

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

Date of Notification (1) 12/31/2014		Name of Building Owner/Operator (2) Novus fine chemicals							
Agencies Notified	Type Notification	Street Address 50 Cragwood Road Suite#205							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Plainfield NJ 07080							
		Name of Contact Kian Rasekhi	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Novus fine Chemicals		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & etc.)							
Street Address 426 Orchard street and 411-413 Broad street		Square Feet 60000	# of Floors 2						
City (5) Carlstadt New Jersey		Current Use (Prior if being demolished) Chemicals Plant							
County (6) Bergen County	County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Dinago Environment LLC						
Street Address n/a		Street Address 339 Lafayette Street							
City, State, Zip Code n/a		City, State, Zip Code Newark NJ 07015							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-491-0877						
Start Date (10) 1/7/2015	Scheduled Completion Date (11) 5/30/2015	Name of OSHA Monitor J&S Environmental Corp							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
		City, State, Zip Code Union NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Negative Pressure						
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 (Sf or Lf)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
buildings #5			x	Asbestos debris	40	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 180 yards	Name of Registered Landfill ISES Bethlehem		Address Ber Rd Bethlehem PA			
City, State Po Box 5670 Newark NJ 07105		Disposal Date		City, State 2335 Appleton		Date 12/31/2014			
Completed by Carlos Gomes		Title President		Signature					



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

Date of Notification (1) 4/14/2015		Name of Building Owner/Operator (2) Roosevelt Investments LLC			
Agencies Notified	Type Notification	Street Address 6600 Industrial HWY			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Carteret NJ 07008			
		Name of Contact	Telephone Number		
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4)			
Street Address 588 Roosevelt Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other) <input checked="" type="checkbox"/> Other (i.e. private, commercial buildings, homes, etc.)			
City (5) Carteret NJ	Square Feet 1600	# of Floors 2	Bldg. Age +50		
County (6) Union County	County Code (7) (STATE USE ONLY)	Current Use (Prior if be demolished)			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor Dinago Environment LLC		
Street Address N/A		Street Address 339 Lafayette St			
City, State, Zip Code N/A		City, State, Zip Code Newark NJ 07015			
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 973-491-0877		
Start Date (10) 4/24/2015	Scheduled Completion Date (11) 4/28/2015	Name of OSHA Monitor J&S Environmental Corp			
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union NJ 07083			
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) activities			
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)	
	Yes	No	N/A		
Exterior			x	shingles siding	1
first floor kitchen			x	linoleum /mastic	
second floor bedroom (beige)			x	linoleum	
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem	
City, State Po Box 5670 Newark NJ 07105		Disposal Date	City, State 2335 Apple		
Completed by Carlos Gomes	Title President	Signature		Date 4/14/2015	

PR 22 2015

one Number

han K-12)  
ommercial buildings, homes,

ors Bldg. Age  
+50

demolished)

icense No.  
1240

egative Pressure

Non-Friable Procedure

Count Specify or LF)	Abatement Type			
	Removal	Repair	Encapsulate	Enclosure
10SF	x			
10SF	x			
10SF	x			

ed Landfill  
am landfill

tter rd Bethlehem PA



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

Date of Notification (1) <b>4/17/15</b>		Name of Building Owner/Operator (2) <b>Dolly Harris</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>1555 Sleepy Hollow Rd</b>		City, State, Zip Code <b>Point Pleasant, NJ 08742</b>	
Name of Contact <b>Eric Plackis</b>		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address <b>1555 Sleepy Hollow Rd</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private commercial buildings, homes, etc.)	
City (5) <b>Point Pleasant</b>	Square Feet <b>1437</b>	# of Floors <b>2</b>	Bldg. Age <b>67</b>
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if be demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address <b>Brick Industries Inc.</b>	
City, State, Zip Code		City, State, Zip Code <b>P.O. Box 915 Brick, New Jersey 08722</b>	
Project Manager for Monitoring Firm		Telephone No. <b>(732)899-7499</b>	
Start Date (10) <b>4/17/15</b>	Scheduled Completion Date (11) <b>4/17/15</b>	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 type="checkbox"/> Other - Describe:		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"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Negative Pressure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
			<b>8 Blue piping</b>
			<b>51</b>
Name of Registered Waste Hauler <b>Brick Industries Inc.</b>		NJDEP Waste Hauler ID No. <b>21602</b>	Cubic Yards of Waste <b>2</b>
City, State <b>Brick, New Jersey</b>		Disposal Date <b>4/18/15</b>	Name of Registered Landfill <b>GROWS</b>
Completed by <b>Eric Plackis</b>		Title <b>President</b>	Signature <i>[Signature]</i>
		Date <b>4/17/15</b>	



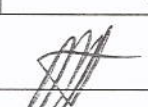
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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)


