

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

Date of Notification (1) <div style="text-align: center;">July 26, 2013</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Fatima Wilches</div>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	1277 Knollwood Road	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code <div style="text-align: center;">Mountainside, NJ 07092</div>	
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact <div style="text-align: center;">Fatima Wilches</div>	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4)		
Street Address <div style="text-align: center;">1277 Knollwood Road</div>			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K12)		
City <div style="text-align: center;">Mountainside</div>			Square feet <div style="text-align: center;">1200 sf</div>		
			# of Floors <div style="text-align: center;">1</div>		
County (6) <div style="text-align: center;">Union</div>			Bldg. Age <div style="text-align: center;">60</div>		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) <div style="text-align: center;">Residence</div>		
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">Guardian Contracting, Inc.</div>			Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
Street Address <div style="text-align: center;">1889 Rte. 9, Unit 61</div>			Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>		
City, State, Zip Code <div style="text-align: center;">Toms River, NJ 08755</div>			City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Project Manager for Monitoring Firm <div style="text-align: center;">Nicholas Fernicola</div>		Telephone Number <div style="text-align: center;">732-349-9932</div>	Telephone Number <div style="text-align: center;">732-349-9932</div>		License Number <div style="text-align: center;">00624</div>
Scheduled Start Date (10) <div style="text-align: center;">7/27/13</div>		Scheduled Completion Date (11) <div style="text-align: center;">7/30/13</div>		Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>	
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 <div style="text-align: center;">1056 Stelton Road</div>		
			City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div>		
Scope of Work (Check all that apply)					
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <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 </div> </div>					


Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) 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
Basement		X		Asbestos ceiling tiles	310 sf	X			
Den		X		Mastic	12 sf	X			

Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>	NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>	Cubic Yards of Waste <div style="text-align: center;">3</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>
City, State <div style="text-align: center;">Toms River, New Jersey</div>	Disposal Date <div style="text-align: center;">7/31/13</div>	City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>	
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>	Title <div style="text-align: center;">Project Manager</div>	Signature 	Date <div style="text-align: center;">7/26/2013</div>

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

CK # 25199
2013-05-17

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

Date of Notification (1) <u>6/10/13</u>		Name of Building Owner/Operator (2) <u>Mt. Laurel Library</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>100 Walt Whitman Ave.</u>	
		City, State, Zip Code <u>Mt. Laurel, NJ 08054</u>	
		Name of Contact <u>Sean Corsaro</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Mt. Laurel Library</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>100 Walt Whitman Ave.</u>		Square Feet <u>3500</u>	# of Floors <u>2</u>
City (5) <u>Mt. Laurel NJ</u>		Bldg. Age <u>50</u>	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Library</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>(609) 588-9103</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>6/11/13</u>	Scheduled Completion Date (11) <u>6/12/13</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>7am - 3:30</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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)
	Yes	No	
<u>Mech Room</u>	<input checked="" type="checkbox"/>		<u>Transite Flue</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>6/11/13</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>
		City, State <u>Tullytown, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>6/10/13</u>

APPROVED
NJ Dep. of Health & Senior Services
(signature)
6/10/13 Time: 2:55

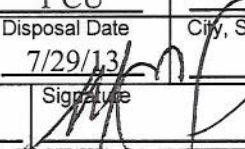
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:16)

