PA		Date 4/1/2013	
Completed by (Print or Type) Jerry Bijelonic		Title Project Manager		Signature		Date	



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

Check # 2041

Date of Notification (1) 3/25/2013		Name of Building Owner/Operator (2) T&M Contracting Company Inc							
Agencies Notified	Type Notification	Street Address							
		101 Clinton Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code							
		Hoboken NJ							
		Name of Contact							
		Dennis Vaccaro							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4)							
Street Address		<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.)							
706-708 Madison Street									
City (5) Hoboken NJ		Square Feet	# of Floors						
		3900SF	2						
County (6) Hudson		Bldg. Age							
		+50							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) First Phase Group Inc							
Street Address		Street Address							
N/A		567-52nd Street Suite #16							
City, State, Zip Code		City, State, Zip Code							
N/A		West New York NJ 07093							
Project Manager for Monitoring Firm		Telephone No.	License No.						
N/A		N/A	201-758-7158						
Start Date (10) 4/4/2013		Name of OSHA Monitor							
Scheduled Completion Date (11) 4/9/2013		J&S Environmental Corp							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 8 Hours		2333 Route 22 West							
		City, State, Zip Code							
		Union NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Building 706 Roof			X	roofing material	1600 SF	X			
Building 708 Roof			X	Roofing material	2300 SF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
Asbestos Transportation Company		24310		Minerva Enterprises					
City, State			Disposal Date	City, State					
Shirley NY 11967				Waynesburg OH 44688					
Completed by		Title	Signature	Date					
Edwin Precilla		Project manager	Edwin Precilla	3/25/2013					



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

Date of Notification (1) <b>3-21-13</b>		Name of Building Owner/Operator (2) <b>American Demolition Corp</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>2 Eanglish Lane</b> City, State, Zip Code <b>Egg Harbor Twp NJ 08234</b> Name of Contact <b>Bernard S</b>						
			Telephone Number _____						
	<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Resident</b> Street Address <b>114 Fore Castal Dr</b> City (5) <b>Sould Egg Harbor</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet _____ # of Floors _____ Bldg. Age _____							
County (6) <b>Atlantic</b>	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) <b>Ani &amp; Joe LLC</b>						
Street Address		Street Address <b>1212 Burlington Ave</b>							
City, State, Zip Code		City, State, Zip Code <b>Delanco .NJ . 08075</b>							
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. <b>856-824-0971</b> License No. <b>07010</b>						
Start Date (10) <b>4-1-13</b>	Scheduled Completion Date (11) <b>4-8-13</b>	Name of OSHA Monitor <b>self</b>							
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"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
outside				(ACM) siding	2500lf	x			
Name of Registered Waste Hauler <b>J Robinson Wast</b>		NJDEP Waste Hauler ID No. <b>28368</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Wm of Pa</b>					
City, State <b>Bellmawr</b>		Disposal Date <b>TBD</b>		City, State <b>Tullytown Pa</b>					
Completed by <b>Joseph T Hill</b>		Title <b>VP</b>		Signature _____			Date <b>3-21-13</b>		



Ani Joe LLC

85681/40972

P.1

Print Form

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

REMEMBER - MAIL IN HARD COPY

Date of Notification (1) 3-21-13		Name of Building Owner/Operator (2) Rowan University	
Agencies Notified <input type="checkbox"/> SPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address RT 322 201 Mullica Hill Rd		City, State, Zip Code Glassboro NJ 08020	
Name of Contact Jack Glass		Telephone Number [Redacted]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Rowan		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 201 Mullica Hill Rd		Square Feet # of Floors Bldg Age	
City (5) Glassboro		Current Use (Prior if being demolished)	
County (6) Gloucester		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Ani & Joe LLC	
City, State, Zip Code		Street Address 1212 Burlington Ave	
Project Manager for Monitoring Firm		City, State, Zip Code Delanco NJ . 08075	
Telephone No.		Telephone No. 856-824-0971	
License No. 07010		Name of OSHA Monitor self	
Start Date (10) 3-20-13		Scheduled Completion Date (11) 3-25-13	
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	
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
outside		(ACM) Door caulk	
		200lf	
Name of Registered Waste Hauler J Robinson West		NJ DEP Waste Hauler ID No 28368	
City, State Bellmawr		Cubic Yards of Waste 1	
Completed by Joseph T Hill		Disposal Date TBD	
Title VP		Signature	
		Name of Registered Landfill Wm of Pa	
		City, State Tullytown Pa	
		Date 3-29-13	



CHECK #  
2708

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

Date of Notification (1) <u>4/1/13</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>		Telephone Number _____	
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>285 52ND STREET</u>		Square Feet _____ # of Floors _____ Bldg. Age _____	
City (5) <u>AVALON</u>		Current Use (Prior if being demolished) <u>VACANT</u>	
County (6) <u>CAPE MAY</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>	
Start Date (10) <u>4/8/13</u>		Scheduled Completion Date (11) <u>4/22/13</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"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</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>TRANSITE</u>		Amount (Specify SF or LF) <u>2000 LF</u>	
Abatement Type Removal _____ Repair _____ Encapsulate _____ Enclosure _____		X	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	
City, State <u>MAPLE SHADE, N.J.</u>		Cubic Yards of Waste _____	
Disposal Date _____		Name of Registered Landfill <u>C.M.C.M.V.A.</u>	
City, State <u>WOODBINE, N.J.</u>		Signature <u>Joseph Klemm</u>	
Completed By <u>JOSEPH KLEMM</u>		Date <u>4/1/13</u>	



