

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

*No check*

Date of Notification (1) 4 / 24 / 2013		Name of Building Owner/Operator (2) <i>2013 APR 25 AMID: 50</i> Schneider National, Inc.							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 6 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 500 Water Street City, State, Zip Code Jacksonville, FL 32202 Name of Contact Ryan Gronnert, Facilities Proj. Mgr.							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) CSX Intermodel - Schneider National's Modular 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 and commercial buildings, homes, etc.)							
Street Address 25 Pennsylvania Avenue		Square Feet 8000	# of Floors 1						
City (5) Kearny		Bldg. Age 25+							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Industrial							
Name of Monitoring Firm Hired by Building Owner (8) Shaw Environmental, Inc.	ASCM No.	Name of Abatement Contractor (9) Prism Response, Inc.							
Street Address 128 S. Tryon Street - Interstate Tower		Street Address 102 Technology Lane							
City, State, Zip Code Charlotte, NC 28202		City, State, Zip Code Export, PA 15632							
Project Manager for Monitoring Firm Roy Stancil	Telephone No. 704-331-6334	Telephone No. 724-325-3330	License No. 01121						
Start Date (10) 5 / 6 / 2013	Scheduled Completion Date (11) 5 / 8 / 2013	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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition *Abatement prior to demolition by others.							
<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
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	800 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"/>	Glazing Compound from Windows	9 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	12 SF	<input checked="" 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 Grand Central Sanitary Landfill					
City, State Camden, New Jersey		Disposal Date 4/25/2013	City, State Penn Argyl, PA						
Completed By (Print or Type) Jessica Busch		Title Administrative Support	Signature <i>Jessica Busch</i>	Date 4/24/2013					



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

Date of Notification (1) <u>4</u> / <u>19</u> / 2013		Name of Building Owner/Operator (2) <b>Schneider National, Inc.</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>5</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>500 Water Street</b>							
		City, State, Zip Code <b>Jacksonville, FL 32202</b>							
		Name of Contact <b>Ryan Gronnert, Facilities Proj. Mgr</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>CSX Intermodel - Schneider National's Modular Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>26 Pennsylvania Avenue</b>		Square Feet <b>8000</b>	# of Floors <b>1</b>						
City (5) <b>Kearny</b>		Bldg. Age <b>25+</b>							
County (6) <b>Hudson</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Industrial</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Shaw Environmental, Inc.</b>		Name of Abatement Contractor (9) <b>Prism Response, Inc.</b>							
Street Address <b>128 S. Tryon Street - Interstate Tower</b>		Street Address <b>102 Technology Lane</b>							
City, State, Zip Code <b>Charlotte, NC 28202</b>		City, State, Zip Code <b>Export, PA 15632</b>							
Project Manager for Monitoring Firm <b>Roy Stancil</b>		Telephone No. <b>704-331-6334</b>	License No. <b>01121</b>						
Start Date (10) <u>5</u> / <u>6</u> / 2013	Scheduled Completion Date (11) <u>5</u> / <u>8</u> / 2013	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"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition *Abatement prior to demolition by others.							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	800 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"/>	Glazing Compound from Windows	9 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	12 SF	<input checked="" 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. SW1724	Cubic Yards of Waste	Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>					
City, State <b>Camden, New Jersey</b>		Disposal Date <b>5/1/2013</b>	City, State <b>Penn Argyl, PA</b>						
Completed By (Print or Type) <b>Jessica Busch</b>		Title <b>Administrative Support</b>	Signature <i>Jessica Busch</i>				Date <b>4/19/2013</b>		



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

2013 APR 25  
H10  
EPA REGION II  
AN ID: 50  
LIBRARY

Date of Notification (1) <u>4</u> / <u>11</u> / 2013		Name of Building Owner/Operator (2) <b>Schneider National, Inc.</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>4</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>500 Water Street</b> City, State, Zip Code <b>Jacksonville, FL 32202</b> Name of Contact <b>Ryan Gronnert, Facilities Proj. Mgr.</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>CSX Intermodel - Schneider National's Modular Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>26 Pennsylvania Avenue</b>									
City (5) <b>Kearny</b>	Square Feet <b>8000</b>	# of Floors <b>1</b>	Bldg. Age <b>25+</b>						
County (6) <b>Hudson</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Industrial</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Shaw Environmental, Inc.</b>		Name of Abatement Contractor (9) <b>Prism Response, Inc.</b>							
Street Address <b>128 S. Tryon Street - Interstate Tower</b>		Street Address <b>102 Technology Lane</b>							
City, State, Zip Code <b>Charlotte, NC 28202</b>		City, State, Zip Code <b>Export, PA 15632</b>							
Project Manager for Monitoring Firm <b>Roy Stancil</b>		Telephone No. <b>704-331-6334</b>	License No. <b>01121</b>						
Start Date (10) <u>4</u> / <u>22</u> / 2013	Scheduled Completion Date (11) <u>4</u> / <u>25</u> / 2013	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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition *Abatement prior to demolition by others.									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	800 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"/>	Glazing Compound from Windows	9 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	12 SF	<input checked="" 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>Grand Central Sanitary Landfill</b>					
City, State <b>Camden, New Jersey</b>		Disposal Date <b>4/25/2013</b>	City, State <b>Penn Argyl, PA</b>						
Completed By (Print or Type) <b>Jessica Busch</b>		Title <b>Administrative Support</b>	Signature <i>Jessica Busch</i>				Date <b>4/11/2013</b>		



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

Date of Notification (1) <b>3 / 28 / 2013</b>		Name of Building Owner/Operator (2) <b>Schneider National, Inc.</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>3</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>500 Water Street</b> City, State, Zip Code <b>Jacksonville, FL 32202</b> Name of Contact <b>Ryan Gronnert, Facilities Proj. Mgr</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>CSX Intermodel - Schneider National's Modular Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>26 Pennsylvania Avenue</b>		Square Feet <b>8000</b>							
City (5) <b>Kearny</b>		# of Floors <b>1</b>							
County (6) <b>Hudson</b>		Bldg. Age <b>25+</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Industrial</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Shaw Environmental, Inc.</b>		Name of Abatement Contractor (9) <b>Prism Response, Inc.</b>							
Street Address <b>128 S. Tryon Street - Interstate Tower</b>		Street Address <b>102 Technology Lane</b>							
City, State, Zip Code <b>Charlotte, NC 28202</b>		City, State, Zip Code <b>Export, PA 15632</b>							
Project Manager for Monitoring Firm <b>Roy Stancil</b>		Telephone No. <b>704-331-6334</b>							
Telephone No. <b>704-331-6334</b>		License No. <b>01121</b>							
Start Date (10) <b>4 / 15 / 2013</b>		Scheduled Completion Date (11) <b>4 / 17 / 2013</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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation * <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition *Abatement prior to demolition by others.									
<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)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	800 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"/>	Glazing Compound from Windows	9 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	12 SF	<input checked="" 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>Grand Central Sanitary Landfill</b>				
City, State <b>Camden, New Jersey</b>		Disposal Date <b>4/17/2013</b>		City, State <b>Penn Argyl, PA</b>					
Completed By (Print or Type) <b>Jessica Busch</b>		Title <b>Administrative Support</b>		Signature <i>Jessica Busch</i>		Date <b>3/28/2013</b>			



