

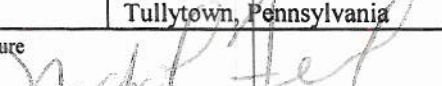
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <u>4-2-14</u>		Name of Building Owner/Operator (2) <u>JOHN ROBERTS</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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>717 CHIMNEY ROCK ROAD</u> City, State, Zip Code <u>MARTINSVILLE</u> Name of Contact <u>ERIC PLACKIS</u>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>717 CHIMNEY ROCK ROAD</u>		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.)	
City (5) <u>MARTINSVILLE NJ. 08836</u>		Square Feet <u>1500</u>	# of Floors <u>2</u>
County (6) <u>SOMERSET</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT HOME</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 TR.</u>	
City, State, Zip Code		City, State, Zip Code <u>BRICK, NJ. 08724</u>	
Project Manager for Monitoring Firm		Telephone No. <u>732 899-7499</u>	License No. <u>01196</u>
Start Date (10) <u>4-4-14</u>	Scheduled Completion Date (11) <u>4-7-14</u>	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: <u>VACANT</u>		Street Address  City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>BASEMENT</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>THERMAL SYSTEMS INSULATION 80 LF</u>
Amount (Specify SF or LF) <u>80 LF</u>		Abatement Type Removal Repair Encapsulate Enclosure	
Name of Registered Waste Hauler <u>BRICK INDUSTRIES INC</u>		NJDEP Waste Hauler ID No. <u>21602</u>	Cubic Yards of Waste <u>7</u>
City, State <u>BRICK NJ, 08724</u>		Disposal Date <u>4-14-14</u>	Name of Registered Landfill <u>G.R.O.W.S</u> City, State <u>PA</u>
Completed By <u>ERIC PLACKIS</u>	Title <u>PRES.</u>	Signature <u>Eric Plackis</u>	Date <u>4-2-14</u>

STATE OF NEW JERSEY  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>April 2, 2014</b>		Name of Building Owner/Operator (2) <b>Seminole Construction</b> <span style="float: right;">23950</span>	
Agency [ x ] DEP [ x ] DOL  [ x ] DOH [ ] DCA	Type of Notification [ ] Initial Notification [ ] Amended Notification Amendment # [ x ] Emergency (including justification) [ ] Cancellation	Street Address <b>128 Bartlett Avenue</b>	
		City, State, Zip Code <b>West Creek, NJ 08092</b>	
		Name of Contact <b>Joyce</b>	Telephone Number

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) [ ] School (K-12) [ ] Subchapter 8 (other than K-12) [ x ] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>34 Joan Drive</b>					
City <b>Beach Haven West</b>	County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Square feet <b>2000 sf</b>	# of Floors <b>1</b>	Bldg. Age <b>60</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>
Scheduled Start Date (10) <b>4/02/14</b>		Scheduled Completion Date (11) <b>4/04/14</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
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 _____			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
[ ] >3 sf or ≥3 lf		[ ] Renovation		[ ] Full Containment with Negative Pressure	
[ x ] ≥160 sf or ≥260 lf		[ x ] Demolition		[ ] Mini-Enclosure	
				[ ] Glovebag Procedure	
				[ x ] Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)  YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1800 sf	X			
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>				
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>4/07/14</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed by (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 			Date <b>4/2/2014</b>		

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

# NOTIFICATION OF ASBESTOS ABATEMENT

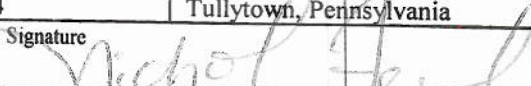
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>April 2, 2014</b>		Name of Building Owner/Operator (2) <b>Seminole Construction</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>128 Bartlett Avenue</b>	
		City, State, Zip Code <b>West Creek, NJ 08092</b>	
		Name of Contact <b>Joyce</b>	Telephone Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>1144 Mill Creek Road</b>			Square feet <b>800 sf</b>		
City <b>Beach Haven West</b>	County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	# of Floors <b>1</b>	Bldg. Age <b>60</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>
Scheduled Start Date (10) <b>4/02/14</b>		Scheduled Completion Date (11) <b>4/04/14</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) 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
Exterior		X		Asbestos siding	650 sf	X			

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>	Disposal Date <b>4/07/14</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>4/2/2014</b>

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

Date of Notification (1) <b>April 2, 2014</b>		Name of Building Owner/Operator (2) <b>Seminole Construction</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>128 Bartlett Avenue</b>  City, State, Zip Code <b>West Creek, NJ 08092</b>  Name of Contact <b>Joyce</b>  Telephone Number _____	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>1229 Jennifer Lane</b>			Square feet <b>2000 sf</b>		
City <b>Beach Haven West</b>	County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	# of Floors <b>1</b>	Bldg. Age <b>60</b>	
Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>
Scheduled Start Date (10) <b>4/02/14</b>		Scheduled Completion Date (11) <b>4/04/14</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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	P			E	N	C	A	P		
Exterior		X		Asbestos siding	1700 sf	X						

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>	Disposal Date <b>4/07/14</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature <i>Nicholas Fernicola</i>	Date <b>4/2/2014</b>

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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 2, 2014</b>		Name of Building Owner/Operator (2) <b>Lertch Wrecking &amp; Disposal</b> <span style="float: right;">25954</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 <b>5115 Belmar Blvd.</b>	
		City, State, Zip Code <b>Wall, NJ 07727</b>	
		Name of Contact <b>Doug</b>	Tel. _____

**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>310 Trenton Avenue</b>					
City <b>Point Pleasant Beach</b>	County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Square feet <b>2000 sf</b>	# of Floors <b>2</b>	Bldg. Age <b>60</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>
Scheduled Start Date (10) <b>4/03/14</b>		Scheduled Completion Date (11) <b>4/07/14</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)  YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	2200 sf	X			

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>	Disposal Date <b>4/08/14</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature <i>Nicholas Fernicola</i>	Date <b>4/2/2014</b>

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

OK # 23747

Date of Notification (1) <div style="text-align: center;">4/1/2014</div>		Name of Building Owner/Operator (2) Messercola Enterprises	
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 PO Box 790	
		City, State, Zip Code Matawan, NJ 07747	
		Name of Contact Fernando	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 67 Gregg Drive					
Beach Haven West	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square Feet 1000 sf	# of Floors 1	Bldg. Age 50
			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) 04/02/2014	Scheduled Completion Date (11) 04/04/2014		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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
<input type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition					

Location of Asbestos-Containing Material (ACM) 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
Exterior		X		Asbestos siding	1200sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 04/07/2014	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 4/1/2014

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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, 2014</b>		Name of Building Owner/Operator (2) <b>Advantage Site Work</b>	
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 type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>335 Parkertown Drive</b>	<b>23946</b> <b>APR 7 2014</b>
		City, State, Zip Code <b>Little Egg Harbor, NJ 08087</b>	
		Name of Contact <b>John Tuck</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>44 West Raritan Drive</b>					
City <b>Little Egg Harbor</b>	County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Square feet <b>1500 sf</b>	# of Floors <b>1</b>	Bldg. Age <b>60</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			Current Use (Prior if being demolished) <b>Residence</b>		
Street Address			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
City, State, Zip Code			Street Address <b>1889 Route 9, Unit 61</b>		
Project Manager for Monitoring Firm			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Telephone Number			Telephone Number <b>732-349-9932</b>		
Scheduled Start Date (10) <b>4/02/14</b>			License Number <b>00624</b>		
Scheduled Completion Date (11) <b>4/04/14</b>			Name of OSHA Monitor <b>E.M.S.L. Analytical</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type						
	R	E	E			N	C	L	O	S		
Exterior		X		Asbestos siding	1300 sf	X						