CK# 25199

Date of Notification (1) <u>6/10/13</u>		Name of Building Owner/Operator (2) <u>Mt. Laurel Library</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>100 Walt Whitman Ave.</u>		City, State, Zip Code <u>Mt. Laurel, NJ 08054</u>	
Name of Contact <u>Sean Corsaro</u>		Telephone Number <u></u>	
FACILITY INFORMATION			
Name of Facility Where Abatement Is Taking Place (3) <u>Mt. Laurel Library</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>100 Walt Whitman Ave.</u>		Square Feet <u>3500</u>	
City (5) <u>Mt. Laurel NJ</u>		# of Floors <u>2</u>	
County (6) <u>Mercer</u>		Bldg. Age <u>50</u>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>Library</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 588-9103</u>	
Start Date (10) <u>6/11/13</u>		Scheduled Completion Date (11) <u>6/12/13</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>7am - 3:30</u>		Name of OSHA Monitor <u>MECS</u>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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		Street Address <u>PO Box 341</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>Mech Room</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>Transite Flue</u>		Amount (Specify SF or LF) <u>5 lf</u>	
Abatement Type Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	
City, State <u>Allentown, NJ</u>		Cubic Yards of Waste <u>1 CU</u>	
Name of Registered Landfill <u>T.R.R.F., Inc.</u>		City, State <u>Tullytown, PA</u>	
Disposal Date <u>6/11/13</u>			
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	
Signature <u></u>		Date <u>6/10/13</u>	

CK # 25242
2013/12/27

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

Date of Notification (1) <u>7/25/13</u>		Name of Building Owner/Operator (2) <u>Wilenius</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>93 W. Prospect Street</u>							
		City, State, Zip Code <u>Hopewell, NJ 08525</u>							
		Name of Contact <u>Mike Feskany - Schulte</u>	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>93 W. Prospect Street</u>		Square Feet <u>2400</u>	# of Floors <u>2</u>						
City (5) <u>Hopewell, NJ</u>		Bldg. Age <u>85</u>							
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Residential</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>						
Start Date (10) <u>7/26/13</u>	Scheduled Completion Date (11) <u>7/29/13</u>	Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>7am - 3:30 pm</u>		Street Address <u>PO Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>Dining Room/Kitchen</u>			<u>✗</u>	<u>Thermal Duct Insulation</u>	<u>10 lf</u>	<u>✗</u>			
<u>Kitchen</u>				<u>VAT</u>	<u>64 sf</u>	<u>✗</u>			
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>					
City, State <u>Allentown, NJ 08501</u>		Disposal Date <u>7/29/13</u>		City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 				Date <u>7/25/13</u>			

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

ch# 7164

Date of Notification (1) 07 / 19 / 13		Name of Building Owner / Operator (2) St. Peter's University					
Agencies Notified		Street Address 2641 JFK Boulevard					
Type of Notification		City, State, Zip Code Jersey City, NJ 07306					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Name of Contact Anna DePaula			
		Telephone Number [REDACTED]					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) St. Peter's University, School of Business			Type of Facility (4)				
Street Address 2641 JFK Boulevard			<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)				
City (5) Jersey City	County (6) Hudson	County Code (7)	Square Feet 70,000	# Of Floors 3	Building Age 1950		
			Current Use (Prior if being demolished) Education				
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations, Inc. (EHI)		ASCM No 00104	Name of Abatement Contractor (9) Slavco Construction Inc.				
Street Address 655 West Shore Trail		Street Address 164 Getty Avenue					
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Clifton, NJ 07011					
Project Mngr. For Monitoring Firm John Sekelsky		Telephone Number 973-729-5649	Telephone Number 973-478-4848				
Sched. Start Date (10) 08 / 05 / 13		Sched. Completion Date (11) 12 / 31 / 13	License Number 00724				
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor Slavco Construction Inc.				
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: Occupied 7:00 am to 3:30pm			Street Address 164 Getty Avenue				
			City, State, Zip Code Clifton, NJ 07011				
Scope of Work (Check All That Apply)							
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
	YES NO N/A						
Basement Cafeteria and Hallway	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Plaster Ceiling	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Cafeteria, Hallway & Kitchen	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Pipe Fittings	210 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Cafeteria, Hallway & Kitchen	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Pipe Insulation	550 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Cafeteria and Hallway	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Spray-On Fireproofing	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste S18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S Landfill			
City, State Clifton, NJ		Disposal Date TBD	City, State Morrisville, PA				
Completed by (Print or Type) Vivian Jurcevic		Title Office Manager	Signature <i>Vivian Jurcevic</i>		Date July 19, 2013		

Ch# 7164

2:120-7)
13 AUG -7 AM 10:34

Page 2 of 2

[illegible]