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

CK# 0070

Date of Notification (1) 4/1/2013		Name of Building Owner/Operator (2) Legow Management	
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 160 South Livingston Ave.		City, State, Zip Code Livingston, NJ 07039	
Name of Contact		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Lalor Gardens Apartment 4 A		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address Stenton Court		Square Feet	# of Floors
City (5) Hamilton		Bldg. Age 50+	
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartment Units	
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation
Street Address n/a		Street Address 22 Troy Lane	
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950
Start Date (10) 4/10/2013		Scheduled Completion Date (11) 4/11/2013	License No. 01193
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: 9am - 5 pm		Name of OSHA Monitor Loznica Management Corporation	
Street Address 22 Troy Lane		City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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
Kitchen				VAT	96 SF				

Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville, PA 19067	
Completed by E. Cirovic	Title Secretary	Signature <i>E. Cirovic</i>		Date 4/1/2013	



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

Date of Notification (1) 3/25/2013		Name of Building Owner/Operator (2) Private Property							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 371 Forest hill Way							
		City, State, Zip Code Mountanside NJ							
		Name of Contact Lory Deegan							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private 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 & commercial buildings, homes, etc.)							
Street Address 371 Forest hill Way		Square Feet 800SF	# of Floors 1						
City (5) Mountanside NJ		Bldg. Age +50							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) First Phase Group INC						
Street Address N/A		Street Address 567-52nd Street Suite #16							
City, State, Zip Code N/A		City, State, Zip Code West New York NJ07093							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 201-758-7158						
		License No. 001144							
Start Date (10) 4/6/2013	Scheduled Completion Date (11) 4/8/2013	Name of OSHA Monitor J&S Environmental Corp							
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: 8 Hours		Street Address 2333 Route 22 West							
		City, State, Zip Code Union NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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 tile	800 SF	x			
			X						
Name of Registered Waste Hauler Asbestos Transportation Company		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste	Name of Registered Landfill Minerva Enterprises					
City, State Shirley NY 11967			Disposal Date	City, State Waynesburg OH 44688					
Completed by Edwin Precilla		Title Project manager	Signature <i>Edwin Precilla</i>			Date 3/25/2013			



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

CK# 0071  
2013 APR -5 AM 3:00  
RECEIVED

Date of Notification (1) <b>4-1-2013</b>		Name of Building Owner/Operator (2) <b>Montgomery Township</b>							
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2261 Van Horne Road - Route 206 North</b>							
		City, State, Zip Code <b>Belle Meade, NJ 08502</b>							
		Name of Contact <b>John M</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Pump House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>1016 County Road</b>		Square Feet	# of Floors						
City (5) <b>Skillman</b>		Bldg. Age							
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>Pump House</b>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Loznica Management Corporation</b>						
Street Address		Street Address <b>22 Troy Lane</b>							
City, State, Zip Code		City, State, Zip Code <b>Lincoln Park, NJ 07035</b>							
Project Manager for Monitoring Firm		Telephone No. <b>973-706-7950</b>	License No. <b>01193</b>						
Start Date (10) <b>4/10/2013</b>	Scheduled Completion Date (11) <b>4/17/2013</b>	Name of OSHA Monitor <b>Loznica Management Corporation</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>22 Troy Lane</b>							
		City, State, Zip Code <b>Lincoln Park, NJ 07035</b>							
Scope of Work (Check All That Apply)									
<input 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 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
Roof			X	Flashing	56 LF/SF	X			
Name of Registered Waste Hauler <b>Loznica Management Group</b>		NJDEP Waste Hauler ID No. <b>0033137</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>GROWS Landfill</b>					
City, State <b>Lincoln Park, NJ 07035</b>		Disposal Date <b>TBD</b>		City, State <b>Morrisville, PA 19067</b>					
Completed by <b>E. Cirovic</b>		Title <b>Secretary</b>	Signature <i>E. Cirovic</i>			Date <b>4/1/2013</b>			



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

Date of Notification (1) <b>4-1-2013</b>		Name of Building Owner/Operator (2) <b>A. FAROY</b>	
Agency 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 Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>65 HARRINGTON AVENUE</b> City, State, Zip Code <b>WESTWOOD, NJ 07675</b> Name of Contact <b>A. FAROY</b> Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>A. FAROY</b>		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 <b>65 HARRINGTON AVENUE</b>		Square Feet <b>2700</b>	# of Floors <b>2</b>
City (5) <b>WESTWOOD</b>		Bldg. Age <b>89 YRS</b>	
County (6) <b>BERGEN</b>		Country Code (7) (STATE USE ONLY) <b>RESIDENCE</b>	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address <b>Best Removal Inc</b>	
City, State, Zip Code		City, State, Zip Code <b>450 S. River St</b>	
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>
Start Date (10) <b>4-12-2013</b>	Scheduled Completion Date (11) <b>4-13-2013</b>	Name of OSHA Monitor <b>Omega Environmental Inc</b>	
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: <b>8AM 5PM</b>		Street Address <b>280 Huyler St</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<b>BASEMENT</b>			<b>✓ THERMAL INSULATION</b>
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>12 YD</b>
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>4-13-2013</b>	Name of Registered Landfill <b>Minerva Enterprises</b>
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>	Signature <b>R. Yeldram</b>
			Date <b>4-1-2013</b>