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>	Disposal Date <b>4/07/14</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature <i>Nicholas Fernicola</i>	Date <b>4/1/2014</b>

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

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

ck# 23945

Date of Notification (1) <b>April 1, 2014</b>		Name of Building Owner/Operator (2) <b>Progressive Alternatives</b>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	<b>PO Box 5533</b>	
<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)	<b>Clinton, NJ 08809</b>	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
		<b>Steve Potter</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4)		
Street Address <b>442 Eisenhower Ave</b>			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City <b>Ortley Beach</b>			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
			Current Use (Prior if being demolished) <b>Residence</b>		
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)		Square feet <b>960 sf</b>	# of Floors <b>1</b>	Bldg. Age <b>60</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address			Street Address		
			<b>1889 Route 9, Unit 61</b>		
City, State, Zip Code			City, State, Zip Code		
			<b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
			<b>732-349-9932</b>		<b>00624</b>
Scheduled Start Date (10) <b>04/02/2014</b>		Scheduled Completion Date (11) <b>04/03/2014</b>		Name of OSHA Monitor	
				<b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			<b>1056 Stelton Road</b>		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours					
<input type="checkbox"/> Other - Describe _____					
			City, State, Zip Code		
			<b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)  YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	350 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>2</b>		Name of Registered Landfill <b>T.R.R.F.</b>	
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>04/04/2014</b>		City, State <b>Tullytown, Pennsylvania</b>			
Completed by (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature <i>Nicholas Fernicola</i>		Date <b>4/1/2014</b>	

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

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

RECEIVED  
2014 APR - 7 AM 7:35  
ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) April 1st-2014		Name of Building Owner/Operator (2) Sea Girt National Guard Joint Training Center	
Agencies Notified	Type Notification	Street Address 100 Camp Drive	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Sea Girt, NJ 08750	
<input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Bill McBride	
		Telephone Number _____	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Sea Girt National Guard Training Center and Armory		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 100 Camp Drive			
City (5) Sea Girt, NJ 08750		Square Feet	# of Floors 0
		Bldg. Age n/a	
County (6) OCEAN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Training Center	
Name of Monitoring Firm Hired by Building Owner (8) Whitman		ASCM No. _____	Name of Abatement Contractor (9) EA Services Corporation
Street Address 7 Pleasant Hill Road		Street Address 426 69th Street	
City, State, Zip Code Cranbury, NJ 08512		City, State, Zip Code Guttenberg, NJ 07093	
Project Manager for Monitoring Firm		Telephone No. 201-295-1700	License No. 01074
Start Date (10) Feb/25/2014	Scheduled Completion Date (11) June/30/2014	Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input checked="" type="checkbox"/> Glovebag Procedure	
		<input 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
Field Training Area designated as			x	Clean up transite debris	8,260 cubic yd	x			
asbestos abatement areas									
1,2,3 & 4									

Name of Registered Waste Hauler Clean Venture Inc	NJDEP Waste Hauler ID No. 16755	Cubic Yards of Waste 8,260	Name of Registered Landfill GROWS Landfill
City, State 201 South 1st St. Elizabeth, NJ 07206		Disposal Date tbd	City, State Morrisville, PA 19067
Completed by Gina Salvador	Title Office Manager	Signature <i>Blumas</i>	Date 4/1/2014

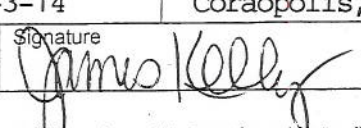
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

Check # 0595

Date of Notification (1) 4/2/14		Name of Building Owner/Operator (2) Caldwell College							
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 120 Bloomfield Ave							
		City, State, Zip Code Caldwell, NJ 07006							
		Name of Contact Al Schnell							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Student Center Building		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 120 Bloomfield Ave		Square Feet 10,000	# of Floors 2						
City (5) Caldwell		Bldg. Age 40 +							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Student Center							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Consulting Group		ASCM No. _____	Name of Abatement Contractor (9) Loznica Management Corp						
Street Address PO Box 8466		Street Address 22 Troy Ln							
City, State, Zip Code Haledon, NJ 07538		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm Fernando Villa		Telephone No. 973-418-4036	Telephone No. 973.706.7950						
License No. 01193									
Start Date (10) 4/12/14	Scheduled Completion Date (11) 4/14/14	Name of OSHA Monitor Environmental Consulting Group							
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 PO Box 8466							
		City, State, Zip Code Haledon, NJ 07538							
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							
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
Student Center			x	Pipe Fittings	16	x			
Name of Registered Waste Hauler Loznica Management Corp		NJDEP Waste Hauler ID No. 033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS North Landfill					
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville, PA					
Completed by E. Cirovic		Title Secretary	Signature E. Cirovic			Date 4/2/12			

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


RECEIVED  
CHECK # 10420  
APR-7 AM 7:30  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <b>4-2-14</b>		Name of Building Owner/Operator (2) <b>Pennrose Properties, LLC</b>							
Agencies Notified	Type Notification	Street Address <b>1301 North 31st Street</b>							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Philadelphia, PA 19121</b>							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>15 Washington Street</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>15 Washington Street</b>		Square Feet <b>150,000</b>	# of Floors <b>16</b>						
City (5) <b>Newark</b>		Bldg. Age <b>50yrs.</b>							
County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>vacant</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>EHS Environmental, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>						
Street Address <b>411 Southgate Court, Suite E</b>		Street Address <b>923 Haws Avenue</b>							
City, State, Zip Code <b>Mickleton, NJ 08056</b>		City, State, Zip Code <b>Norristown, PA 19401</b>							
Project Manager for Monitoring Firm <b>Jack Carney</b>	Telephone No. <b>856-224-0080</b>	Telephone No. <b>610-239-9920</b>	License No. <b>00398</b>						
Start Date (10) <b>4-2-14</b>	Scheduled Completion Date (11) <b>4-3-14</b>	Name of OSHA Monitor <b>EHS Environmental, 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>411 Southgate Court, Suite E</b>							
		City, State, Zip Code <b>Mickleton, NJ 08056</b>							
- Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor		x		pipe insulation	60 LF	x			
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Waste Management</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>4-3-14</b>		City, State <b>Coraopolis, PA</b>					
Completed by <b>James Kelly</b>		Title <b>President</b>		Signature 		Date <b>4-2-14</b>			

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

*Check 127874*

**RECEIVED**  
APR -7 AM 7:34  
& LICENSING DIV.

Date of Notification (1) 4/1/14		Name of Building Owner/Operator (2) Anthony Nicosia							
Agencies Notified	Type Notification	Street Address 36 Hackensack Avenue							
<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 South Kearny, NJ 07032							
		Name of Contact Anthony Nicosia	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 30 Linden Place		<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) Nutley		Square Feet 2100	# of Floors 2						
		Bldg. Age 55							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-583-8500	License No. 703						
Start Date (10) 4/10/14	Scheduled Completion Date (11) 4/24/14	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<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: _____		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 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
Basement			x	pipe insulation	160 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS					
City, State Freehold NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Andrew Scott Higgins		Title President		Signature 			Date 4/1/14		