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

2013 APR 25 AM 10:50  
 2013 APR 25 AM 10:50

Date of Notification (1) 3 / 15 / 2013		Name of Building Owner/Operator (2) Schneider National, Inc.	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 500 Water Street City, State, Zip Code Jacksonville, FL 32202 Name of Contact Ryan Gronnert, Facilities Proj. Mgr.	
<div style="text-align: right;">Telephone Number</div>			
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) CSX Intermodel - Schneider National's Modular 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 and commercial buildings, homes, etc.)	
Street Address 26 Pennsylvania Avenue		Square Feet 8000	
City (5) Kearny		# of Floors 1	
County (6) Hudson		Bldg. Age 25+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Industrial	
Name of Monitoring Firm Hired by Building Owner (8) Shaw Environmental, Inc.		ASCM No.	
Street Address 128 S. Tryon Street - Interstate Tower		Name of Abatement Contractor (9) Prism Response, Inc.	
City, State, Zip Code Charlotte, NC 28202		Street Address 102 Technology Lane	
Project Manager for Monitoring Firm Roy Stancil		City, State, Zip Code Export, PA 15632	
Telephone No. 704-331-6334		Telephone No. 724-325-3330	
Start Date (10) 4 / 1 / 2013		License No. 01121	
Scheduled Completion Date (11) 4 / 3 / 2013		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	
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 *Abatement prior to demolition by others.		City, State, Zip Code Charlotte, NC 28202	
<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)	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)
Roof	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Roofing	800 SF
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Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. SW1724	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Camden, New Jersey		Disposal Date 4/3/2013	City, State Penn Argyl, PA
Completed By (Print or Type) Jessica Busch	Title Administrative Support	Signature Jessica Busch	Date 3/15/2013



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

2013 APR 25  
 AM ID: 50  
 LICENSING

Date of Notification (1) <u>2</u> / <u>25</u> / <u>2013</u>		Name of Building Owner/Operator (2) <b>Schneider National, Inc.</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>500 Water Street</b> City, State, Zip Code <b>Jacksonville, FL 32202</b> Name of Contact <b>Ryan Gronnert, Facilities Proj. Mgr.</b> Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>CSX Intermodel - Schneider National's Modular Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>26 Pennsylvania Avenue</b>		Square Feet <b>8000</b>	# of Floors <b>1</b>
City (5) <b>Kearny</b>		Bldg. Age <b>25+</b>	
County (6) <b>Hudson</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Industrial</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Shaw Environmental, Inc.</b>	ASCM No.	Name of Abatement Contractor (9) <b>Prism Response, Inc.</b>	
Street Address <b>128 S. Tryon Street - Interstate Tower</b>		Street Address <b>102 Technology Lane</b>	
City, State, Zip Code <b>Charlotte, NC 28202</b>		City, State, Zip Code <b>Export, PA 15632</b>	
Project Manager for Monitoring Firm <b>Roy Stancil</b>	Telephone No. <b>704-331-6334</b>	Telephone No. <b>724-325-3330</b>	License No. <b>01121</b>
Start Date (10) <u>3</u> / <u>18</u> / <u>2013</u>	Scheduled Completion Date (11) <u>3</u> / <u>20</u> / <u>2013</u>	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"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition *Abatement prior to demolition by others.			
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)
Roof	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Roofing	800 SF
Exterior of Structure	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Glazing Compound from Windows	9 SF
	<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>Grand Central Sanitary Landfill</b>
City, State <b>Camden, New Jersey</b>	Disposal Date <b>3/20/2013</b>	City, State <b>Penn Argyl, PA</b>	
Completed By (Print or Type) <b>Jessica Busch</b>	Title <b>Administrative Support</b>	Signature <i>Jessica Busch</i>	Date <b>2/25/2013</b>



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

2013 APR 25 AM 10:50  
 LICENSING

Date of Notification (1) <u>2</u> / <u>25</u> / <u>2013</u>		Name of Building Owner/Operator (2) <b>Schneider National, Inc.</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>500 Water Street</b> City, State, Zip Code <b>Jacksonville, FL 32202</b> Name of Contact <b>Ryan Gronnert, Facilities Proj. Mgr</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>CSX Intermodel - Schneider National's Modular Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>26 Pennsylvania Avenue</b>		Square Feet <b>8000</b>	# of Floors <b>1</b>						
City (5) <b>Kearny</b>		Bldg. Age <b>25+</b>							
County (6) <b>Hudson</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Industrial</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Shaw Environmental, Inc.</b>		Name of Abatement Contractor (9) <b>Prism Response, Inc.</b>							
Street Address <b>128 S. Tryon Street - Interstate Tower</b>		Street Address <b>102 Technology Lane</b>							
City, State, Zip Code <b>Charlotte, NC 28202</b>		City, State, Zip Code <b>Export, PA 15632</b>							
Project Manager for Monitoring Firm <b>Roy Stancil</b>		Telephone No. <b>704-331-6334</b>	License No. <b>01121</b>						
Start Date (10) <b>3 / 18 / 2013</b>	Scheduled Completion Date (11) <b>3 / 20 / 2013</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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition *Abatement prior to demolition by others.									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	800 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"/>	Glazing Compound from Windows	9 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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>Grand Central Sanitary Landfill</b>					
City, State <b>Camden, New Jersey</b>		Disposal Date <b>3/20/2013</b>	City, State <b>Penn Argyl, PA</b>						
Completed By (Print or Type) <b>Jessica Busch</b>	Title <b>Administrative Support</b>	Signature <i>Jessica Busch</i>	Date <b>2/25/2013</b>						