Date of Notification (1) 4/13/2015		Name of Building Owner/Operator (2) Asbury Partners, LLC							
Agencies Notified	Type Notification	Street Address 1100 Ocean Ave							
<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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	City, State, Zip Code Asbury Park, NJ 07712							
		Name of Contact Mike Ressalei	Tel none Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Salvation Army Retirement Community		Type of Facility (4)							
Street Address 200-210 5th Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private commercial buildings, homes, etc.)							
City (5) Asbury Park		Square Feet 90,000 SF	# of Bldg. Age 30+						
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) n/a							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor Site Enterprises, Inc.						
Street Address 318 12th Street		Street Address 815 12th Street							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Hammonton, NJ 08037							
Project Manager for Monitoring Firm James Proctor		Telephone No. 609-704-8850	Telephone No. 609-567-1250						
Start Date (10) 4/8/2015	Scheduled Completion Date (11) 4/22/2015	Name of OSHA Monitor Health & Safety Services, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 316 12th Street							
<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: vacant		City, State, Zip Code Hammonton, NJ 08037							
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 Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Negative Pressure							
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 (SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
If and Where			X	Elbows	1 sf	X			
Roof			X	Flashing	1 lf	X			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Waste Management Facility GROWS Landfill		City, State, Zip Code Morrisville, PA 19067			
City, State 815 12th Street, Hammonton NJ 08037		Disposal Date 4/22/2015		City, State Morrisville, PA		Date 4/13/2015			
Completed by Thomas Rock		Title PM		Signature <i>Tom Rock</i>					



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

Date of Notification (1) <b>4 / 17 / 15</b>		Name of Building Owner/Operator (2) <b>St. Luke's Hospital</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>185 Roseberry St.</b>							
		City, State, Zip Code <b>Phillipsburg, NJ 08865</b>							
		Name of Contact <b>Ted Ruhf</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>St. Luke's Hospital</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>185 Roseberry St.</b>		Square Feet <b>100,000+</b>	# of Floors <b>2</b>						
City (5) <b>Phillipsburg, NJ 08865</b>	County (6) <b>Warren</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Hospital</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Laboratories</b>		ASCM No. <b>NA</b>	Name of Abatement Contractor (9) <b>Alliance Environmental Systems</b>						
Street Address <b>3370 Progress Dr., Ste. J</b>		Street Address <b>550 East Union St.</b>							
City, State, Zip Code <b>Bensalem, PA 19020</b>		City, State, Zip Code <b>West Chester, PA 19382</b>							
Project Manager for Monitoring Firm <b>Mike Panepresso</b>		Telephone No. <b>215-244-1300</b>	Telephone No. <b>610-701-9000</b>						
Start Date (10) <b>4 / 13 / 15</b>		Scheduled Completion Date (11) <b>5 / 1 / 15</b>	Name of OSHA Monitor <b>AET</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>AM-5:00PM/ PM-1:30AM</b>		Street Address <b>28 N. Pennel Road</b>							
		City, State, Zip Code <b>Media, PA 19063</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable							
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 (Square Feet)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>David Geppert Recycling</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Western Berks Co Community Landfill</b>					
City, State <b>Hatfield, PA</b>		Disposal Date <b>TBD</b>		City, State <b>Birdsboro, PA</b>					
Completed By (Print or Type) <b>Mark Griffin</b>		Title <b>Estimator</b>		Signature 		Date <b>4/17/15</b>			

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

Date of Notification (1) <b>4 / 17 / 15</b>		Name of Building Owner/Operator (2) <b>Petroleum Marketing Group</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <b>0</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2359 Research Court</b> City, State, Zip Code <b>Woodbridge, VA 22192</b> Name of Contact <b>Ted Beck</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>3503 Route 46</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>3503 Route 46</b>		Square Feet <b>2500</b>	# of Floors <b>1</b>						
City (5) <b>Parsippany, NJ 07054</b>		Bldg. Age <b>40+</b>							
County (6) <b>Morris</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant Gas Station</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Accredited Environmental Technologies</b>		ASCM No. <b>NA</b>	Name of Abatement Contractor (9) <b>Alliance Environmental Systems</b>						
Street Address <b>28 N. Pennell Rd.</b>		Street Address <b>550 East Union St.</b>							
City, State, Zip Code <b>Media, PA 19063</b>		City, State, Zip Code <b>West Chester, PA 19382</b>							
Project Manager for Monitoring Firm <b>Dave Turotsy</b>		Telephone No. <b>610-891-0114</b>	License No. <b>001</b>						
Start Date (10) <b>5 / 4 / 15</b>	Scheduled Completion Date (11) <b>5 / 8 / 15</b>	Name of OSHA Monitor <b>AET</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7AM-3:30PM-AM</b>		Street Address <b>28 N. Pennell Road</b> City, State, Zip Code <b>Media, PA 19063</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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable							
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)	Area (SF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Rooms 1 - 4</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Joint Compound</b>	<b>170</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Room 1</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>VAT</b>	<b>10</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Interior Windows</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Caulk</b>	<b>5</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Roof</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Roofing / Flashing</b>	<b>170</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>David Geppert Recycling</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>Western Berks Community Landfill</b>					
City, State <b>Hatfield, PA</b>		Disposal Date <b>TBD</b>		City, State <b>Birdsboro, PA</b>					
Completed By (Print or Type) <b>Mark Griffin</b>	Title <b>Estimator</b>	Signature 			Date <b>4/17/15</b>				