APR 7 2014 10:33am  
 RECEIVED

P001/001

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

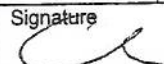
CHECK # 8919

Date of Notification (1) 4/2/14		Name of Building Owner/Operator (2) DENISE PERRO		APPROVED New Jersey Dept. of Health & Senior Services Paul C. Turner (signature) Date: 4/2/14 Time: 10:32 AM	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 444 LINWOOD AVE City, State, Zip Code RIDGEWOOD, N.J. 07450		Name of Contact MIKE WEHMULLER	
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 S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 444 LINWOOD AVE			Square Feet 1,350	# of Floors 2	Est. Age 150
City (5) RIDGEWOOD			County Code (7) BERGEN		
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.	Name of Abatement Contractor (9) A. MAC Contracting Inc.	
Street Address			Street Address 105 Lowell Road		
City, State, Zip Code			City, State, Zip Code Glen Rock, NJ 07452		
Project Manager for Monitoring Firm			Telephone No.	Telephone No. 201-251-6841	License No. 00156
Start Date (10) 4/3/14		Scheduled Completion Date (11) 4/21/14		Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe				Street Address 280 Hoyer Street City, State, Zip Code Hackensack, NJ 07606	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sf or 25 ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> 2160 sf or 2280 ft <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frable Procedure					
Location of Asbestos-Containing Material (ACM) on Facility (12) TO BE ABATED	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, roofing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
BASMENT			✓	PIPE INSULATION	72 LF
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste	Name of Registered Landfill ESI PA Bethlehem Landfill Corp.	
Route Transport		City, State, Zip Code Bethlehem, PA 18015	Disposal Date 4/3/14	City, State, Zip Code Bethlehem, PA 18015	
Completed by Joseph Viorato		Title Operations	Signature J. Viorato	Date 4/2/14	

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

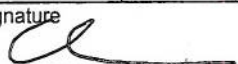
CR 4017

RECEIVED  
2014 APR -7 AM 7:28  
ASBESTOS CONTROL & LICENSE CONTROL

Date of Notification (1) 4/2/14		Name of Building Owner/Operator (2) Linda & Ed Conklin Private Home							
Agencies Notified	Type Notification	Street Address 15 Lynn Ann lane							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Manahawkin NJ 08091							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Ed	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Linda & Ed Conklin 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 15 Lynn Ann lane		Square Feet 1000+	# of Floors 1						
City (5) Manahawkin NJ 08091		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House & Garage							
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) 4/3/14	Scheduled Completion Date (11) 4/7/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ 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) <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	1400 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 4/7/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 4/3/14		

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

CK 4016

Date of Notification (1) 4/2/14		Name of Building Owner/Operator (2) Agatha Szucs Private Home							
Agencies Notified	Type Notification	Street Address 971 Capstan							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Forked River NJ 08731							
		Name of Contact Agatha	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Agatha Szucs 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 1 971 Capstan		Square Feet 1000+	# of Floors 1						
City (5) Forked River NJ 08731		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House & Shed							
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) 4/3/14	Scheduled Completion Date (11) 4/7/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1400 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 4/7/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 4/3/14			

VIA U.S. MAIL  
CH#1086

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

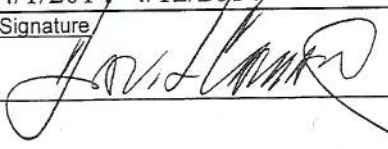
Date of Notification (1) 4/22/14		Name of Building Owner/Operator (2) MR VICTOR & GABRIELA CENUSA						
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 36 VICTORY COURT						
		City, State, Zip Code METUCHEN N.J.						
		Name of Contact MR CENUSA						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) 36 VICTORY COURT		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) METUCHEN N.J.		Square Feet 1900	# of Floors 2					
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Bldg. Age 50					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) NOVATECH INC						
Street Address		Street Address P.O. Box 814						
City, State, Zip Code		City, State, Zip Code OLD BRIDGE N.J. 08857						
Project Manager for Monitoring Firm		Telephone No. 732 238x7500	License No. 00806					
Start Date (10) 4/11/14	Scheduled Completion Date (11) 5/1/14	Name of OSHA Monitor NOVATECH INC						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 814						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		City, State, Zip Code OLD BRIDGE N.J. 08857						
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible 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	NEA			Removal	Repair	Encapsulate
BASEMENT			X	Boiler Insulation	20 SF	X		
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 4	Name of Registered Landfill G.ROWS.				
City, State OLD BRIDGE N.J. 08857		Disposal Date 5/12/14	City, State ROSELLE P.A.					
Completed by CARLOS AMEIDA		Title PRESIDENT	Signature [Signature]					Date 4/22/14

Check # 8889

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

Date of Notification (1) <b>4-2-14</b>		Name of Building Owner/Operator (2) <b>Sandor Excavating LLC</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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>301 Sussex Street</b>							
		City, State, Zip Code <b>Phillipsburg NJ 08865</b>							
		Name of Contact <b>Alex Gal Sandor</b>	Telephone Number <b>888-888-8889</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Single Family Dwelling (Vacant)</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>155 Union Road</b>		Square Feet	# of Floors <b>1</b>						
City (5) <b>Kingwood NJ</b>		Bldg. Age <b>75+</b>							
County (6) <b>Hunterdon</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>Single Family Dwelling</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>4-14-14</b>	Scheduled Completion Date (11) <b>4-14-14</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 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 Porch wall			X	Siding Shingles	400 SF	X			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Waste Management of PA</b>					
City, State <b>New Egypt NJ</b>		Disposal Date <b>4-15-14</b>	City, State <b>Morrisville PA</b>						
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>				Date <b>4-2-14</b>		

**STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT ISES CHECK # 10819**

<u>Date of Notification (1)</u> 03/31/2014		<u>Name of Building Owner/Operator (2)</u> Steven Coscia (SCS Contracting, Inc.)	
<u>Agencies Notified</u> (X) EPA (X) NJDEP (X) NJ DOL (X) DOH ( ) DCA	<u>Type of Notification</u> (X) Initial Notification ( ) Amended Amendment # _____ (X) Emergency (including justification) ( ) Cancellation	<u>Street Address</u> 87 Shadyside Rd. <u>City, State, Zip Code</u> Ramsey, NJ 07446 <u>Name of Contact</u> Steven Coscia <u>Tel. Number</u>	
<b>FACILITY INFORMATION</b>			
<u>Name of Facility Where Abatement is Taking Place (3)</u> Residential Property <u>Street Address</u> 581, 583, 585, 587, 589 River Street <u>City (5)</u> Paterson <u>County (6)</u> Passaic <u>County Code (7)</u> (State Use Only)		<u>Type of Facility (4)</u> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) Sq. Feet: <u>10,000</u> # of Floors <u>3</u> Bldg. Age ~ <u>60</u> Current Use (if being demolished): 100% damaged by fire	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> N/A <u>Street Address</u> N/A <u>City, State, Zip Code</u> N/A		<u>ASCM No.</u> N/A <u>Name of Contractor (9)</u> Industrial Safety & Environmental Solutions, Inc. <u>Street Address</u> 3300 Hudson Avenue <u>City, State, Zip Code</u> Union City, NJ 07087	
<u>Project Manager for Monitoring Firm</u> N/A	<u>Telephone Number</u>	<u>Telephone Number</u> (201)325-0055	<u>License Number</u> 01124
<u>Scheduled Start Date (10)</u> 4/01/2014	<u>Scheduled Completion Date (11)</u> 4/19/2014	<u>Name of OSHA Monitor</u> ISES, Inc.	
<u>Occupancy Status During Abatement (Check only one)</u> ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Work area unoccupied during abatement ( <b>demolition</b> )		<u>Street Address</u> 3300 Hudson Avenue <u>City, State, Zip Code</u> Union City, NJ 07087	
<u>Source of Work (Check all that apply)</u> (X) Demolition ( ) Renovation ( ) Minor Project (< 25 SF or < 10 LF ACM) ( ) Small Project (>25 <160 SF or >10 <260 LF ACM) (X) Large Project (>160 SF or > 260 LF ACM) ( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glove-bag Procedure ( ) Non-Exempted (*) and Non-Friable Procedure			
<u>Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)</u>	<u>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</u> YES NO N/A	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)</u>	<u>Amount (Specify SF or LF)</u> ~ 400 Cubic yards
Fire damaged properties	X	Unknown ACM materials, VAT, miscellaneous (demolished materials); Machine will remove demolition materials with supervision by ISES, Inc. Any remaining materials not removed by machine will require quantification and authorization (new proposal) by building representative for removal with additional amounts notified to NJDOL.	X
<u>Name of Reg. Waste Hauler</u> NEWARK CARTING	<u>NJDEP Waste Hauler ID #</u> 04509	<u>Cubic Yards of Waste</u> ~ 400	<u>Name of Reg. Landfill</u> IESI BETHLEHEM LANDFILL
<u>City, State</u> 369 Raymond Blvd., Newark, NJ 07105	<u>Disp. Date</u> 4/1/2014-4/12/2014	<u>City, State</u> BETHLEHEM, PA 18015	
<u>Completed by (Print or Type)</u> David Camacho	<u>Title</u> Project Supervisor	<u>Signature</u> 	<u>Date</u> 3/31/2014