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

Courtesy to EPA Region II

2013 APR 25  
LICENSING

Date of Notification (1) <u>2</u> / <u>15</u> / <u>2013</u>		Name of Building Owner/Operator (2) <b>Schneider National, Inc.</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>500 Water Street</b> City, State, Zip Code <b>Jacksonville, FL 32202</b> Name of Contact <b>Ryan Gronnert, Facilities Proj. Mgr</b>							
		Telephone Number <b>7</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>CSX Intermodel - Schneider National's Modular Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>26 Pennsylvania Avenue</b>									
City (5) <b>Kearny</b>		Square Feet <b>8000</b>	# of Floors <b>1</b>						
		Bldg. Age <b>25+</b>							
County (6) <b>Hudson</b>		County Code (7) (STATE USE ONLY)							
		Current Use (Prior if being demolished) <b>Industrial</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Shaw Environmental, Inc.</b>		Name of Abatement Contractor (9) <b>Prism Response, Inc.</b>							
Street Address <b>128 S. Tryon Street - Interstate Tower</b>		Street Address <b>102 Technology Lane</b>							
City, State, Zip Code <b>Charlotte, NC 28202</b>		City, State, Zip Code <b>Export, PA 15632</b>							
Project Manager for Monitoring Firm <b>Roy Stancil</b>		Telephone No. <b>704-331-6334</b>	Telephone No. <b>724-325-3330</b>						
		License No. <b>01121</b>							
Start Date (10) <u>2</u> / <u>25</u> / <u>2013</u>		Scheduled Completion Date (11) <u>2</u> / <u>27</u> / <u>2013</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 - 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"/> $\geq 3$ 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 <p style="text-align: center;">*Abatement prior to demolition by others.</p>									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	800 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"/>	Glazing Compound from Windows	9 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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>Grand Central Sanitary Landfill</b>					
City, State <b>Camden, New Jersey</b>		Disposal Date <b>2/27/2013</b>		City, State <b>Penn Argyl, PA</b>					
Completed By (Print or Type) <b>Jessica Busch</b>		Title <b>Administrative Support</b>		Signature <i>Jessica Busch</i>		Date <b>2/15/2013</b>			




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

Date of Notification (1) 04/23/13		Name of Building Owner/Operator (2) Werner Deconstruction, LLC.							
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 919 Minlam St. Suite 2300		City, State, Zip Code Huston, TX 77002							
Name of Contact Malcolm Carroll		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Werner Generating Station		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2 Lower Main St.		Square Feet 240,000	# of Floors 7						
City (5) South Amboy		Bldg. Age 85							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Power Plant							
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address 220 Church St.		Street Address 815 12th Street Suite 3							
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Hammonton, NJ 08037							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. 609-567-1250	License No. 01172						
Start Date (10) 05/04/13	Scheduled Completion Date (11) 12/31/13	Name of OSHA Monitor AET							
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 220 Church St.							
		City, State, Zip Code Bridgewater, NJ 08807							
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 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
				(SEE ATTACHED)					
Name of Registered Waste Hauler Weigle Trucking		NJDEP Waste Hauler ID No. SW2912	Cubic Yards of Waste 5,000	Name of Registered Landfill Minerva Enterprises, LLC.					
City, State Linden, PA		Disposal Date 05/04-12/31/13		City, State Waynesburg, Ohio					
Completed by Kati Dinatale		Title office manager		Signature Kati Dinatale		Date 04/23/13			



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

Date of Notification (1) 4-03-2013		Name of Building Owner/Operator (2) EFG Clermont Terrace, LLC							
Agencies Notified	Type Notification	Street Address 520 Capital Mall, Suite 200							
<input checked="" type="checkbox"/> EPA <input 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 #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Sacramento, CA 95841							
		Name of Contact Chris Miller	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) National Envelope		Type of Facility (4)							
Street Address 450 Clermont Terrace		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Union		Square Feet 265,000	# of Floors 2						
		Bldg. Age 55 years							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Not in use							
Name of Monitoring Firm Hired by Building Owner (8) ECMS		ASCM No.	Name of Abatement Contractor (9) Gramercy Group Inc.						
Street Address 10 Filmont Drive		Street Address 3000 Burns Avenue							
City, State, Zip Code New City, NY 10956		City, State, Zip Code Wantagh NY 11793							
Project Manager for Monitoring Firm Marc Rutstein		Telephone No. 845-638-0640	Telephone No. 516-876-0020						
		License No. 01085							
Start Date (10) 5-06-2013	Scheduled Completion Date (11) 12-31-2013	Name of OSHA Monitor Gramercy Group Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 3000 Burns Avenue							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Facility scheduled for demolition. No occupancy</u>		City, State, Zip Code Wantagh, NY 11793							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Throughout			X	Pipes	4,000 sf	X			
Throughout			X	VAT	26,000 sf	X			
Name of Registered Waste Hauler Horwith Trucks Inc.		NJDEP Waste Hauler ID No. 16227	Cubic Yards of Waste 400	Name of Registered Landfill Minerva Enterprises					
City, State Northampton, PA 18067		Disposal Date 6-30-12		City, State Waynesburg OH					
Completed by Robert Lewin		Title Environmental Coordinator		Signature 		Date 4-24-13			



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

Date of Notification (1) <b>04 / 17 / 13</b>		Name of Building Owner/Operator (2) <b>Picatinny Arsenal</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>Route 15 North</b> City, State, Zip Code <b>Dover, NJ 07086</b> Name of Contact <b>Kathleen Postol</b> Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Ballistics Evaluation Center</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <b>Bear Swamp Rd. BLDG. 636</b>		Square Feet <b>120</b>							
City (5) <b>Picatinny Arsenal, Dover, NJ</b>		# of Floors <b>1</b>	Bldg. Age <b>70 years</b>						
County (6) <b>Morris</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>Langan Engineering &amp; Environm. Services</b>		ASCM No. <b>00099</b>	Name of Abatement Contractor (9) <b>SMAC Corp.</b>						
Street Address <b>619 River Drive Center 1 sor.</b>		Street Address <b>27 EAST 33<sup>RD</sup> STREET</b>							
City, State, Zip Code <b>Elmwood Park, NJ 07407</b>		City, State, Zip Code <b>PATERSON NJ 07514</b>							
Project Manager for Monitoring Firm <b>Vijay Patel</b>	Telephone No. <b>201-398-4544</b>	Telephone No. <b>973-345-4055</b>	License No. <b>01110</b>						
Start Date (10) <b>04 / 27 / 13</b>	Scheduled Completion Date (11) <b>04 / 30 / 13</b>	Name of OSHA Monitor <b>EMSL ANALYTICAL, INC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>1056 SHELTON AVE</b> City, State, Zip Code <b>PISCATAWAY NJ 08854</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermal System	120 SqFt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SMAC Corp</b>		NJDEP Waste Hauler ID No. <b>18590</b>	Cubic Yards of Waste <b>5 Yards</b>	Name of Registered Landfill <b>Grows Landfill</b>					
City, State <b>27 E 33rd Street, Paterson, NJ - 07514</b>		Disposal Date <b>04/30/2013</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Borce Gjorsoski</b>		Title <b>President</b>		Signature <i>Borce Gjorsoski</i>		Date <b>4/17/2013</b>			