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

2013 APR -5 AM 3:00

Date of Notification (1) <u>3/27/13</u>		Name of Building Owner/Operator (2) <u>ST Ann's Church</u>						
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>321 2nd Ave</u>						
		City, State, Zip Code <u>Garwood NJ 07027</u>						
		Name of Contact <u>Kathensman</u>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <u>Convent + 2 story Building</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>320-324 2nd Ave</u>		Square Feet						
City (5) <u>Garwood</u>		# of Floors						
County (6) <u>Union</u>		Bldg. Age						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) <u>EMSL</u>		ASCM No.						
Name of Abatement Contractor (9) <u>F. Gaisetz &amp; Son</u>		License No. <u>004 00021</u>						
Street Address <u>307 W 38th St</u>		Street Address <u>513 E 32nd St</u>						
City, State, Zip Code <u>NY, NY</u>		City, State, Zip Code <u>Ptatsen NJ</u>						
Project Manager for Monitoring Firm <u>Manger</u>		Telephone No. <u>212-421-6699</u>						
Start Date (10) <u>4/6/13</u>		Scheduled Completion Date (11) <u>4/1/13</u>						
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: <u>Demolition</u>		Name of OSHA Monitor <u>Same</u>						
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) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				Removal	Repair	Encapsulate	Enclosure	
<u>C Roof</u>		<u>X</u>	<u>Roof Material</u>	<u>16,000</u>	<u>X</u>			
<u>Floors</u>		<u>X</u>	<u>VAT</u>	<u>3,000</u>	<u>X</u>			
<u>Window Caulk</u>		<u>X</u>	<u>Windows</u>	<u>800 LF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>Eastern Waste</u>		NJDEP Waste Hauler ID No. <u>67027</u>		Cubic Yards of Waste		Name of Registered Landfill <u>Imperial Landfill</u>		
City, State <u>Freehold NJ</u>		Disposal Date		City, State <u>Imperial PA</u>				
Completed By <u>Frank Gwec</u>		Title <u>President</u>		Signature <u>[Signature]</u>		Date <u>3/27/13</u>		



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

Check #8540

Date of Notification (1) <b>4-2-13</b>		Name of Building Owner/Operator (2) <b>Margaret Silva</b>							
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 <b>3 Kennedy Road</b>							
		City, State, Zip Code <b>Morris Plains NJ 07950</b>							
		Name of Contact <b>Margaret Silva</b>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Shore house</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>11 Harold Drive</b>		Square Feet	# of Floors <b>1</b>						
City (5) <b>Manahawkin</b>		Bldg. Age <b>60+</b>							
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Shore house</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>						
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>							
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>						
Start Date (10) <b>4-12-13</b>	Scheduled Completion Date (11) <b>4-12-13</b>	Name of OSHA Monitor <b>EPC Technologies Inc</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>P.O. Box 337</b>							
		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior walls			X	Siding Shingles	1000 SF	X			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>6</b>	Name of Registered Landfill <b>Waste Management of PA</b>					
City, State <b>New Egypt NJ</b>		Disposal Date <b>4-12-13</b>	City, State <b>Morrisville PA</b>						
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>				Date <b>4-2-13</b>		

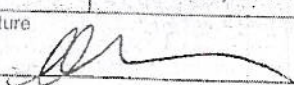


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

*Check 11993*

*2013 APR -5 AM 3:00*

*LICENSING*

Date of Notification (1) 3/13/13		Name of Building Owner/Operator (2) Englewood Hospital							
Agencies Notified		Street Address							
<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		350 Engle Street							
Type Notification		City, State, Zip Code							
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Englewood, NJ 07631							
		Name of Contact							
		Garfield McFarlane							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Room 260		Type of Facility (4)							
Street Address 350 Engle Street		<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) Englewood		Square Feet	# of Floors						
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Environmental Group		ASCM No. 62252	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address 1600 Route 22 E		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm Mike Nehlsen		Telephone No. 908-688-7800	Telephone No. 973-583-8500						
Start Date (10) 3/14/13		Scheduled Completion Date (11) 4/30/13	License No. 703						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement 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 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) In Facility (13) <b>TO BE ABATED</b>	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 260			x	pipe fittings	30	x			
Room 260			x	floor tile	450 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS N Landfill					
City, State Freehold NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Andrew Scott Higgins		Title President	Signature 			Date 3/13/13			



No check

Check # 8505

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

Date of Notification (1) <b>3-30-13</b>		Name of Building Owner/Operator (2) <b>J. Vinch + Sons</b>						
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 # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>P.O. Box 5465</b> City, State, Zip Code <b>Trenton NJ 08638</b>						
		Name of Contact <b>Gary Vinch</b> Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>St. Anthony Convent (vacant)</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>626 South Olden AVE</b>		Square Feet	# of Floors <b>2</b> Bldg. Age <b>75+-</b>					
City (5) <b>Trenton NJ 08610</b>		Current Use (Prior if being demolished) <b>Convent Housing</b>						
County (6) <b>Meriden</b>	County Code (7) (STATE USE ONLY)	Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b> Street Address <b>P.O. Box 337</b> City, State, Zip Code <b>New Egypt, NJ 08533</b> Project Manager for Monitoring Firm <b>Steve Schenker</b> Telephone No. <b>609 758-3365</b>						
Name of Abatement Contractor (9) <b>EPC Technologies Inc</b> Street Address <b>P.O. Box 337</b> City, State, Zip Code <b>New Egypt NJ 08533</b> Telephone No. <b>609 758-3365</b> License No. <b>00394</b>								
Start Date (10) <b>3-7-13</b>	Scheduled Completion Date (11) <b>4-30-13</b>	Name of OSHA Monitor <b>EPC Technologies Inc</b> Street Address <b>P.O. Box 337</b> City, State, Zip Code <b>New Egypt NJ 08533</b>						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement	X		Pipe Insulation	1500 LF	X			
Basement	X		Boiler Insulation	200 SF	X			
2nd floor		X	Floor Tiles 9"x9"	300 SF	X			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>Waste Management of PA</b>				
City, State <b>New Egypt NJ</b>		Disposal Date <b>Various Dates</b>		City, State <b>Morrisville PA</b>		Date <b>3-30-13</b>		
Completed by <b>Steve Schenker</b>		Title <b>President</b>		Signature <b>Steve Schenker</b>		Date <b>3-30-13</b>		