No check

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

NJDEP  
Bureau of Technical Assistance  
ATTN: Mr. Kevin Kinkle  
120 S. Stockton Street  
CN 414  
Trenton, NJ 08625-0414

RECEIVED  
2014 APR - 7  
ASBESTOS CONTROL  
& LICENSING  
6:23

Date of Notification (1)		Name of Building Owner/Operator (2) <i>Lynn England</i>	
Agencies Notified	Type Notification	Street Address <i>111 Morris Ave.</i>	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification	City, State, Zip <i>E.H.T., N.J. 08234</i>	
		Name of Contact <i>PAUL WEIKEL</i>	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <i>Private home</i>			Type of Facility (4)		
Street Address <i>111 Morris Ave EHT, N.J.</i>			<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)		
City (5) <i>E.H.T.</i>	County (6) <i>ATL.</i>	County Code (7) (STATE USE ONLY)	Square Feet <i>1,000</i>	# of Floors <i>1</i>	Building Age <i>50 yrs</i>
Current Use (Prior if being demolished)					

Name of Monitoring Firm Hired by Building		ASCM No.	Name of Contractor (9) <i>South Shore Contractors LLC</i>	
Street Address		Street Address <i>6157 Mill Road</i>		
City, State, Zip		City, State, Zip <i>E.H.T., N.J.</i>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <i>609 653 8853</i>	License Number <i>130460000300</i>
Scheduled Start Date (10) <i>3/20/14</i>		Scheduled Completion Date (11) <i>3/21/14</i>		Name of OSHA Monitor

Occupancy Status During Abatement (Check only one)		Street Address <i>111 Morris Ave.</i>	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility		<i>E.H.T., N.J. 08234</i>	
Hours - Describe			
<input checked="" type="checkbox"/> Other - Describe <i>Hurricane Sandy home being demolished</i>			

Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Renovation		
<input type="checkbox"/> Large Project (> 160 SF or > 260 LF ACM)	<input type="checkbox"/> Full Containment with Negative Pressure		
<input type="checkbox"/> Small Project (> 25 < 160 SF or > 260 LF ACM)	<input type="checkbox"/> Mini-Enclosure		
<input type="checkbox"/> Minor Project (< 25 SF or < 10 LF ACM)	<input type="checkbox"/> Glovebag Procedure		

Location of Asbestos-Containing Material (ACM) 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

Name of Registered Waste <i>Transformation Ent Inc</i>	NJDEP Waste Hauler ID No. <i>18952</i>	Cubic Yards of Waste	Name of Registered Landfill <i>Atlantic County Ld. Haul</i>	
City, State <i>Egg Harbor, NJ</i>	Disposal Date	City, State <i>Egg Harbor Twp. NJ</i>		
Completed by (Print or Type) <i>PAUL WEIKEL</i>	Title <i>President</i>	Signature <i>Paul Weikel</i>	Date <i>3/7/14</i>	

No Check

633-2159

send to:

1 John Fitchway Plaza  
3rd floor  
P.O. 949

Trenton, NJ 08625

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

Bureau of Technical Assistance  
ATTN: Mr. Kevin Binkle  
120 S. Stockton Street  
CN 414  
Trenton, NJ 08625-0414

Date of Notification (1) 3/10/14		Name of Building Owner/Operator (2) ROSS WEISS (Homeowner)	
Agencies Notified	Type Notification	Street Address	
( ) EPA	(X) Initial	2 N BRUNSWICK AVE	
(X) DEP	Notification	City, State, Zip	
( ) DOL	( ) Amended	Margate, N.J.	
( ) DOH	Notification	Name of Contact	
( ) DCA		PAUL WEIKEL	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private home			Type of Facility (4)		
Street Address 2 North Brunswick ave.			( ) School (K-12)		
City (5) Margate			( ) Subchapter 8 (Other than K-12)		
Country (6) Atlantic			(X) Other (i.e., private & commercial buildings)		
County Code (7) (STATE USE ONLY)			Square Feet	# of Floors	Building Age
			1,000.	2	50 yrs.
Current Use (Prior if being demolished)					

Name of Monitoring Firm Hired by Building		ASCM No.	Name of Contractor (9)	
Street Address			South Shore Contractors LLC	
City, State, Zip			Street Address	
			6157 MILL RD	
Project Manager for Monitoring Firm		Telephone Number	City, State, Zip	
			EAT, N.J. 08234	
			Telephone Number	License Number
			609 653 8883	15VH00666300

Scheduled Start Date (10) 3/20/14	Scheduled Completion Date (11) 3/30/14	Name of OSHA Monitor
Occupancy Status During Abatement (Check only one)		Street Address
(X) Facility Closed/Vacated During Entire Period of Abatement		2 North Brunswick ave.
( ) Abatement Performed Outside of Normal Facility		City, State, Zip
Hours - Describe		Margate, N.J. 08402
( ) Other - Describe		

Scope of Work (Check all that apply)			
( ) Demolition	(X) Renovation		
( ) Large Project (> 160 SF or > 260 LF ACM)	( ) Full Containment with Negative Pressure		
(X) Small Project (> 25 < 160 SF or > 260 LF ACM)	( ) Mini-Enclosure		
( ) Minor Project (< 25 SF or < 10 LF ACM)	( ) Glovebag Procedure		

Location of Asbestos-Containing Material (ACM) 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

Name of Registered Waste	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Transformation Eut. Inc.	18952		Atlantic County Ltd. Health.
City, State	Disposal Date	City, State	
Egg Harbor, NJ		Egg Harbor, NJ	