Apr 18 2013 04:35pm

P001/001

NJ Dept. of Health & Senior Services  
(signature)  
Date: 4/18/13 Time: 2:24

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 12:120)

Check # 8143

2013 APR 25 AM 10:50

Date of Notification (1) 4/18/13		Name of Building Owner/Operator (2) SOPHIE NAFTALOVICH							
Agencies Notified	Type Notification	Street Address 27 LOUIS STREET & LICENSING							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NEW BRUNSWICK N.J. 08906							
		Name of Contact SOPHIE	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NAFTALOVICH		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 27 LOUIS ST.		Square Feet 1650	# of Floors 2						
City (5) NEW BRUNSWICK		Bldg. Age 60							
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RES							
Name of Monitoring Firm Hired by Building Owner (8)		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, N.J. 07452							
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00156						
Start Date (10) 4/17/13	Scheduled Completion Date (11) 4/22/13	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 Huyler Street							
		City, State, Zip Code Hackensack, NJ 07606							
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	100 LF	X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 1	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Riverdale, New Jersey 07457		Disposal Date 4/19/13 on		City, State Bethlehem, PA 18015					
Completed by R. McDonald		Title President	Signature R. McDonald	Date 4/18/13					



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

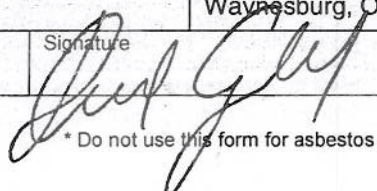
CK 1409

Date of Notification (1) <b>4/22/13</b>		Name of Building Owner/Operator (2) <b>MR. DAVID NATIE</b>				
Agency 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>146 MONTGOMERY ST</b>				
		City, State, Zip Code <b>BLOOMFIELD NJ 07003</b>				
		Name of Contact <b>MR. NATIE</b>				
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>SAUE</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>146 MONTGOMERY ST</b>						
City (5) <b>BLOOMFIELD</b>		Square Feet <b>1800</b>	# of Floors <b>2</b>			
County (6) <b>ESSEX</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>1939</b>			
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)				
Street Address		Street Address				
City, State, Zip Code		City, State, Zip Code				
Project Manager for Monitoring Firm		Telephone No.	License No.			
Start Date (10) <b>5/8/13</b>		Scheduled Completion Date (11) <b>5/9/13</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>7AM TO 5PM</b>		Name of OSHA Monitor <b>Omega Environmental Inc</b>				
		Street Address <b>280 Huyler St</b>				
		City, State, Zip Code <b>South Hackensack, N.J. 07606</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 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		
				Removal	Repair	Encapsulate
<b>BASEMENT</b>	Yes No N/A	<b>THERMAL SURFACING INSULATION</b>	<b>45 SF</b>	<input checked="" type="checkbox"/>		
<b>BASEMENT</b>		<b>THERMAL SYSTEM INSULATION</b>	<b>60 LF</b>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>1 1/2</b>	Name of Registered Landfill <b>Minerva Enterprises</b>		
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>5/9/13</b>	City, State <b>Waynesburg, Oh</b>			
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>	Signature <i>[Signature]</i>	Date <b>4/22/13</b>			



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

CK # 2580

Date of Notification (1) 04/22/13		Name of Building Owner/Operator Felician College							
Agencies Notified	Type Notification	Street Address 262 South Main Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Lodi, NJ 07644							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Richard A. Riccio, Jr., Sen. Dir. of Facilities	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Old Library-Building 7 - Felician College - Rutherford Campus		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 223 Montross Avenue		Square Feet 50,000+	# of Floors 3						
City (5) Rutherford		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, LLC		ASCM No. 00118	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address 464 Valley Brook Avenue		Street Address 163 Sargeant Avenue							
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm Mr. James Ruff		Telephone No. 201-438-4839	License No. 01099						
Start Date (10) 05/06/13	Scheduled Completion Date (11) 06/07/13	Name of OSHA Monitor J&S Environmental Laboratories LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground Floor		X		Floor Tile and Mastic	15,200 SF	X			
1st Floor		X		Floor Tile and Mastic	1,750 SF	X			
2nd Floor		X		Floor Tile and Mastic	2,500 SF	X			
Throughout Building		X		Pipe Joint Insulation	150 LF	X			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Landfill					
City, State New Castle, Delaware		Disposal Date		City, State Waynesburg, Ohio					
Completed by Dimo Golcev		Title General Manger		Signature 		Date 04/22/13			



## NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) 4/22/2013		Name of Building Owner/Operator (2) A to Z Site Contractors, Inc.	
Agencies Notified [ x ] EPA [ ] DEP [ x ] DOL  [ x ] DOH [ ] DCA	Type of Notification [ ] Initial Notification [ ] Amended Notification Amendment # _____ [ x ] Emergency (including justification) [ ] Cancellation	Street Address 940 Park Avenue City, State, Zip Code Lakewood, New Jersey 08701	
		Name of Contact Irving Perlstein	Telephone Number -

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [ ] School (k-12) [ ] Subchapter 8 (other than k-12) [ x ] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 43 12 <sup>th</sup> Street			Square feet 1000 sf		
City Lakewood	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm	Telephone Number		Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 4/22/13	Scheduled Completion Date (11) 4/23/13		Name of OSHA Monitor E.M.S.L. Analytical		
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 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) [ ] >3 sf or ≥3 lf [ x ] ≥160 sf or ≥260 lf			[ ] Full Containment with Negative Pressure [ ] Mini-Enclosure [ ] 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) 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	1200 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 4/24/13		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>			Date 4/22/2013		

\*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) April 22, 2013		Name of Building Owner/Operator (2) Steve Jenkins	
Agencies Notified [ x ] EPA [ ] DEP [ x ] DOL [ x ] DOH [ ] DCA	Type of Notification [ x ] Initial Notification [ ] Amended Notification Amendment # _____ [ ] Emergency (including justification) [ ] Cancellation	Street Address 27 George Street City, State, Zip Code Metuchen, NJ 08840	
		Name of Contact Steve Jenkins	Telephone Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [ ] School (K-12) [ ] Subchapter 8 (other than K12) [ x ] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 27 George Street			Square feet 2000		
City Metuchen	County (6) Middlesex	County Code (7) (STATE USE ONLY)	# of Floors 2	Bldg. Age 60	
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code Toms River, NJ 08755		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 732-349-9932	Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 5/6/13		Scheduled Completion Date (11) 5/7/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only <u>mc</u> ) [ x ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) [ x ] >3 sf or ≥3 lf [ ] ≥160 sf or ≥260 lf			[ ] Full Containment with Negative Pressure [ ] Mini-Enclosure [ x ] Glovebag Procedure [ ] Non-Exempted (*) and Non-Friable Procedure		
[ x ] Renovation [ ] Demolition					