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

ch # 7163
2013 JUL -7 AM 10:31

Date of Notification (1) 07 / 19 / 13		Name of Building Owner / Operator (2) St. Peter's University	
Agencies Notified		Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	2641 JFK Boulevard	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOH	Amendment #	Jersey City, NJ 07306	
<input checked="" type="checkbox"/> DOL	Emergency w/ justification	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DCA	Cancellation	Anna DePaula	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) St. Peter's University, School of Education			Type of Facility (4)		
Street Address 2641 JFK Boulevard			<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
City (5) Jersey City	County (6) Hudson	County Code (7)	Square Feet 70,000	# Of Floors 3	Building Age 1950
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations, Inc. (EHI)			ASCM No 00104	Name of Abatement Contractor (9) Slavco Construction Inc.	
Street Address 655 West Shore Trail			Street Address 164 Getty Avenue		
City, State, Zip Code Sparta, NJ 07871			City, State, Zip Code Clifton, NJ 07011		
Project Mngr. For Monitoring Firm John Sekelsky		Telephone Number 973-729-5649	Telephone Number 973-478-4848		
Sched. Start Date (10) 08 / 05 / 13		Sched. Completion Date (11) 12 / 31 / 13	License Number 00724		
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor Slavco Construction Inc.		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: Occupied 7:00 am to 3:30pm			Street Address 164 Getty Avenue		
			City, State, Zip Code Clifton, NJ 07011		

Scope of Work (Check All That Apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >3sf or >3lf		<input type="checkbox"/> Mini - Enclosure
<input checked="" type="checkbox"/> >160 sf or >260 lf		<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			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
1st Fl Hallway, Rooms 126, 127, 129	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Wall and Ceiling Plaster	3750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 133	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Window Caulking	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 133	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	VAT	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Fl Hallway, Rooms 227, 229, 227	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Wall and Ceiling Plaster	3750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste S18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S Landfill	
City, State Clifton, NJ		Disposal Date TBD	City, State Morrisville, PA		
Completed by (Print or Type) Vivian Jurcevic		Title Office Manager	Signature <i>Vivian Jurcevic</i>		Date July 19, 2013

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

Continued
Page 2 of 2

2013 AUG -7
CL#7163

Date of Notification (1) 07 / 19 / 13		Name of Building Owner / Operator (2) St. Peter's University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DCA		Street Address 2641 JFK Boulevard	
		City, State, Zip Code Jersey City, NJ 07306	
		Name of Contact Anna DePaula	Telephone Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	

Scope of Work (Check All That Apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥3sf or ≥3lf | | <input type="checkbox"/> Mini - Enclosure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <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			
						R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
	YES	NO	N/A						
Basement Elevator Lobby	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	9 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Floor Elevator Lobby	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	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"/>
	<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"/>			<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"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Slavco Construction Inc.	NJDEP Waste S18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S Landfill
City, State Clifton, NJ	Disposal Date TBD	City, State Morrisville, PA	
Completed by (Print or Type) Vivian Jurcevic	Title Office Manager	Signature <i>Vivian Jurcevic</i>	Date July 19, 2013

Aug 1 2013 04:06pm

P001/001

APPROVED
NJ Dept. of Health & Senior Services
(Signature)
Date: 8/1/13 Time: 3:00

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

Date of Notification (1) 08/01/13. CK# 2761 \$200 ..		Name of Building Owner/Operator (2) Fort Lee Board of Education							
Agencies Notified	Type Notification	Street Address 2175 Lemoine Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fort Lee, New Jersey 07024							
		Name of Contact Jack L. DeNichilo	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement Is Taking Place (3) Fort Lee School # 3		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2405 Second Street		Square Feet 20,000	# of Floors 10						
City (5) Fort Lee, New Jersey 07024		Bldg. Age 55+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior, if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Karl & Associates Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address P.O. Box 645		Street Address 606 McBride Avenue							
City, State, Zip Code Shillington, Pennsylvania 19607		City, State, Zip Code Woodland Park, New Jersey							
Project Manager for Monitoring Firm Mike Krisher		Telephone No. 610-856-7700	Telephone No. 973-225-8400						
Start Date (10) 08/02/13		Scheduled Completion Date (11) 08/28/13	License No. 01104						
Name of OSHA Monitor J&S Environmental Labs									
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM-11PM		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Building (various locations)		X		Transite Panels NONFRIABLE	1,173 SF	X			
InterPrincipMainNurseOfficeRm106		X		TransiteWindowSill NONFRIABLE	7 SF	X			
Multipurpose Room		X		Window Caulk NONFRIABLE	360 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424			Disposal Date 08/30/13	City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President	Signature Tatiana Kalenikova	Date 08/01/13					