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

RECEIVED  
APR 22 2014

Date of Notification (1) <b>4-2-14</b>		Name of Building Owner/Operator <b>St. John's of Glasboro</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>23 N Lake St</b>		City, State, Zip Code <b>Glasboro NJ 08025</b>	
Name of Contact <b>EFrim</b>		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Resident Church</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>23 N Lake St</b>		Square Feet <b>4000 SF</b>	
City (5) <b>Glasboro NJ</b>		# of Floors <b>2</b>	
County (6) <b>Middlesex</b>		Bldg. Age <b>70</b>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Church</b>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) <b>Am-Joe LLC</b>	
City, State, Zip Code		Street Address <b>1212 Burlington Ave</b>	
Project Manager for Monitoring Firm		City, State, Zip Code <b>Delanco NJ 08028</b>	
Telephone No.		Telephone No. <b>856 824 0971</b>	
Start Date (10) <b>4-12-14</b>		License No. <b>01070</b>	
Scheduled Completion Date (11) <b>4-30-14</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	
Scope of Work (Check all that apply) <input type="checkbox"/> < 3 sf or < 3 lf <input type="checkbox"/> > 160 sf or > 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code	
Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Encapsulated (*) and Non-Fixable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Abatement Type			
Enclosure			
Encapsulate			
Repair			
Removal			
First Floor Church		Yes	
ACM like Floor		No	
3000 SF		N/A	
Name of Registered Waste Handler <b>Am-Joe LLC</b>		NJEP Waste Handler ID No.	
City, State <b>Delanco NJ</b>		Cubic Yards of Waste <b>600</b>	
Disposal Date <b>10/1</b>		Name of Registered Landfill <b>WMA of PA</b>	
City, State <b>Wilmington VA</b>		Signature <b>Am-Joe</b>	
Completed By <b>J Hill</b>		Title <b>VP</b>	
Date <b>4-2-14</b>			

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

*ck 9577*  
**RECEIVED**  
**2014 APR -7 AM 7:39**  
**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) <b>3/27/2014</b>		Name of Building Owner / Operator (2) <b>Lurch Demolition</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"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>PO Box 42</b>	
		City, State & Zip Code <b>Avon by the Sea, NJ 07717</b>	
		Name of Contact <b>Frank Lurch</b>	
		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Abandoned 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>22 Poole Ave</b>		Square Feet <b>2000</b>	# of Floors <b>2</b>
City (5) <b>Avon</b>	County (6) <b>Monmouth</b>	County Code (7)	Bldg. Age <b>80</b>
Current Use (Prior if being demolished) <b>Residential</b>			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Alpha Environmental Services</b>
Street Address		Street Address <b>20 Canary Way</b>	
City, State & Zip Code		City, State & Zip Code <b>Trenton, NJ 08690</b>	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number <b>609-847-2956</b>	License Number <b>01222</b>
Scheduled Start Date (10) <b>4/4/2014</b>	Scheduled Completion Date (11) <b>4/7/2014</b>	Name of OSHA Monitor <b>EMSL 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 Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>107 Haddon Ave.</b>	
		City, State & Zip Code <b>Westmont, NJ 08108</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf $\geq 260$ lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
	Yes	No	
<b>Exterior</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>Siding</b>		<b>2000</b>
Abatement Type			
Removal		Repair	Encapsulate
<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Enclosure		<input type="checkbox"/>	
Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>	NJDEP Waste Hauler ID No. <b>00033330</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>Grows Landfill</b>
City, State <b>Trenton, NJ</b>	Disposal Date <b>Various</b>	City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Rod Richardson</b>	Title <b>Project Manager</b>	Signature <i>Rod Richardson</i>	Date <b>3/27/2014</b>

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

CL #2559

Date of Notification (1) 2 / 4 / 14		Name of Building Owner/Operator (2) New Jersey Department of Transportation		APR 7 2014					
Agencies Notified <input checked="" type="checkbox"/> EPA 9452 <input checked="" type="checkbox"/> DOLWD 7579 <input checked="" type="checkbox"/> DOH 8060 <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 PO Box 600 City, State, Zip Code Trenton, NJ 08525-0600 Name of Contact Andrew Yorke					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Parcel M-56 - Former Dynamic Trucking				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 177 Pennsylvania Avenue				Square Feet 38400					
City (5) Kearney, NJ				# of Floors 2					
County (6) Hudson				Bldg. Age 30+					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Former Warehouse Distribution Center					
Name of Monitoring Firm Hired by Building Owner (8) Shaw Environmental Inc		ASC No.		Name of Abatement Contractor (9) Bristol Environmental Inc					
Street Address 128 S. Tryon Street - Interstate Tower				Street Address 1123 Beaver Street					
City, State, Zip Code Charlotte, NC 28202				City, State, Zip Code Bristol, PA 19007					
Project Manager for Monitoring Firm Gary Wywra		Telephone No. 732-939-3707		Telephone No. 215-788-6040					
Start Date (10) 2 / 18 / 14		Scheduled Completion Date (11) 3 / 7 / 14		License No. 00509					
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				Name of OSHA Monitor Shaw Environmental Inc					
				Street Address 128 South Tryon Street, Interstate Tower					
				City, State, Zip Code Charlotte, NC 28202					
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 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	4200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior of Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ext. Caulking & Roof Tar Flashing	270 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Along Elevated Loading Docks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ext. Expansion Joint Material	254 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. SW1724		Cubic Yards of Waste	Name of Registered Landfill GROWS North Landfill				
City, State Camden, NJ				Disposal Date	City, State Morrisville, PA				

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

APR 7 2014

Date of Notification (1) 2 / 4 / 14		Name of Building Owner/Operator (2) New Jersey Department of Transportation							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-2/17/14 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 600							
		City, State, Zip Code Trenton, NJ 08525-0600							
		Name of Contact Andrew Yorke	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Parcel M-56 - Former Dynamic Trucking		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 177 Pennsylvania Avenue									
City (5) Kearney, NJ		Square Feet 38400	# of Floors 2						
County (6) Hudson	County Code (7)(STATE USE ONLY)	Bldg. Age 30+							
Name of Monitoring Firm Hired by Building Owner (8) Shaw Environmental Inc		Current Use (Prior if being demolished) Former Warehouse Distribution Center							
ASCN No.		Name of Abatement Contractor (9) Bristol Environmental Inc							
Street Address 128 S. Tryon Street - Interstate Tower		Street Address 1123 Beaver Street							
City, State, Zip Code Charlotte, NC 28202		City, State, Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm Gary Wywra		Telephone No. 732-939-3707	License No. 00509						
Start Date (10) ON HOLD	Scheduled Completion Date (11) / /	Name of OSHA Monitor Shaw Environmental Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 128 South Tryon Street, Interstate Tower							
		City, State, Zip Code Charlotte, NC 28202							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	4200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior of Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ext. Caulking & Roof Tar Flashing	270 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Along Elevated Loading Docks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ext. Expansion Joint Material	254 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. SW1724		Cubic Yards of Waste	Name of Registered Landfill GROWS North Landfill				
City, State Camden, NJ		Disposal Date		City, State Morrisville, PA					
Completed By (Print or Type) Patrick T. DeCaro		Title Estimator		Signature Patrick T. DeCaro		Date 2/17/14			