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) 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 E M E N C I P O S S I B L E	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Basement		X		Asbestos pipe insulation	75 lf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 5/8/13		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>			Date 4/22/2013		

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



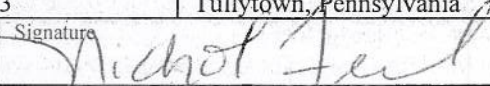
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>April 22, 2013</b>		Name of Building Owner/Operator (2) <b>H &amp; D Rosetto</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>211 North Ocean Avenue</b>	
		City, State, Zip Code <b>Seaside Park, NJ 08752</b>	
		Name of Contact <b>Denise Rosetto</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>1882 Compass Court</b>			Square feet <b>1500 sf</b>		
City <b>Toms River</b>	County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	# of Floors <b>1</b>	Bldg. Age <b>60</b>	
Current Use (Prior if being demolished) <b>Residence</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	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>4/22/13</b>		Scheduled Completion Date (11) <b>4/23/13</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Exterior		X		Asbestos siding	2000 sf	X			

Name of Registered Waste Hauler <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>4/24/13</b>	City, State <b>Tullytown, Pennsylvania</b>		
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 		Date <b>4/22/2013</b>	

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



OK 2068

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

2013 APR 25 AM 10:50  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <b>04/23/13</b>		Name of Building Owner/Operator (2) <b>MEN NEWKAND</b>							
Agencies Notified <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1019 Marmoth Rd.</b>							
		City, State, Zip Code <b>Lakewood NJ 08701</b>							
		Name of Contact <b>Joseph</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>1019 Marmoth Rd</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>1019 Marmoth Rd.</b>									
City (5) <b>Lakewood</b>		Square Feet	# of Floors						
County (6) <b>Ocean</b>		Current Use (Prior if being demolished) <b>House</b>							
County Code (7) <b>Ocean</b>									
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) <b>05/02/13</b>		Scheduled Completion Date (11) <b>05/10/13</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <b>A.A.A. Lead Professionals</b>							
		Street Address <b>6 White Dove Ct</b>							
		City, State, Zip Code <b>Lakewood NJ 08701</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
				<b>pipe Insulation</b>	<b>300 LF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark Carting Inc.</b>		NJDEP Waste Hauler ID No. <b>04509</b>	Cubic Yards of Waste <b>8</b>	Name of Registered Landfill <b>TRIA IEST</b>					
City, State <b>Newark NJ</b>		Disposal Date <b>05/10/13</b>	City, State <b>Bethlehem PA</b>						
Completed by <b>Joseph Epstein</b>		Title <b>owner</b>	Signature <b>[Signature]</b>		Date <b>04/23/13</b>				



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

Date of Notification (1) <b>04-22-2013</b>		Name of Building Owner / Operator (2) <b>Ruth C. Wickham</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 Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address <b>35 Bartram Avenue</b>		City, State & Zip Code <b>Mt. Holly, NJ 08060</b>	
Name of Contact <b>Linda Cashan</b>		Telephone Number <b>1</b>	

2013 APR 25 AM 10:50

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Residential</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>35 Bartram Avenue</b>		Square Feet <b>2,508</b>	# of Floors <b>2</b>
City (5) <b>Mt. Holly, NJ 08060</b>		Bldg. Age <b>80 yrs</b>	
County (6) <b>Burlington</b>	County Code (7)	Current Use (Prior if being demolished) <b>Residential Dwelling</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services, LLC</b>		ASCM No. <b>117</b>	
Street Address <b>318 12<sup>th</sup> Street</b>		Name of Abatement Contractor (9) <b>Resource Management Group, LLC</b>	
City, State & Zip Code <b>Hammonton, NJ 08037</b>		Street Address <b>2115 Hamilton Ave, Ste 202</b>	
Project Manager for Monitoring Firm <b>Mr. Jim Proctor</b>		Telephone Number <b>609-977-6159</b>	License Number <b>01185</b>
Scheduled Start Date (10) <b>05/06/2013</b>	Scheduled Completion Date (11) <b>05/11/2013</b>	Name of OSHA Monitor <b>J&amp;S Environmental Laboratories Inc</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours Describe: <b>7:30 am to 5:30 pm</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>2333 Route 22 West</b>	
		City, State & Zip Code <b>Union, NJ 07083</b>	

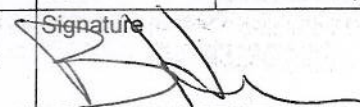
Scope of Work (Check all that apply)

☒  $\geq 3$  sf or  $\geq 3$  lf  
☐  $\geq 160$  sf  $\geq 260$  lf

☒ Renovation  
☐ Demolition

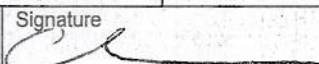
☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glove Bag Procedures  
☐ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			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 / Crawlspace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	125 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement / Crawlspace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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>Robinson Waste Disposal Service, Inc.</b>		NJDEP Waste Hauler ID No. <b>17304</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>Grows Landfill</b>	
City, State <b>Voorhees, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Mr. Brian Haney</b>		Title <b>President</b>	Signature 	Date <b>04/23/2013</b>	



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

Date of Notification (1) 4/23/13		Name of Building Owner/Operator (2) Mina Schaffert (Private Home)							
Agencies Notified	Type Notification	Street Address 17 West Navasink							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Tuckerton NJ 08087							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Mina	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mina Schaffert (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 17 West Navasink		Square Feet 1000	# of Floors 1						
City (5) Tuckerton NJ 08087		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc						
Street Address _____		Street Address PO Box 329							
City, State, Zip Code _____		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm _____		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 5/1/13	Scheduled Completion Date (11) 5/13/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other -- Describe: _____		Street Address _____							
		City, State, Zip Code _____							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ 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
Bedroom areas			x	Floor Tile	500 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 5/13/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 4/23/13		



Check # 8116  
#8 8146

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:129)