CHECK #
2858

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

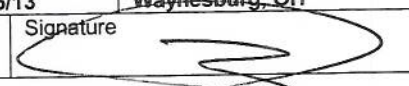
2013 AUG 13

Date of Notification (1) <u>8/12/13</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 77 TH ST.</u>					
		City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u>					
		Name of Contact <u>FRANK EDUARDI</u>	Telephone Number _____				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>3109 1ST AVENUE</u>		Square Feet	# of Floors				
City (5) <u>AVALON</u>		Bldg. Age					
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>					
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>					
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>				
Start Date (10) <u>8/13/13</u>	Scheduled Completion Date (11) <u>8/20/13</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>					
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<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					
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>1800 sf</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
				<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.V.A.</u>				
City, State <u>MAPLE SHADE, N.J.</u>	Disposal Date	City, State <u>WOODBINE, N.J.</u>					
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>8/12/13</u>				

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

Date of Notification (1) 8-2-13		Name of Building Owner/Operator (2) MS RAVIT					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> PCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 138 COLUMBUS DRIVE City, State, Zip Code TENAFLY, N.J. 07670 Name of Contact MS RAVIT					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MS RAVIT		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 138 COLUMBUS DRIVE		Square Feet 2300	# of Floors 2				
City (5) TENAFLY, N.J. 07670		Site Age 61 yrs					
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc				
Street Address		Street Address 450 S. River St					
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601					
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 8-14-13	Scheduled Completion Date (11) 8-16-13	Name of OSHA Monitor Omega Environmental Inc					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM - 5 PM		Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 of ≥ 25 f <input type="checkbox"/> ≥ 100 of ≥ 250 f <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Fixable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, gaskets, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
BASEMENT			X	VAT	250 SF	X	
Name of Registered Waste Hauler Best Removal Inc		N.J. DEP Waste Hauler ID No. 17109	Cubic Yards of Waste 140	Name of Registered Landfill Minerva Enterprises			
City, State Hackensack, N.J. 07601			Disposal Date 8-16-13	City, State Waynesburg, Oh			
Completed by R. VELDRAN	Title Estimator	Signature <i>R. Veldran</i>		Date 8-2-13			

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

Date of Notification (1) 08/01/13		Job #: 9388.3		Name of Building Owner/Operator (2) Inspira Healthcare Network					
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		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment# _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 165 Bridgeton Pike City, State, Zip Code Mullica Hill, NJ 08062 Name of Contact Samuel Verzella					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Inspira Healthcare Bridgeton				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 333 Irving Avenue				Square Feet 40,000					
City (5) Bridgeton				# of Floors 3					
County (6) Cumberland				Bldg. Age 30+					
County Code (7) (STATE USE ONLY)		Current Use (prior if being demolished) Health Center							
Name of Monitoring Firm Hired by Building Owner (8) Criterion		ASCM No.		Name of Contractor (9) The Prime Group Remediation, Inc.					
Street Address 3370 Progress Way				Street Address 4343 'G' Street					
City, State, Zip Code Bensalem, PA 19020				City, State, Zip Code Philadelphia, PA 19124					
Project Manager for Monitoring Firm Jim Wertz		Telephone Number 215-244-1300		Telephone Number 215-533-3503					
				License Number 00858					
Scheduled Start Date (10) 8/19/13		Scheduled Completion (11) 09/30/13		Name of OSHA Monitor The Prime Group Remediation, 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 4343 'G' Street					
				City, State, Zip Code Philadelphia, PA 19124					
Source of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <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) 150 LF	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Ground Floor			X	Pipe Insulation	150 LF	X			
			X						
Name of Reg. Waste Hauler The Prime Group Remediation, Inc.		NJDEP Waste Hauler ID # 19272		Cubic Yards of Waste 6.5		Name of Reg. Landfill Minerva Landfill(OH EPA 15-1292)			
City, State Philadelphia, PA		Disposal Date 09/15/13		City, State Waynesburg, OH					
Completed by Vincent J. Primavera, III		Title Project Manager		Signature 		Date 08/01/13			