moved the Completion Date from 3/30 to 4/30



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

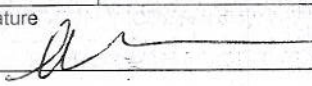
Check # 8505

Date of Notification (1) <b>2-21-13</b>		Name of Building Owner/Operator (2) <b>J. Vinch + Sons</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>P.O. Box 5965</b>							
		City, State, Zip Code <b>Trenton NJ 08638</b>							
		Name of Contact <b>Gary Vinch</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>St Anthony Convent (Vacant)</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>626 South Olden AVE</b>		Square Feet	# of Floors <b>2</b>						
City (5) <b>Trenton NJ 08610</b>		Bldg. Age <b>75+</b>							
County (6) <b>Mercer</b>	County Code (7) <b>(STATE USE ONLY)</b>	Current Use (Prior if being demolished) <b>Convent Housing</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>						
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>							
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>						
Start Date (10) <b>3-7-13</b>	Scheduled Completion Date (11) <b>3-30-13</b>	Name of OSHA Monitor <b>EPC Technologies</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>P.O. Box 337</b>							
		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Basement	x			Pipe Insulation	1500LF	x			
Basement	x			Boiler Insulation	200SF	x			
2nd floor		x		Floor tiles 9"x9"	300 SF	x			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>Waste Management PA</b>					
City, State <b>New Egypt NJ</b>		Disposal Date <b>Various Dates</b>		City, State <b>Monroeville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>		Signature <b>Steve Schenker</b>		Date <b>2-21-13</b>			



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

*check 12009*

Date of Notification (1) 3/29/13		Name of Building Owner/Operator (2) Mr. & Mrs. Harris							
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 56 Wayside Place							
		City, State, Zip Code Montclair NJ							
		Name of Contact Scott Sloan, contractor							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 56 Wayside Place									
City (5) Montclair		Square Feet 2000	# of Floors 2						
		Bldg. Age 50							
County (6) Essex		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-583-8500	License No. 703						
Start Date (10) 4/8/13	Scheduled Completion Date (11) 4/15/13	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) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf  <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf         </div> <div> <input type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure  <input checked="" type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glovebag Procedure  <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd floor bathroom			X	duct insulation	20 SF	X			
				pipe insulation	20 LF	X			
Name of Registered Waste Hauler Tri State Transfer		NJDEP Waste Hauler ID No. 02325	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Enterprises					
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg OH					
Completed by Andrew Scott Higgins		Title President	Signature 			Date 3/29/13			

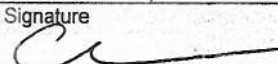


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <u>3-29-13</u>		Name of Building Owner/Operator (2) <u>2013 APR - 5 AM 3:00</u>					
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 <u>142 BLACK POINT ROAD</u> City, State, Zip Code <u>RUMSON NJ</u> Name of Contact <u>ERIC PLACKIS</u> Telephone Number 					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <u>142 BLACK POINT RD</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.)					
City (5) <u>RUMSON NJ.</u>		Square Feet <u>400</u>	# of Floors <u>1</u>				
County (6) <u>MONMOUTH</u>		Bldg. Age <u>50</u>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>VACANT SANDY DESTROYED</u>					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <u>BRICK INDUSTRIES INC.</u>					
Street Address		Street Address <u>145 NATICK TRAIL</u>					
City, State, Zip Code		City, State, Zip Code <u>BRICK, NJ. 08824</u>					
Project Manager for Monitoring Firm		Telephone No. <u>732-899-7499</u>	License No. <u>01196</u>				
Start Date (10) <u>4-9-13</u>	Scheduled Completion Date (11) <u>4-19-13</u>						
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: <u>VACANT</u>		Street Address  City, State, Zip Code 					
Scope of Work (Check all that apply)							
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
<u>SIDING</u>			<u>TRANSITE</u>	<u>1000</u>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <u>BRICK IND. INC.</u>		NJDEP Waste Hauler ID No. <u>21602</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>G.R.O.W.S.</u>			
City, State <u>BRICK, N.J.</u>		Disposal Date <u>4-26-13</u>		City, State <u>PA</u>			
Completed By <u>ERIC PLACKIS</u>		Title <u>PRES.</u>	Signature <u>[Signature]</u>		Date <u>4-30-13</u>		