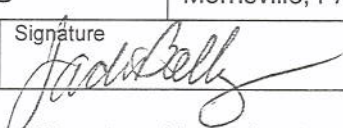


NOCK

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

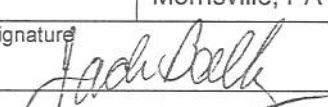
Date of Notification (1) 4/16/15		Name of Building Owner/Operator (2) PSE&G			
Agencies Notified	Type Notification	Street Address 55 Webro Road			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<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 Clifton NJ 07012			
		Name of Contact Jim Sullivan	Telephone Number		
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Intersection of Newark Ave and Kennedy Blvd		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address Intersection of Newark Ave and Kennedy Blvd		Square Feet n/a	# of Floors n/a		
City (5) Jersey City		Bldg. Age n/a			
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) n/a			
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) WRS Environmental Service		
Street Address n/a		Street Address 17 Old Dock Rd			
City, State, Zip Code n/a		City, State, Zip Code Yaphank NY 11980			
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 631-924-8111		
Start Date (10) 4/15 /15	Scheduled Completion Date (11) 4/15/15	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: roadway isolated by barricades		Street Address n/a			
		City, State, Zip Code n/a			
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Exempted (**)			
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 L)
	Yes	No	N/A		
Street			x	Asbestos Transite Pipe	30 LF
Name of Registered Waste Hauler Veolia ES Technical Solutions		NJDEP Waste Hauler ID No. 20071	Cubic Yards of Waste 3/4	Name of Registered Disposal Facility Wayne Disposal	
City, State 1 Eden Lane Flanders NJ 07863		Disposal Date 4/17/15		City, State Belleville, MI	
Completed by Michael J DiMaria		Title Proj Mgr/Site Supervisor	Signature <i>Michael J DiMaria</i>		Date 4/16/15

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

Date of Notification (1) 4/20/15		Name of Building Owner/Operator (2) Stevens Management Associates, Inc.							
Agencies Notified	Type Notification	Street Address 6834 North Crescent Blvd.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Pennsauken, NJ 08110							
		Name of Contact Ken Stevens	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) No Name		Type of Facility (4)							
Street Address 6702 North Crescent Blvd		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & etc.)							
City (5) Pennsauken		Square Feet 6,000	# of Floors 1						
County (6) Camden		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Unoccupied						
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 28 N. Pennell Road		Street Address 407 West Lincoln Highway							
City, State, Zip Code Media, PA		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-891-0114	Telephone No. 610-755-7563						
Start Date (10) 5/4/15	Scheduled Completion Date (11) 5/8/15		Name of OSHA Monitor EMSL						
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 North							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition  <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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 (Specified in SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Office			X	Floor Tile	1,500	X			
Office			X	Pipe Insulation	75	X			
Name of Registered Waste Hauler ecoservices, LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 2	Name of Registered Landfill GROWS					
City, State Exton, PA		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager		Signature 		Date 4/20/15			



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

Date of Notification (1) 4/20/15		Name of Building Owner/Operator (2) Stevens Management Associates, Inc.							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	6834 North Crescent Blvd.							
		City, State, Zip Code Pennsauken, NJ 08110							
		Name of Contact Ken Stevens	Telephone Number 856-3-0800						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) No Name		Type of Facility (4)							
Street Address 7026 Camden Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & etc.)							
City (5) Pennsauken		Square Feet 6,000	# of Floors 1						
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Unoccupied							
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 28 N. Pennell Road		Street Address 407 West Lincoln Highway							
City, State, Zip Code Media, PA		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-891-0114	Telephone No. 610-755-7563						
Start Date (10) 5/6/15	Scheduled Completion Date (11) 5/8/15	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ							
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 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 (Spec. SF or %)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Office			X	Floor Tile	700	X			
Crawl space under Office			X	Pipe Insulation	50	X			
Name of Registered Waste Hauler ecoservices, LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 2	Name of Registered Waste Disposal Facility GROWS					
City, State Exton, PA		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager		Signature 		Date 4/20/15			