PAGE 1 of 2

Date of Notification (1) <b>3/12/13</b>		Name of Building Owner/Operator (2) <b>HANOVER ACQUISITIONS, LLC/HANOVER</b>								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
Street Address <b>153 FORT LEE ROAD</b>		City, State, Zip Code <b>TEANECK, N.J. 07666</b>								
Name of Contact <b>MARC SCHLUSSEL</b>		Telephone Number								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) <b>FORMALLY BERLEX LABS</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>110 EAST HANOVER AVE.</b>		Square Feet <b>84,000</b>								
City (5) <b>CEDAR KNOLLS</b>		# of Floors <b>2</b>								
County (6) <b>MORRIS</b>		Bldg. Age <b>60</b>								
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>LAB / DEMOLITION</b>								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.								
Street Address		Name of Abatement Contractor (9) <b>A. Mac Contracting Inc.</b>								
City, State, Zip Code		Street Address <b>105 Lowell Road</b>								
Project Manager for Monitoring Firm		City, State, Zip Code <b>Glen Rock, N.J. 07452</b>								
Telephone No.		Telephone No. <b>201-262-5841</b>								
Start Date (10) <b>3/26/13</b>		License No. <b>00156</b>								
Scheduled Completion Date (11) <b>5/26/13</b>		Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address <b>280 Huyler Street</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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>Hackensack, NJ 07606</b>								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
			X			PIPE ELBOWS	2740 (Pcs)	X		
			X			LAB HOODS	946 SF	X		
			X			ROOFING	69,820 SF	X		
		X	BOILER	300 SF	X					
Name of Registered Waste Hauler <b>Rovic Transport</b>		NJDEP Waste Hauler ID No. <b>20785</b>		Cubic Yards of Waste <b>SEE PAGE 2</b>		Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>				
City, State <b>Riverdale, New Jersey 07457</b>		Disposal Date <b>3/26/13</b>		City, State <b>Bethlehem, PA 18015</b>		Signature <b>R McDonald</b>				
Completed by <b>R. McDonald</b>		Title <b>President</b>		Date <b>4/18/13</b>						



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:50 and 12:120)

PAGE 2 of 2

Date of Notification (1) 3/12/13		Name of Building Owner/Operator (2) HANOVER ACQUISITIONS, LLC / HANOVER							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 153 FORT LEE ROAD		City, State, Zip Code TEANECK, N.J. 07666							
Name of Contact MARC SCHLUSSEL		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) FORMALLY BERLEX LAB'S		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 110 EAST HANOVER AVE.		Square Feet 84,000	# of Floors 2						
City (5) CEDAR KNOLLS		Bldg. Age 60							
County (6) MORRIS		Current Use (Prior if being demolished) LAB / DEMOLITION							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) A. Mac Contracting Inc.							
City, State, Zip Code		Street Address 105 Lowell Road							
Project Manager for Monitoring Firm		City, State, Zip Code Glen Rock, N.J. 07452							
Telephone No.		Telephone No. 201-262-5841	License No. 00156						
Start Date (10) 3/26/13		Scheduled Completion Date (11) 5/26/13							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Name of OSHA Monitor Omega Environmental Services Inc.							
Street Address 280 Huyler Street		City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 180$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
THROUGHOUT			X	WINDOW CAULK	306 SF	X			
			X	PIPE	387 LF	X			
			X	FLOOR TILE	16,646 SF	X			
			X	MASTIC	7,490 SF	X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 240	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.				
City, State Riverdale, New Jersey 07457		Disposal Date 3/26/13 on		City, State Bethlehem, PA 18015					
Completed by R. McDonald		Title President		Signature R. McDonald		Date 4/13/13			



PAGE 1 of 2

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

Check # 8116  
#2 / 8146

Date of Notification (1) <b>3/12/13</b>		Name of Building Owner/Operator (2) <b>HANOVER ACQUISITIONS AND LLC/HANOVER</b>							
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 <b>153 FORT LEE ROAD</b>							
		City, State, Zip Code <b>TEANECK, N.J. 07666</b>							
		Name of Contact <b>MARC SCHLUSSEL</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>FORMALLY BERLEX LABS</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>110 EAST HANOVER AVE.</b>		Square Feet <b>84,000</b>	# of Floors <b>2</b>						
City (5) <b>CEDAR KNOLLS</b>		Bldg. Age <b>60</b>							
County (6) <b>MORRIS</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>LAB / DEMOLITION</b>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>A. Mac Contracting Inc.</b>						
Street Address		Street Address <b>105 Lowell Road</b>							
City, State, Zip Code		City, State, Zip Code <b>Glen Rock, N.J. 07452</b>							
Project Manager for Monitoring Firm		Telephone No. <b>201-262-5841</b>	License No. <b>00156</b>						
Start Date (10) <b>3/26/13</b>	Scheduled Completion Date (11) <b>5/26/13</b>	Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>280 Huyler Street</b>							
		City, State, Zip Code <b>Hackensack, NJ 07606</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 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
<b>THROUGHOUT</b>			<b>X</b>	<b>PIPE ELBOWS</b>	<b>2203(pcs)</b>	<b>X</b>			
<b>/</b>			<b>X</b>	<b>LAB HOODS</b>	<b>110 SF</b>	<b>X</b>			
<b>/</b>			<b>X</b>	<b>ROOFING</b>	<b>69,820 SF</b>	<b>X</b>			
<b>/</b>			<b>X</b>	<b>BOILER</b>	<b>300 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Rovic Transport</b>		NJDEP Waste Hauler ID No. <b>20785</b>	Cubic Yards of Waste <b>SEE PAGE 2</b>	Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>					
City, State <b>Riverdale, New Jersey 07457</b>		Disposal Date <b>3/26/13</b>		City, State <b>Bethlehem, PA 18015</b>					
Completed by <b>R. McDonald</b>		Title <b>President</b>	Signature <i>R. McDonald</i>			Date <b>3/12/13</b>			