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

Date of Notification (1) 4/1/13		Name of Building Owner/Operator (2) Linda Harper (Private Home)							
Agencies Notified	Type Notification	Street Address 218 N 6th Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Surf City NJ 08008							
		Name of Contact Linda							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Linda Harper (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 218 N 6th Street		Square Feet 1000+	# of Floors 2						
City (5) Surf City NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 4/11/13	Scheduled Completion Date (11) 4/17/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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 bottom of house			x	Exterior Siding	1300 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S					
City, State Elm NJ		Disposal Date 4/17/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 4/1/13			

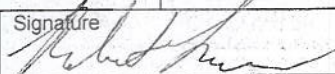


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <b>4 / 4 / 13</b>			Name of Building Owner/Operator (2) <b>JC Penney Corporation Inc.</b>		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>6501 Legacy Drive</b> City, State, Zip Code <b>PLano, TX 75024</b>	
				Name of Contact <b>Soy Thomas</b>	
Telephone Number					
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Brunswick Square Mall-JC Penney</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>775 State Rt. 18 South, Suite 600</b>				City (5) <b>East Brunswick</b>	
County (6) <b>Middlesex</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillmann Consulting LLC</b>		ASCM No. <b>62252</b>		Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>	
Street Address <b>1600 Route 22 East</b>		City, State, Zip Code <b>Union NJ 07083</b>		Street Address <b>47 Foster Road</b>	
Project Manager for Monitoring Firm <b>Tom Rubino</b>		Telephone No. <b>908-956-1233</b>		Telephone No. <b>718-605-6256</b>	
Start Date (10) <b>4 / 16 / 13</b>		Scheduled Completion Date (11) <b>5 / 16 / 13</b>		License No. <b>00774</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>10:00PM-6:00AM</b>				Name of OSHA Monitor <b>Testor Tech</b>	
Street Address <b>10 59 Jackson Avenue</b>				City, State, Zip Code <b>LIC, NY 11101</b>	
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or >3 lf <input checked="" 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) <b>TO BE ABATED</b> IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes	No		
1 <sup>st</sup> Level Home Streets Dept.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster/Compound
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler <b>Global Waste Industries, Inc.</b>		NJDEP Waste Hauler ID No. <b>NJ-22147</b>		Cubic Yards of Waste <b>10</b>	
City, State <b>Hackettstown NJ</b>		Disposal Date <b>5/16/13</b>		Name of Registered Landfill <b>G.R.O.W.S., Inc.</b>	
Completed By (Print or Type) <b>John Tardy</b>		Title <b>Senior Project Manager</b>		Signature <i>John Tardy</i>	
				Date <b>4/4/13</b>	




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

Date of Notification (1) 4-03-2013		Name of Building Owner/Operator (2) EFG Clermont Terrace, LLC							
Agencies Notified	Type Notification	Street Address 520 Capital Mall, Suite 200							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Sacramento, CA 95841							
		Name of Contact Chris Miller	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) National Envelope		Type of Facility (4)							
Street Address 450 Clermont Terrace		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Union		Square Feet 265,000	# of Floors 2						
		Bldg. Age 55 years							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Not in use							
Name of Monitoring Firm Hired by Building Owner (8) ECMS		ASCM No.	Name of Abatement Contractor (9) Gramercy Group Inc.						
Street Address 10 Filmont Drive		Street Address 3000 Burns Avenue							
City, State, Zip Code New City, NY 10956		City, State, Zip Code Wantagh NY 11793							
Project Manager for Monitoring Firm Marc Rutstein		Telephone No. 845-638-0640	License No. 01085						
Start Date (10) 4-18-2013	Scheduled Completion Date (11) 12-31-2013	Name of OSHA Monitor Gramercy Group Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 3000 Burns Avenue							
<input checked="" 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: Facility scheduled for demolition. No occupancy		City, State, Zip Code Wantagh, NY 11793							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) 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
Throughout			X	Pipes	4,000 sf	X			
Throughout			X	VAT	26,000 sf	X			
Name of Registered Waste Hauler Horwith Trucks Inc.		NJDEP Waste Hauler ID No. 16227	Cubic Yards of Waste 400	Name of Registered Landfill Minerva Enterprises					
City, State Northampton, PA 18067		Disposal Date 6-30-12		City, State Waynesburg OH					
Completed by Robert Lewin		Title Environmental Coordinator		Signature 		Date 4-03-13			



No  
check

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

Date of Notification (1) 04/03/2013		Name of Building Owner/Operator (2) Eaton Cooper	
Agencies Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type  <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled		Street Address 600 Travis, Suite 5600
			City, State, Zip Code Houston, TX 77002-1001
			Name of Contact Nelson Olavarria
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Cooper Notification Facility		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 273 Branchport Avenue		Sq. Feet 12000 # of Floors 1	
City (5) Long Branch	County (6) Monmouth	County Code (7) (State Use Only)	Bldg. Age 50+/- Current Use (prior if being demolished) Former Factory
Name of Monitoring Firm Hired by Bldg. Owner (8) Precision Environmental, Inc.		ASCM No.	Name of Contractor (9) NCM Demolition and Remediation, LP
Street Address 36-15 23 <sup>rd</sup> Street		Street Address 395 Turner Industrial Way	
City, State, Zip Code Long Island City, NY 11106		City, State, Zip Code Aston, PA 19014	
Project Manager for Monitoring Firm Michael Parpounas	Telephone Number 718-383-2626	Telephone Number 484-480-8931	License Number 01006
Scheduled Start Date (10) 03/20/13	Scheduled Completion Date (11) 04/03/2013	Name of OSHA Monitor Testor Technology, 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 -		Street Address 10-59 Jackson Avenue	
Describe Occupants moved to adjacent area		City, State, Zip Code Long Island City, NY 11101	
Other - Describe			
Source of Work (Check all that apply)			
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> JM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES   NO   NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
			Abatement Type
			Rem.   Rep.   Encap   Enclose
1 <sup>st</sup> Floor	X	Pipe	720 LF
1 <sup>st</sup> Floor	X	Transite - Exhaust Duct	120 SF
Name of Reg. Waste Hauler Service Transport Group	NJDEP Waste Hauler ID # 20990	Cubic Yards of Waste 120	Name of Reg. Landfill Minerva
City, State New Castle, DE		Disp. Date 04/09/2013	City, State Waynesboro, OH
Completed by (Print or Type) Richard P. Semega, Jr.	Title Branch Manager	Signature 	Date 04/03/2013