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

*Ch # 2581*

Date of Notification (1) <div style="text-align: center;">2 / 4 / 14</div>		Name of Building Owner/Operator (2) <b>New Jersey Department of Transportation</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2-3/15/14 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>PO Box 600</b>	
		City, State, Zip Code <b>Trenton, NJ 08525-0600</b>	
		Name of Contact <b>Andrew Yorke</b>	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Parcel M-56 - Former Dynamic Trucking</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>177 Pennsylvania Avenue</b>		Square Feet <b>38400</b>	
City (5) <b>Kearney, NJ</b>		# of Floors <b>2</b>	Bldg. Age <b>30+</b>
County (6) <b>Hudson</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Former Warehouse Distribution Center</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Shaw Environmental Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental Inc</b>
Street Address <b>128 S. Tryon Street - Interstate Tower</b>		Street Address <b>1123 Beaver Street</b>	
City, State, Zip Code <b>Charlotte, NC 28202</b>		City, State, Zip Code <b>Bristol, PA 19007</b>	
Project Manager for Monitoring Firm <b>Gary Wywra</b>		Telephone No. <b>732-939-3707</b>	Telephone No. <b>215-788-6040</b>
Start Date (10) <div style="text-align: center;">3 / 17 / 14</div>		Scheduled Completion Date (11) <div style="text-align: center;">3 / 31 / 14</div>	License No. <b>00509</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		Name of OSHA Monitor <b>Shaw Environmental Inc</b>	
Street Address <b>128 South Tryon Street, Interstate Tower</b>		City, State, Zip Code <b>Charlotte, NC 28202</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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)
	Yes	No	
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Floor Tile & Mastic
Exterior of Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Ext. Caulking & Roof Tar Flashing
Along Elevated Loading Docks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Ext. Expansion Joint Material
	<input type="checkbox"/>	<input type="checkbox"/>	
Amount (Specify SF or LF) <b>4200 SF</b>		Abatement Type	
		Removal	Repair
		Encapsulate	Enclosure
		<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"/>
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>SW1724</b>	Cubic Yards of Waste
City, State <b>Camden, NJ</b>		Disposal Date	Name of Registered Landfill <b>GROWS North Landfill</b>
City, State <b>Morrisville, PA</b>			
Completed By (Print or Type) <b>Patrick T. DeCaro</b>		Title <b>Estimator</b>	Signature <i>Patrick T DeCaro /jd</i>
		Date <b>3/15/14</b>	

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

*No Check*

Date of Notification (1) <div style="text-align: center;">2 / 4 / 14</div>		Name of Building Owner/Operator (2) <b>New Jersey Department of Transportation</b> <span style="float: right;">APR 7 2014</span>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>3-3/31/14</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>PO Box 600</b> City, State, Zip Code <b>Trenton, NJ 08525-0600</b> Name of Contact <b>Andrew Yorke</b> Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Parcel M-56 - Former Dynamic Trucking</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>177 Pennsylvania Avenue</b>		Square Feet <b>38400</b>							
City (5) <b>Kearney, NJ</b>		# of Floors <b>2</b>	Bldg. Age <b>30+</b>						
County (6) <b>Hudson</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Former Warehouse Distribution Center</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Shaw Environmental Inc</b>		Name of Abatement Contractor (9) <b>Bristol Environmental Inc</b>							
Street Address <b>128 S. Tryon Street - Interstate Tower</b>		Street Address <b>1123 Beaver Street</b>							
City, State, Zip Code <b>Charlotte, NC 28202</b>		City, State, Zip Code <b>Bristol, PA 19007</b>							
Project Manager for Monitoring Firm <b>Gary Wywra</b>		Telephone No. <b>732-939-3707</b>	License No. <b>00509</b>						
Start Date (10) <b>3 / 17 / 14</b>	Scheduled Completion Date (11) <b>ON HOLD</b>		Name of OSHA Monitor <b>Shaw Environmental 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>128 South Tryon Street, Interstate Tower</b> City, State, Zip Code <b>Charlotte, NC 28202</b>							
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 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 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)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	4200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior of Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ext. Caulking & Roof Tar Flashing	270 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Along Elevated Loading Docks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ext. Expansion Joint Material	254 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>SW1724</b>	Cubic Yards of Waste	Name of Registered Landfill <b>GROWS North Landfill</b>					
City, State <b>Camden, NJ</b>		Disposal Date		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Patrick T. DeCaro</b>		Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro / jcl</i>			Date <b>3/31/14</b>			


CHECK #  
3245

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

Date of Notification (1) <u>4/1/14</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</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>155 ROUTE 50</u>		City, State, Zip Code <u>GREENFIELD, N.J. 08230</u>							
Name of Contact <u>BRUCE BREUNING</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>428 SIMMONS AVE.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>						
City (5) <u>OCEAN CITY</u>		Bldg Age <u>40+</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>		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>							
Street Address _____		Street Address <u>369 S. SPRUCE AVE.</u>							
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>							
Project Manager for Monitoring Firm _____		Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>						
Start Date (10) <u>4/14/14</u>	Scheduled Completion Date (11) <u>4/21/14</u>								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <u>JOSEPH KLEMM</u>							
Street Address <u>369 S. SPRUCE AVE.</u>		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>							
Scope of Work (Check all that apply) <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									
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 <u>X</u>		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>1600#</u>	Abatement Type				
					Removal	Repair	Encapsulation	Other	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>12907</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>					
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date _____		City, State <u>WOODBINE, N.J.</u>		Date <u>4/1/14</u>			
Completed By <u>JOSEPH KLEMM</u>		Title <u>OWNER</u>		Signature <u>Joseph Klemm</u>		Date <u>4/1/14</u>			

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

Check # 10414

Date of Notification (1) <b>3-31-14</b>		Name of Building Owner/Operator (2) <b>Lockheed Martin, Inc.</b>							
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>199 Borton Landing Road</b>							
		City, State, Zip Code <b>Moorestown, NJ 08057</b>							
		Name of Contact <b>Paul Kim</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Lockheed Martin</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>199 Borton Landing Road</b>		Square Feet <b>530,000</b>	# of Floors <b>1</b>						
City (5) <b>Moorestown</b>		Bldg. Age <b>51yrs.</b>							
County (6) <b>Burlington</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>offices</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Harvard Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>						
Street Address <b>760 Pulaski Highway</b>		Street Address <b>923 Haws Avenue</b>							
City, State, Zip Code <b>Bear, DE 19701</b>		City, State, Zip Code <b>Norristown, PA 19401</b>							
Project Manager for Monitoring Firm <b>Chuck Styles</b>		Telephone No. <b>302-326-2333</b>	Telephone No. <b>610-239-9920</b>						
License No. <b>00398</b>		Name of OSHA Monitor <b>Plymouth Environmental Co., Inc.</b>							
Start Date (10) <b>2-18-13</b>	Scheduled Completion Date (11) <b>12-31-14</b>	Street Address <b>923 Haws Avenue</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>work areas isolated</b>		City, State, Zip Code <b>Norristown, PA 19401</b>							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Building 101		X		VAT & mastic	2,000SF	X			
Building 105		X		VAT & Mastic	2,000SF	X			
Building 108		X		pipe insulation	500LF	X			
Building 127		X		fireproofing	5,000SF	X			
Name of Registered Waste Hauler <b>Waste Management of Camden, NJ</b>		NJDEP Waste Hauler ID No. <b>39126</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>TRRF</b>					
City, State <b>Camden, NJ</b>		Disposal Date <b>various</b>		City, State <b>Tullytown, PA</b>					
Completed by <b>James M. Kelly</b>		Title <b>Vice-President</b>		Signature 				Date <b>3-31-14</b>	

Check # 10418

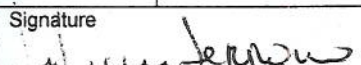
\* Do not use this form for asbestos licensure exempted activities.