PAGE 2 of 2

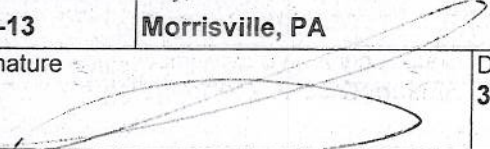
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>3/12/13</b>		Name of Building Owner/Operator (2) <b>HANOVER ACQUISITIONS, LLC / HANOVER</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <b>153 FORT LEE ROAD</b>		City, State, Zip Code <b>TEANECK, N.J. 07666</b>							
Name of Contact <b>MARC SCHLUSSEL</b>		Telephone Number <b>201-262-5841</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>FORMALLY BERLEX LABS</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>110 EAST HANOVER AVE.</b>		Square Feet <b>84,000</b>							
City (5) <b>CEDAR KNOLLS</b>		# of Floors <b>2</b>							
County (6) <b>MORRIS</b>		Bldg. Age <b>60</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>LAB / DEMOLITION</b>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>A. Mac Contracting Inc.</b>							
Street Address		Street Address <b>105 Lowell Road</b>							
City, State, Zip Code		City, State, Zip Code <b>Glen Rock, N.J. 07452</b>							
Project Manager for Monitoring Firm		Telephone No. <b>201-262-5841</b>							
Telephone No.		License No. <b>00156</b>							
Start Date (10) <b>3/26/13</b>		Scheduled Completion Date (11) <b>5/26/13</b>							
Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>280 Huyler Street</b>							
		City, State, Zip Code <b>Hackensack, NJ 07606</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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>THROUGHOUT</b>			<b>X</b>	<b>WINDOW CAULK</b>	<b>306 SF</b>	<b>X</b>			
<b>PIPE</b>			<b>X</b>	<b>PIPE</b>	<b>155 LF</b>	<b>X</b>			
<b>FLOOR TILE</b>			<b>X</b>	<b>FLOOR TILE</b>	<b>10,070 SF</b>	<b>X</b>			
<b>MASTIC</b>			<b>X</b>	<b>MASTIC</b>	<b>7,490 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Rovic Transport</b>		NJDEP Waste Hauler ID No. <b>20785</b>		Cubic Yards of Waste <b>240</b>	Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>				
City, State <b>Riverdale, New Jersey 07457</b>				Disposal Date <b>3/26/13 on</b>	City, State <b>Bethlehem, PA 18015</b>				
Completed by <b>R. McDonald</b>		Title <b>President</b>		Signature <i>R. McDonald</i>		Date <b>3/12/13</b>			



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

ck # 1028

Date of Notification (1) <b>3-22-13</b>		Name of Building Owner / Operator (2) <b>Comcast Cable / c/o Sabre Industries (Glad Sumner 317-501-0925)</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 type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>451 Ridge Road</b> City, State & Zip Code <b>Lyndhurst, NJ 07071</b> Name of Contact <b>Bill Rosenberger, Ops Mgr., ENRC</b>						
			Telephone Number						
	<b>FACILITY INFORMATION</b>								
	Name of Facility Where Abatement is Taking Place (3) <b>Comcast Cable (same)</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>451 Ridge Road</b>		Square Feet <b>5000</b>	# of Floors <b>2</b>						
City (5) <b>Lyndhurst</b>	County (6) <b>Bergen</b>	Bldg. Age <b>Unknown</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>NA</b>		Name of Abatement Contractor (9) <b>Mid Atlantic Abatement, LLC</b>							
Street Address		Street Address <b>PO Box 1314</b>							
City, State & Zip Code		City, State & Zip Code <b>Cherry Hill, NJ 08003</b>							
Project Manager for Monitoring Firm		Telephone Number <b>609-567-0950</b>	License Number <b>01187</b>						
Scheduled Start Date (10) <b>3-22-13</b>	Scheduled Completion Date (11) <b>3-25-13</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"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> <input type="checkbox"/> <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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
<b>1<sup>st</sup> Floor-Main room</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Additional Linoleum &amp; mastic</b>	<b>54 sf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste <b>1 cu.yds.</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>4-5-13</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Theodore S. Budzynski</b>		Title <b>Gen. Mgr.</b>	Signature 				Date <b>3-22-13</b>		



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

CK# 1843

2013 APR 30 AM 10:50

Date of Notification (1) <b>4-23-13</b>		Name of Building Owner/Operator (2) <b>PENELLOPE GNESIN</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of 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>1501 OCEAN AVE - UNIT 2501</b>		City, State, Zip Code <b>ASBURY PARK NJ 07712</b>	
Name of Contact <b>PENELLOPE</b>		Telephone Number <b>[REDACTED]</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>PENELLOPE GNESIN</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>144 ROCK VIEW AVE</b>		Square Feet <b>2200</b>	# of Floors <b>2</b>
City (5) <b>NORTH PLAINFIELD</b>		Bldg. Age <b>75</b>	
County (6) <b>UNION</b>		Current Use (Prior if being demolished) <b>HOUSE</b>	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>ACE INSULATION CO INC</b>	
Street Address		Street Address <b>95 MONTROSE RD</b>	
City, State, Zip Code		City, State, Zip Code <b>COLTS NECK NJ 07722</b>	
Project Manager for Monitoring Firm		Telephone No. <b>732-294-1757</b>	License No. <b>00029</b>
Start Date (10) <b>5-2-13</b>	Scheduled Completion Date (11) <b>5-6-13</b>	Name of OSHA Monitor <b>ACE INSULATION CO INC</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7am - 7pm</b>		Street Address <b>95 MONTROSE RD</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		City, State, Zip Code <b>COLTS NECK NJ 07722</b>	
<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) <b>TO BE ABATED IN FACILITY (13)</b> <b>Basement</b>	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) <b>PIPE COVERING</b>
	Amount (Specify SF or LF) <b>160 LF</b>		
Name of Registered Waste Hauler <b>ACE INSULATION CO INC</b>		NJDEP Waste Hauler ID No. <b>12086</b>	Name of Registered Landfill <b>IGESI</b>
City, State <b>COLTS NECK NJ 07722</b>		Disposal Date <b>5-6-13</b>	City, State <b>BETHLEHEM PA</b>
Completed By <b>Jack GALL</b>	Title <b>OPS MGR</b>	Signature <b>Jack GALL</b>	Date <b>4-23-13</b>




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

CR14  
2013 APR 25 1843  
AM 10:50

Date of Notification (1) <u>4-22-13</u>		Name of Building Owner/Operator (2) <u>MARYANNE BONARDI</u>						
Agencies Notified	Type Notification	Street Address						
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	<u>21 TRAVELER WAY</u>						
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code						
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #	<u>BAYVILLE</u>						
<input checked="" type="checkbox"/> DOI	<input type="checkbox"/> Emergency (including justification)	Name of Contact						
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	<u>John Bishop</u>						
		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>MARYANNE BONARDI</u>		Type of Facility (4)						
Street Address		<input type="checkbox"/> School (K-12)						
<u>21 TRAVELERS WAY</u>		<input type="checkbox"/> Subchapter 8 (Other than K-12)						
City (5) <u>BAYVILLE</u>		<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
County (6) <u>OCEAN</u>		Square Feet	# of Floors					
County Code (7) (STATE USE ONLY)		<u>1200</u>	<u>1</u>					
		Bldg. Age						
		Current Use (Prior if being demolished) <u>HOUSE</u>						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)						
Street Address		<u>ACE INSULATION CO INC</u>						
City, State, Zip Code		Street Address						
		<u>95 MONTROSE RD</u>						
Project Manager for Monitoring Firm		City, State, Zip Code						
Telephone No.		<u>COLTS NECK NJ 07722</u>						
Start Date (10) <u>5-2-13</u>		Telephone No. <u>732-294-1757</u>						
Scheduled Completion Date (11) <u>5-9-13</u>		License No. <u>00029</u>						
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		<u>ACE INSULATION CO INC</u>						
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		Street Address						
<input type="checkbox"/> Other - Describe: <u>7am - 7pm</u>		<u>95 MONTROSE RD</u>						
		City, State, Zip Code						
		<u>COLTS NECK NJ 07722</u>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> $\geq 2$ sf or $\geq 3$ lf		<input type="checkbox"/> Full Containment with Negative Pressure						
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Mini-Enclosure						
<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Glovebag Procedure						
<input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
			<u>SIDING</u>	<u>1400</u>				
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill				
<u>ACE INSULATION CO</u>		<u>12086</u>	<u>3</u>	<u>GRADIEWS</u>				
City, State		Disposal Date	City, State					
<u>COLTS NECK NJ 07722</u>		<u>5-9-13</u>	<u>BETHLEHEM PA</u>					
Completed By	Title	Signature	Date					
<u>Jack GALL</u>	<u>OPS mgr</u>	<u>Jack GALL</u>	<u>4-22-13</u>					