CK 520498

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

<u>Date of Notification (1)</u> 04/04/2013		<u>Name of Building Owner/Operator (2)</u> E.I. DuPont De Nemours	
<u>Agencies Notified</u>  (X) EPA (X) DOL (X) DOH ( ) DCA	<u>Notification Type</u>  (X) Initial Notification ( ) Amended Certification ( ) Cancelled	<u>Street Address</u> Rt 130	
		<u>City, State, Zip Code</u> Deepwater, NJ 08069	
		<u>Name of Contact</u> Richard Clarke	<u>Tel. Number</u>

## FACILITY INFORMATION

<u>Name of Facility Where Abatement is Taking Place (3)</u> Dupont Chambers Works			<u>Type of Facility (4)</u> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> Route 130			<u>Sq. Feet</u> 3000 <u># of Floors</u> 2	
<u>City (5)</u> Deepwater	<u>County (6)</u> Salem	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 52 <u>Current Use (prior if being demolished)</u> Chemical Manufacturer	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Harvard Environmental, Inc.			<u>ASCM No.</u>	<u>Name of Contractor (9)</u> NCM Demolition and Remediation, LP


<u>Street Address</u> 760 Pulaski Highway		<u>Street Address</u> 395 Turner Industrial Way	
<u>City, State, Zip Code</u> New Castle, DE 19720		<u>City, State, Zip Code</u> Aston, PA 19014	
<u>Project Manager for Monitoring Firm</u> Wesley Morrison	<u>Telephone Number</u> 302-326-2333	<u>Telephone Number</u> 484-480-8931	<u>License Number</u> 01006

<u>Scheduled Start Date (10)</u> 04/29/2013	<u>Scheduled Completion Date (11)</u> 05/06/2013	<u>Name of OSHA Monitor</u> EMSL Analytical
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -  Describe _____  Other - Describe _____		<u>Street Address</u> 107 Haddon Ave <u>City, State, Zip Code</u> Westmont, NJ 08108

## Source of Work (Check all that apply)

( ) Demolition    (X) Renovation  
(X) Large Proj. (>160 SF or >260 LF ACM)    ( ) M Proj. (>25<160 SF or >10 <260 LF ACM)    ( ) Minor Proj. (<25 SF or <10 LF ACM)  
(X) Full Containment with Negative Pressure    (X) Mini-Enclosure    (X) Glovebag Procedure

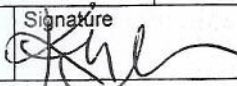
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES      NO      NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u>			
				Rem.	Rep.	Encap	Enclose
East of Bldg. #1156	X	Tank Insulation	280 SF	X			
East of Bldg. #1156	X	Pipe Gaskets	10 LF	X			

<u>Name of Reg. Waste Hauler</u> DuPont Company	<u>NJDEP Waste Hauler ID#</u>	<u>Cubic Yards of Waste</u>	<u>Name of Reg. Landfill</u> DuPont Chambers Works
<u>City, State</u> Deepwater, NJ	<u>Disp. Date</u> 05/06/2013	<u>City, State</u> Deepwater, NJ	
<u>Completed by (Print or Type)</u> Russell King	<u>Title</u> Project Manager	<u>Signature</u> 	<u>Date</u> 04/04/2013



1003-1139 CMCH # 0010

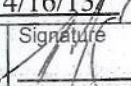
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <div style="text-align: center;">4 / 3 / 13</div>		Name of Building Owner/Operator (2) <b>Reade Manufacturing</b>							
Agencies Notified <input 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 <b>2590 Ridgeway Blvd.</b>							
		City, State, Zip Code <b>Manchester Township, NJ 08759</b>							
		Name of Contact <b>Mr. John Reeher</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Reade Manufacturing</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>2590 Ridgeway Blvd</b>		Square Feet <b>NA</b>	# of Floors <b>NA</b>						
City (5) <b>Manchester Township</b>		Bldg. Age <b>NA</b>							
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Occupied - Industrial</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>							
Street Address <b>P.O. Box 316</b>		Street Address <b>3859 Sylon Boulevard</b>							
City, State, Zip Code <b>Thorofare, NJ 08086</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>							
Project Manager for Monitoring Firm <b>Dave Flanigan</b>	Telephone No. <b>856-848-0800</b>	Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>						
Start Date (10) <div style="text-align: center;">4 / 16 / 13</div>	Scheduled Completion Date (11) <div style="text-align: center;">4 / 17 / 13</div>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>200 U.S. Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf  <input type="checkbox"/> ≥160 sf or ≥260 lf         </div> <div> <input checked="" type="checkbox"/> <b>Clean up</b>  <input type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input checked="" type="checkbox"/> <b>Debris Cleanup with Environmental Controls</b>  <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         </div> </div>									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Exterior Cleanup</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Asbestos debris including transite,</b>	<b>30 CY</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>floor tile and transite pipe</b>		<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 <b>Horizon Disposal, Inc.</b>		NJDEP Waste Hauler ID No. <b>22612</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>GROWS Landfill</b>					
City, State <b>Trenton, NJ</b>		Disposal Date <b>4/17/13</b>		City, State <b>Morrisville, PA 19067</b>					
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 			Date <b>4-3-13</b>		