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

APR 7 2014

Date of Notification (1) <u>4/1/14</u>		Name of Building Owner/Operator (2) <u>TRANSFORMATION ENTERPRISES</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>601 W. CLARKS LANDING ROAD</u>					
		City, State, Zip Code <u>EGG HARBOR, N.J. 08218</u>					
		Name of Contact <u>BARBARA</u>					
<b>FACILITY INFORMATION</b>							
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>100 E. 6TH ST.</u>		Square Feet <u>1500</u>	# of Floors <u>1</u>				
City (5) <u>OCEAN CITY</u>		Bldg. Age <u>40+</u>					
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>ICEMCO INC.</u>					
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>					
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Project Manager for Monitoring Firm <u>N/A</u>		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>				
Start Date (10) <u>4/1/14</u>	Scheduled Completion Date (11) <u>4/18/14</u>	Name of OSHA Monitor <u>N/A</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:		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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  <u>SIDING</u> <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>1500 LF</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler <u>ICEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>15</u>	Name of Registered Landfill <u>CMCMVA</u>			
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>				
Completed By <u>JOSEPH ICEMAN</u>		Title <u>OWNER</u>	Signature <u>Joseph Iceman</u>		Date <u>4/1/14</u>		

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

Date of Notification (1) 3-31-2014		Name of Building Owner/Operator (2) Joseph LaBarbiera		APR 7 2014					
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	32 Allison Road							
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code							
<input checked="" type="checkbox"/> DOL	Amendment # _____	Alpine, NJ 07620							
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact		Telephone Number					
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Joseph LaBarbiera							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4)						
Street Address			<input type="checkbox"/> School (K-12)						
32 Allison Road			<input type="checkbox"/> Subchapter 8 (Other than K-12)						
City (5) Alpine, NJ 07620			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
County (6) Bergen			Square Feet 3238	# of Floors 2	Bldg. Age 56+				
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)						
Street Address			Green Environmental Services, LLC						
City, State, Zip Code			Street Address						
Project Manager for Monitoring Firm		Telephone No.	235 Virginia Avenue						
Start Date (10) 3-31-2014		Scheduled Completion Date (11) 4-1-2014	City, State, Zip Code						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Same as above							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		Street Address							
<input checked="" type="checkbox"/> Other - Describe: Facility Unoccupied for demolition.		City, State, Zip Code							
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 checked="" type="checkbox"/> Mini-Enclosure					
				<input type="checkbox"/> Glovebag Procedure					
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	255 SF	x			
Sun-room		x		VAT	200 SF	x			
Kitchen		x		Linoleum	300 SF	x			
Name of Registered Waste Hauler Waste Management									
NJDEP Waste Hauler ID No. 0034889		Cubic Yards of Waste 4		Name of Registered Landfill G.R.O.W.S. North landfill					
City, State Coraopolis, P.A.		Disposal Date 4-1-2014		City, State Morrisville, P.A.					
Completed by Liliana Serrano.		Title Office Manager		Signature 				Date 3-31-2014	

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

CK# 024335

Date of Notification (1) 03 / 31 / 14		Name of Building Owner/Operator (2) KATHY TERRENTS	
Agencies Notified [X] EPA [X] DOL [X] DOH [ ] DCA		Type of Notification [X] Initial Notification [ ] Amended Notification Amendment [ ] Cancellation [ ] Emergency	
Street Address 0-56 BLUE HILL AVENUE		City, State, Zip Code FAIR LAWN, NJ 07410	
Name of Contact KATHY TERRENTS		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) <b>RESIDENTIAL</b>			Type of Facility (4) [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 0-56 BLUE HILL AVENUE			Square Feet		
City (5) FAIR LAWN	County (6) BERGEN	County Code (7) (STATE USE ONLY)	# of Floors		
			Bldg. Age		
Name of Monitoring Firm Hired by Building Owner (8) ASCM			Name of Abatement Contractor (9) J.R. CONTRACTING & ENVIRONMENTAL CONSULTING, INC.		
Street Address			Street Address 1141 ROUTE 23		
			City, State, Zip WAYNE, NJ 07470		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 973 628-9500		License Number 00408
Scheduled State Date (10) 04 / 11 / 14		Scheduled Completion Date (11) 04 / 14 / 14		Name of OSHA Monitor J&S ENVIRONMENTAL LABORATORIES, LLC	
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility [X] Hours - Describe: 7:00 a.m. - 3:30 p.m. [ ] Other - Describe:			Street Address 2333 ROUTE 22 WEST		
			UNION, NJ 07083		

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

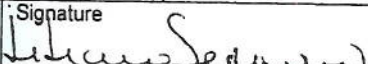
  

Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used - Solely by Maintenance / Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	E	N	E	
CLOSET-2nd Floor			X	VAT	140 SF	X				
BASEMENT			X	PIPE INSULATION	100 LF	X				

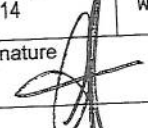
  

Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting, Inc.	NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S
City, State Wayne NJ 07470	Disposal Date	City, State Morrisville PA	
Completed by (Print or Type) Jerry Bijelonic	Title Project Manager	Signature 	Date 03/31/14

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

Date of Notification (1) 3-31-2014		Name of Building Owner/Operator (2) Bryant Enterprises, LLC							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 530 North Grove Street <span style="float:right">APR 7 2014</span>							
		City, State, Zip Code East Orange, NJ 07017							
		Name of Contact Rick Doggett							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 530 North Grove Street		Square Feet 1498	# of Floors 2						
City (5) East Orange, NJ 07017		Bldg. Age 86+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 4-1-2014	Scheduled Completion Date (11) 4-1-2014		Name of OSHA Monitor Same as above						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address  City, State, Zip Code						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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	60 LF	x			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 0034889		Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. North landfill				
City, State Coraopolis, P.A.		Disposal Date 4-1-2014		City, State Morrisville, P.A.					
Completed by Liliana Serrano.		Title Office Manager		Signature 		Date 3-31-2014			

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

Date of Notification (1) 03/31/2014		Name of Building Owner/Operator (2) Englewood Hospital		APR 7 2014	
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" 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 350 Engle Street		
			City, State, Zip Code Englewood, NJ 07631		
			Name of Contact Harry Hahn		
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Englewood Hospital				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 350 Engle Street				Square Feet 100,000	# of Floors 3
City (5) Englewood, NJ 07631				Bldg. Age 50 Years +	
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Hospital	
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, LLC		ASCM No. N/A		Name of Abatement Contractor (9) PAL Environmental Services	
Street Address 1600 Route 22 East		Street Address 11-02 Queens Plaza South			
City, State, Zip Code Union, NJ		City, State, Zip Code Long Island City, NY 11101			
Project Manager for Monitoring Firm Michael Nehlsen		Telephone No. 908-688-7800		Telephone No. 718-349-0900	License No. 28675
Start Date (10) 04/14/2014		Scheduled Completion Date (11) 06/14/2014		Name of OSHA Monitor Martin Mcree	
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 <input type="checkbox"/> Other - Describe: _____				Street Address 33 West 24th Street	
				City, State, Zip Code Bayonne, NJ 07002	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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) 260 SF
	Yes	No	N/A		
5th Floor				Floor Tile & Mastic	x
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310		Cubic Yards of Waste 30 Yards	Name of Registered Landfill Minerva Enterprises
City, State Shirley, NY 11967		Disposal Date 04/21/2014		City, State Waynesburg, OH 44688	
Completed by Ann A. Ali		Title AA		Signature 	Date 03-31-2014