Aug 2 2013 12:08pm

P001/001

CHECK# 8221

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

Date of Notification (1) 8/01/13		Name of Building Owner/Operator (2) DHYLOS Realty		APPROVED NJ Dept. of Health & Senior Services (Signature) 8/2/13 10:30	
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 type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1079 ROUTE 22 City, State, Zip Code MOUNTAIN SIDE, N.J. 07092	
Name of Facility Where Abatement is Taking Place (3) Dinner		Name of Contact RUSSEL HESLICH		Telephone Number 1	
FACILITY INFORMATION					
Street Address 1079 LT 22			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) MOUNTAIN SIDE			Square Feet 925		
County (6) UNION			# of Floors 1		
County Code (7) (STATE USE ONLY)			Bldg. Age + 50		
Name of Monitoring Firm Hired by Building Owner (8)			Current Use (Prior if being demolished) Commercial		
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, NJ 07452		
Telephone No.			Telephone No. (201) 262-5841		
Start Date (10) 8/02/13			License No. 00156		
Scheduled Completion Date (11) 8/03/13			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		
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 checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			City, State, Zip Code Hackensack, N.J. 07606		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A		Amount (Specify SF or LF)	
EXTERNAL				10 LF	
				TRANSISE	
Name of Registered Waste Hauler Rovic Transportation		NJDEP Waste Hauler ID No. 20785		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State Riverdale, New Jersey 07457		Cubic Yards of Waste 3		City, State Bethlehem, P.A. 18015	
Disposal Date 8/02/13		Signature J. V. V.		Date 8/01/13	
Completed by Joseph Vocaturo		Title Operations			

Aug 2 2013 12:33pm

P001/001

APPROVED

NJ Dept. of Health & Senior Services

Paul C. Hynes
(signature)

Date: 8/02/13 Time: 11:22am

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

CHECK # 8221

2013 AUG - 7

Date of Notification (1) 8/02/13		Name of Building Owner/Operator (2) BROTHERS DEVELOPMENT COMPANY LLC.							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 101 E. Broadway		City, State, Zip Code Hackensack NJ 07601							
Name of Contact FLETCHER CREAGER V		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FARM HOUSE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 337 SPRING VALLEY RD.		Square Feet 1500							
City (5) PARAMUS		# of Floors 2							
County (6) BERGEN		Bldg. Age +50							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENTIAL.							
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							
Telephone No.		License No. 00156							
Start Date (10) 8/03/13		Scheduled Completion Date (11) 9/03/13							
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 <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Omega Environmental Services Inc.							
Street Address 280 Huyler Street		City, State, Zip Code Hackensack, N.J 07608							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥150 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			✓	VAT	575 SF	✓			
2ND FLOOR			✓	VAT	405 SF	✓			
Name of Registered Waste Hauler Rovic Transportation		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 2		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.			
City, State Riverdale, New Jersey 07457		Disposal Date 8/03/13		City, State Bethlehem, P.A 18015					
Completed by Joseph Vocaturo		Title Operations		Signature J. Vocaturo		Date 8/02/13			