CK # 25126

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

Date of Notification (1) <u>4/3/13</u>		Name of Building Owner/Operator (2) <u>Central Paint</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>121 S. Olden Ave.</u>						
		City, State, Zip Code <u>Trenton, NJ 08609</u>						
		Name of Contact <u>Alison Hyman</u>	Telephone Number _____					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <u>Warehouse</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>121 S. Olden Avenue</u>		Square Feet <u>10000</u>	# of Floors <u>1</u>					
City (5) <u>Trenton, NJ 08609</u>		Bldg. Age <u>70</u>						
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Warehouse</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>					
Start Date (10) <u>4/12/13</u>	Scheduled Completion Date (11) <u>4/15/13</u>	Name of OSHA Monitor <u>MECS</u>						
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: <u>8AM - 4:30PM</u>		Street Address <u>PO Box 341</u>						
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
<u>Basement</u>			<u>Thermal Pipe Insulation</u>	<u>60 lf</u>	<input checked="" type="checkbox"/>			
<u>Basement</u>			<u>Boiler Insulation</u>	<u>80 sf</u>	<input checked="" type="checkbox"/>			
<u>Basement</u>			<u>Transite Wall Board</u>	<u>40 sf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>3 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>4/16/13</u>	City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>4/3/13</u>					



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

Date of Notification (1) <div style="text-align: center;">4 / 4 / 13</div>		Name of Building Owner/Operator (2) <b>Parkwood Condo</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <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 <b>29 N COOLIDGE AVE</b>							
		City, State, Zip Code <b>Margate City, NJ 08402</b>							
		Name of Contact <b>Wayne Shiflett</b>							
Telephone Number _____									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Parkwood Condo</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <b>29 N COOLIDGE AVE</b>		Square Feet <b>2500</b>	# of Floors <b>3</b>						
City (5) <b>Margate City, NJ 08402</b>		Bldg. Age <b>50+</b>							
County (6) <b>Atlantic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residential</b>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>							
Street Address		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>							
City, State, Zip Code		City, State, Zip Code <b>Spring House, PA 19477</b>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>215-542-7000</b>	License No. <b>00847</b>						
Start Date (10) <div style="text-align: center;">4 / 15 / 13</div>	Scheduled Completion Date (11) <div style="text-align: center;">4 / 22 / 13</div>	Name of OSHA Monitor <b>CES</b>							
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: <b>8:00AM</b> - <b>PM/3:00PM</b> - <b>AM</b>		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>							
		City, State, Zip Code <b>Spring House, PA 19477</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior of building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Transite Siding	7500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Allied</b>		NJDEP Waste Hauler ID No.		Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>Conestoga Landfill</b>				
City, State <b>Telford, PA</b>		Disposal Date <b>4/22/13</b>		City, State <b>Morgantown, PA</b>					
Completed By (Print or Type) <b>Patricia Visco</b>		Title <b>Office Manager</b>		Signature <i>Patricia Visco</i>			Date <b>4/4/13</b>		



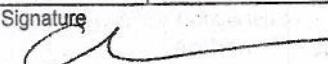
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)**

*CES check # 8042*

Date of Notification (1) <b>4 / 4 / 13</b>		Name of Building Owner/Operator (2) <b>Maverick Management Corp</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1000 Pennsylvania Ave</b>							
		City, State, Zip Code <b>Brooklyn, NY 11207</b>							
		Name of Contact <b>Jerald Goldfine</b>							
Telephone Number _____									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Former Woolworth Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <b>117 E State Street</b>									
City (5) <b>Trenton, NJ</b>		Square Feet <b>48,000</b>	# of Floors <b>3</b>						
		Bldg. Age <b>100+</b>							
County (6) <b>Trenton</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Commercial</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Ally Services Co</b>		Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>							
Street Address <b>57 E Durham St</b>		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>							
City, State, Zip Code <b>Phila PA 19119</b>		City, State, Zip Code <b>Spring House, PA 19477</b>							
Project Manager for Monitoring Firm <b>Andy Miller</b>		Telephone No. <b>215 498 7538</b>	License No. <b>00847</b>						
Start Date (10) <b>4 / 6 / 13</b>	Scheduled Completion Date (11) <b>4 / 7 / 13</b>	Name of OSHA Monitor <b>CES</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>AM-3:00 Friday PM-8:00 Sunday PM-AM</b>		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>							
		City, State, Zip Code <b>Spring House, PA 19477</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> $> 160$ sf or $\geq 260$ lf <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) <b>TO BE ABATED IN Facility (13)</b>	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) <b>14 LF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>lower level</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation (wrap &amp; cut)</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Allied</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Conestoga Landfill</b>					
City, State <b>Telford, PA</b>		Disposal Date <b>4/22/13</b>		City, State <b>Morgantown, PA</b>					
Completed By (Print or Type) <b>Patricia Visco</b>		Title <b>Office Manager</b>		Signature <i>Patricia Visco</i>			Date <b>4/4/13</b>		