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

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

Date of Notification (1) 3/26/14		Name of Building Owner/Operator (2) Debbie Pikulin		APR 7 2014					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		559 Winsor Street					
				City, State, Zip Code Bound Brook, NJ 08805					
				Name of Contact Debbie Pikulin					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House				Type of Facility (4)					
Street Address 559 Winsor 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) Bound Brook				Square Feet N/A	# of Floors N/A				
County (6) Somerset				Bldg. Age N/A					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) House					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address			Street Address 11 Rosengren Avenue						
City, State, Zip Code			City, State, Zip Code Totowa, NJ 07512						
Project Manager for Monitoring Firm			Telephone No. 973-345-8685	License No. #00675					
Start Date (10) 3/26/14		Scheduled Completion Date (11) 3/27/14		Name of OSHA Monitor D&S Abatement, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 11 Rosengren Avenue					
<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: Occupied				City, State, Zip Code Totowa, NJ 07512					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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)  156 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		duct insulation		X			
Name of Registered Waste Hauler D&S Abatement, Inc.			NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA				
City, State Tototwa, NJ			Disposal Date TBD	City, State Tullytown, PA					
Completed by Deanna Brkusanin			Title Project Manager	Signature <i>Deanna Brkusanin</i>			Date 3/26/14		

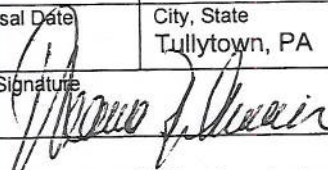
\* Do not use this form for asbestos licensure exempted activities.

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

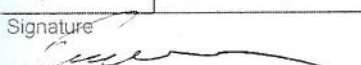
Date of Notification (1) 3/26/14		Name of Building Owner/Operator (2) Estate of Witkowski							
Agencies Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> 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 663 Broad Street							
		City, State, Zip Code Clifton, NJ 07013							
		Name of Contact Kevin Witkowski							
		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 663 Broad Street		Square Feet N/A	# of Floors N/A						
City (5) Clifton		Bldg. Age N/A							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 4/08/14	Scheduled Completion Date (11) 4/09/14	Name of OSHA Monitor D&S Abatement, Inc.							
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: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	10 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD	City, State Tullytown, PA						
Completed by Deanna Brkusanin		Title Project Manager	Signature <i>Deanna Brkusanin</i>			Date 3/26/14			

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

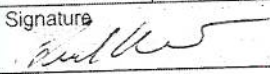
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 3/26/14		Name of Building Owner/Operator (2) Colleen Pannome							
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 40 Park Avenue							
		City, State, Zip Code Maplewood, NJ 07040							
		Name of Contact Colleen Pannome							
		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 40 Park Avenue		Square Feet N/A							
City (5) Maplewood		# of Floors N/A							
County (6) Essex		Bldg. Age N/A							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____							
Street Address 		Name of Abatement Contractor (9) D&S Abatement, Inc.							
City, State, Zip Code 		Street Address 11 Rosengren Avenue							
Project Manager for Monitoring Firm 		City, State, Zip Code Totowa, NJ 07512							
Telephone No. _____		Telephone No. 973-345-8685							
License No. #00675									
Start Date (10) 4/09/14		Scheduled Completion Date (11) 4/10/14							
Name of OSHA Monitor D&S Abatement, Inc.									
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>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	18 LF	X			
basement		X		boiler insulation	16 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996		Cubic Yards of Waste TBD		Name of Registered Landfill Waste Management of PA			
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature 		Date 3/26/14			

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

Date of Notification (1) April 1, 2014		Name of Building Owner/Operator (2) West New York School District							
Agencies Notified	Type Notification	Street Address 6200 Broadway	APR 7 2014						
<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 West New York, N.J. 07093							
		Name of Contact Robert Reiman, Assistant Principal	Imber						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Harry L. Bain Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 6200 Broadway		Square Feet 50,000	# of Floors 3						
City (5) West New York		Bldg. Age 70							
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services		ASC No. 000118	Name of Abatement Contractor (9) Academy Construction, Inc						
Street Address 464 Valley Brook Ave.		Street Address 205 Rt 46W, Suite 14							
City, State, Zip Code Lyndhurst, N.J. 07071		City, State, Zip Code Totowa, N.J. 07512							
Project Manager for Monitoring Firm Jim Ruff		Telephone No. 201-438-4839	License No. 01155						
Start Date (10) April 11, 2014	Scheduled Completion Date (11) May 11, 2014	Name of OSHA Monitor Academy Construction, Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 205 Rt 46W, Suite 14							
		City, State, Zip Code Totowa, N.J. 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition  <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 302		x		Plaster	18 sf	x			
Room 311		x		Plaster	18 sf	x			
Name of Registered Waste Hauler Academy Construction, Inc.		NJDEP Waste Hauler ID No. 0034422	Cubic Yards of Waste 6	Name of Registered Landfill GROWS North					
City, State Totowa, NJ			Disposal Date May 11, 2014	City, State Morrisville, PA 19067					
Completed by Frank Marino		Title VP of Operations	Signature 	Date April 1, 2014					

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

Date of Notification (1) <b>April 1, 2014</b>		Name of Building Owner/Operator (2) <b>West New York School District</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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>6200 Broadway</b> <span style="float:right">APR 7 2014</span>							
		City, State, Zip Code <b>West New York, N.J. 07093</b>							
		Name of Contact <b>Robert Reiman, Assistant Principal</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Harry L. Bain Elementary School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>6200 Broadway</b>		Square Feet <b>50,000</b>	# of Floors <b>3</b>						
City (5) <b>West New York</b>		Bldg. Age <b>70</b>							
County (6)	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>School</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>McCabe Environmental Services</b>		ASCM No. <b>000118</b>	Name of Abatement Contractor (9) <b>Academy Construction, Inc</b>						
Street Address <b>464 Valley Brook Ave.</b>		Street Address <b>205 Rt 46W, Suite 14</b>							
City, State, Zip Code <b>Lyndhurst, N.J. 07071</b>		City, State, Zip Code <b>Totowa, N.J. 07512</b>							
Project Manager for Monitoring Firm <b>Jim Ruff</b>		Telephone No. <b>201-438-4839</b>	Telephone No. <b>973-832-4244</b>						
		License No. <b>01155</b>							
Start Date (10) <b>April 11, 2014</b>	Scheduled Completion Date (11) <b>May 11, 2014</b>		Name of OSHA Monitor <b>Academy Construction, 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>205 Rt 46W, Suite 14</b>							
		City, State, Zip Code <b>Totowa, N.J. 07512</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Wall of Room 317, 318, 316	x			Exterior Waterproofing	120 sf	x			
Exterior Wall of Gym (east side)	x			Exterior Waterproofing	6 sf	x			
Roof Area Wall	x			Exterior Waterproofing	160 sf	x			
Exterior Window Room 115				Exterior Window Caulking	4 sf				
Name of Registered Waste Hauler <b>Academy Construction, Inc.</b>		NJDEP Waste Hauler ID No. <b>0034422</b>	Cubic Yards of Waste <b>6</b>	Name of Registered Landfill <b>GROWS North</b>					
City, State <b>Totowa, NJ</b>		Disposal Date <b>May 11, 2014</b>	City, State <b>Morrisville, PA 19067</b>						
Completed by <b>Frank Marino</b>		Title <b>VP of Operations</b>	Signature 				Date <b>April 1, 2014</b>		

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