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

Date of Notification (1) 4/21/13		Name of Building Owner/Operator (2) Ralph Zacccone ( Private Home)							
Agencies Notified	Type Notification	Street Address 606 S Green Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Tuckerton NJ 08087							
		Name of Contact Ralp	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Ralph Zacccone ( 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 606 S Green Street		Square Feet 1000+	# of Floors 1						
City (5) Tuckerton NJ 08087		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 5/3/13	Scheduled Completion Date (11) 5/10/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other -- Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	500 Sf	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 5/10/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 4/21/13		



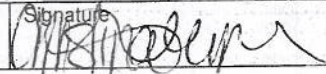
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Check # 8574

Date of Notification (1) <b>4-22-13</b>		Name of Building Owner/Operator (2) <b>Kathy Merola</b>							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>153 Giles Ave</b> City, State, Zip Code <b>Middlesex NJ 08846</b>							
		Name of Contact <b>Kathy Merola</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Single Family Dwelling</b>		Type of Facility (4)							
Street Address <b>153 Giles Ave</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>Middlesex NJ 08846</b>	Square Feet	# of Floors <b>2</b>	Bldg. Age <b>60+</b>						
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>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>5-2-13</b>	Scheduled Completion Date (11) <b>5-3-13</b>	Name of OSHA Monitor <b>EPC Technologies Inc</b>							
Occupancy Status During Abatement (Check Only One)		Street Address <b>P.O. Box 337</b>							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input checked="" type="checkbox"/>			<b>Pipe Insulation</b>	<b>100 LF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Waste Management of PA</b>					
City, State <b>New Egypt NJ</b>		Disposal Date <b>5-3-13</b>	City, State <b>Morrisville PA</b>						
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>				Date <b>4-22-13</b>		



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

Date of Notification (1) April 23, 2013		Name of Building Owner/Operator (2) Straga Brothers Inc. Check # 5790							
Agencies Notified	Type Notification	Street Address PO Box 216							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Glassboro, NJ 08028							
		Name of Contact Dennis Straga	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Bayside State Prison		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 4293 Route 47		Square Feet 20,000	# of Floors 3						
City (5) Leesburg		Bldg. Age 100							
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Prison							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 1253 North Church Street		Street Address 623 Cutler Ave.							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Michael Stocku		Telephone No. 856-840-8800	License No. 00842						
Start Date (10) May 14, 2013	Scheduled Completion Date (11) June 3, 2013	Name of OSHA Monitor EMSL							
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: Work being performed in vacant areas of the building		Street Address 107 Haddon Ave							
		City, State, Zip Code Westmont, New Jersey 08108							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Electric Shop		XXX		Transite Panels	100 SF	X			
Electric Shop		XXX		Pipe Insulation/Fittings	9 LF	X			
Elec. Shop/Storage/Health Office		XXX		Pipe Insulation	38 LF		X		
2nd Fl. Library/Stage		XXX		12x12 Olive Tile	600 SF	X			
Name of Registered Waste Hauler Freehold		NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste 10	Name of Registered Landfill Grows Landfill					
City, State Mount Holly, New Jersey 08060		Disposal Date 6-3-13		City, State Tullytown, PA.					
Completed by Christina Lynch		Title Office Manager		Signature 		Date April 23, 2013			



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

**DOL - 10 DAY**

Date of Notification (1): 03/30/11		Name of Building Owner/ Newark Board of Education	
Agencies Notified	Type Notification	Street Address: 2 Cedar Lane	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Co Newark, NJ 07152	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended Amendment#:	Name of Contact:	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency (including justification)	Telephone Number:	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

**APR 24 2013**

**WAIVER APPROVED**

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4):	
Street Address: 300 West Kinney Street			<input type="checkbox"/> School (K-12)	
City/ (5): Newark			<input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)	
County (6): Essex	County Code (7): 07102		<input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
			Square Feet: 2000	# of Floors:
			Bldg. Age: 68	Current Use: School
Name of Monitoring Firm Hired by Building Owner: Whitman Company		ASCM No.:	Name of Abatement Contractor (9): <b>Envirocare Enterprises, Inc</b>	
Street Address: Corporate Headquarters, 7 Pleasant Hill Road,			Street Address: <b>358 Broadway, Suite 202</b>	
City, State, Zip Code: Cranbury, N J 07104			City, State, Zip Code: <b>Newark, NJ 07104</b>	
Project Manager for Monitoring Firm: Kevin T Lovely		Telephone No.: 732-390-5858	Telephone No.: <b>(973) 485-4000</b>	License No.: <b>01017</b>
Start Date (10): 04/25/13	Scheduled Completion Date (11): 04/30/13		Name of OSHA Monitor: AmeriSci	
Occupancy Status During Abatement (Check only one)			Street Address: <b>117 East 30<sup>th</sup> Street</b>	
<input checked="" type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement			City, State, Zip Code: <b>New York, New York, 10016</b>	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours				
Describe:				
<input type="checkbox"/> Other				
Describe:				

Scope of Work (Check all that apply):

<input checked="" type="checkbox"/> $\leq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input 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	Encapsulat	Enclosure
basement		X		ceiling plastic	24 sq feet	X			
basement		x		Pipe insulation	6 to 9 ft	x			

Name of Registered Waste Hauler: Newark Carting		NJDEP Waste Hauler ID No.: 4506	Cubic Yards of Waste: 30	Name of Registered landfill: Tullytown Re. Facility	
City, State:		Disposal Date:		City, State: Tullytown, PA	
Completed By: Samuel Ilounoh		Title: President	Signature: <i>Samuel Ilounoh</i>	Date: 4/24/13	