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

Date of Notification (1) 4/1/13		Name of Building Owner/Operator (2) Rebecca Rice (Private Home)							
Agencies Notified	Type Notification	Street Address 144 S. Captains							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Tuckerton NJ 08087							
		Name of Contact Rebecca	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Rebecca Rice (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 144 S. Captains Dr.		Square Feet 1000+	# of Floors 1						
City (5) Tuckerton N.J. 08087		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 4/12/13	Scheduled Completion Date (11) 4/17/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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 Siding bottom of house			x	Exterior Siding	1000 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S					
City, State Elm NJ		Disposal Date 4/17/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 4/1/13		

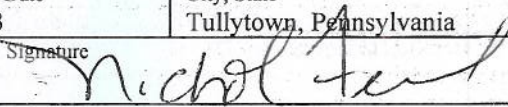


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <div style="text-align: center;">April 1, 2013</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Esposito Construction</div>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	253 Main Street, Suite 385	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____	City, State, Zip Code	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Matawan, NJ 07747	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
		Mike Esposito	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4)		
Street Address <div style="text-align: center;">399 Tennant Road</div>			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K-12)		
City <div style="text-align: center;">Marlboro</div>			County (6) <div style="text-align: center;">Monmouth</div>		
Square feet <div style="text-align: center;">1500 sf</div>			# of Floors <div style="text-align: center;">1</div>		Bldg. Age <div style="text-align: center;">60</div>
Current Use (Prior if being demolished) <div style="text-align: center;">Residence</div>					
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>			ASCM No.		
Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>			Street Address		
Street Address			1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code		
Toms River, New Jersey 08755-1271			Telephone Number		
Project Manager for Monitoring Firm			Telephone Number		License Number
732-349-9932			732-349-9932		00624
Scheduled Start Date (10) <div style="text-align: center;">4/01/13</div>			Scheduled Completion Date (11) <div style="text-align: center;">4/02/13</div>		
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			E.M.S.L. Analytical		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			Street Address		
<input type="checkbox"/> Other - Describe _____			1056 Stelton Road		
Scope of Work (Check all that apply)			City, State, Zip Code		
<input type="checkbox"/> >3 sf or ≥3 lf			Piscataway, New Jersey 08854		
<input type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Full Containment with Negative Pressure		
<input type="checkbox"/> Renovation			<input type="checkbox"/> Mini-Enclosure		
<input checked="" type="checkbox"/> Demolition			<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) <div style="text-align: center;">YES NO N/A</div>			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V E L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	150 sf	X			
Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>		NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>		Cubic Yards of Waste <div style="text-align: center;">3</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>				
City, State <div style="text-align: center;">Toms River, New Jersey</div>		Disposal Date <div style="text-align: center;">4/03/13</div>		City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>					
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>		Title <div style="text-align: center;">Project Manager</div>		Signature 				Date <div style="text-align: center;">4/1/2013</div>	

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



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

Date of Notification (1) <div style="text-align: right;">April 1, 2013</div>		Name of Building Owner/Operator (2) Old School Construction <span style="float: right;">a 21418</span>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 192 Mizzen Avenue <span style="float: right;">2013 APR -5 AM: 00</span>	
		City, State, Zip Code Manahawkin, NJ 08050	
		Name of Contact John Whitaker	Telephone Number _____

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 23 Patrick Drive					
City Beach Haven West	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1200 sf	# of Floors 1	Bldg. Age 60
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 4/02/13		Scheduled Completion Date (11) 4/03/13	Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R	R	E			E			
	E	P	N	N					
	M	A	C	C					
	O	I	A	L					
	V	R	P	S					
	A		S	U					
	L		E	R					
Exterior		X		Asbestos siding	1000 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey		Disposal Date 4/04/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Femicola	Title Project Manager	Signature <i>Nicholas Femicola</i>		Date 4/1/13

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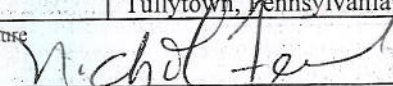
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>April 1, 2013</b>		Name of Building Owner/Operator (2) <b>Bayshore Community Hospital</b>	
Agencies Notified	Type of Notification	Street Address <b>727 North Beers Street</b>	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code <b>Holmdel, NJ 07733</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____	Name of Contact <b>Janos Angeli</b>	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Telephone Number _____	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Bayshore Community Hospital</b>			Type of Facility (4)		
Street Address <b>727 North Beers Street</b>			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K-12)		
City <b>Holmdel</b>			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
			County (6) <b>Monmouth</b>		
County Code (7) (STATE USE ONLY)		Square feet <b>500,000 sf</b>	# of Floors <b>5</b>	Bldg. Age <b>50</b>	
Current Use (Prior if being demolished) <b>Hospital</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address <b>64 Broad Street</b>			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code <b>Matawan, NJ 07747</b>			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>
Scheduled Start Date (10) <b>4/01/13</b>		Scheduled Completion Date (11) <b>4/12/13</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
			Scope of Work (Check all that apply)		
			<input 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		
<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		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V 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
4 West		X		Fireproofing	4600 sf	X			

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>15</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>	Disposal Date	City, State <b>Tullytown, Pennsylvania</b>	
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>4/01/13</b>

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