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

OK 18173


2013 AUG -7 11:10:31

Date of Notification (1) 8/2/2013		Name of Building Owner/Operator (2) NORTH ARLINGTON BOARD OF EDUCATION							
Agencies Notified	Type Notification	Street Address 222 RIDGE ROAD							
<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 NORTH ARLINGTON, NJ 07032							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact LOU MANUPPELLI	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RIP COLLINS FIELD		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 167 RIVER ROAD		Square Feet	# of Floors						
City (5) NORTH ARLINGTON		Bldg. Age							
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING						
Street Address		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm		Telephone No. 973-956-8700	License No. 00494						
Start Date (10) 8/12/2013	Scheduled Completion Date (11) 8/19/2013	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input 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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED		X							
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 40	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 8/19/2013		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>				Date 8/2/2013	

TYPE OF ACM	LOCATION	APPROXIMATE AMOUNT
Grey cementitious pipe fitting insulation associated with fibrous glass pipe insulation.	Locker Room Building: Throughout and in concealed pipe chases.	140 Locations 40 Concealed Locations
Silver-Coated black asphaltic roofing flashing / sealant compound (all thicknesses and applications).	Locker Room Building: Roof Level Associated with all perimeters, penetrations, and raised roofing seams.	600 sf
Grey corrugated aircell pipe insulation and associated pipe fitting insulation.	Snack Bar Building: Storage Room Rear Water Heater / Utility Room Throughout and in concealed pipe chases.	40 lf 26 lf 30 lf
Dark Grey 9"x9" floor tile.	Snack Bar Building: Kitchen	240 sf
Grey cement-fiber "transite" siding shingles.	Snack Bar Building: Exterior - East end of building.	80 sf
Black asphaltic roofing flashing / sealant compound.	Snack Bar Building: Main Roof; associated with sign bracket.	1 sf

2013 AUG -7 10:10:51

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

Date of Notification (1) 8-1-13		Name of Building Owner/Operator (2) Derek Lau	
Agencies Notified	Type Notification	Street Address 7 Dorset Lane	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Summit, NJ,	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Derek Lau	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number 	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			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			Square Feet 1650	# of Floors 2	Bldg. Age 65
City (5)	County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 8-13-13 Month Day Year	Sched. Completion Date (11) 8-14-13 Month Day Year	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>		Street Address		
		City, State, Zip Code		

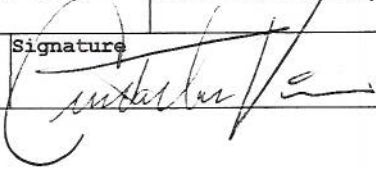
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E M E N T	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	Duct Insulation	60 SF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 8-15-13	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 		Date 8-1-13	

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

Date of Notification (1) 8-2-13		Name of Building Owner/Operator (2) John Glackin	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	31 Hazlewood Road	
<input type="checkbox"/> DEP		City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amended Notification	Bloomfield, NJ, 07003	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> EMERGENCY	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	John Glackin	[REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors	Bldg. Age
			2200	3	103
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address		
		86 Christopher St.		
City, State, Zip Code		City, State, Zip Code		
		Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number	Telephone Number		License Number
	N/A	(973) 744-8800		00371
Scheduled Start Date (10)	Sched. Completion Date (11)	Name of OSHA Monitor		
8-14-13	8-15-13	N/A		
Month Day Year	Month Day Year			
Occupancy Status During Abatement (Check only one)		Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement				
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»		City, State, Zip Code		
<input type="checkbox"/> Other - Describe: «Other Occupancy Descript»				

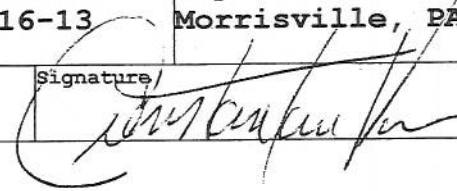
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E	
Basement			X	Boiler	35 SF	X				
				Pipe Insulation	140 LF					

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 2.0	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 8-16-13	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 8-2-13		

State of New Jersey
REQUEST FOR WAIVER NOTIFICATION OF ASBESTOS ABATEMENT
OF 10 DAY NOTIFICATION (Present to NJAC 26:27 and 12:12b)

Check: 4586

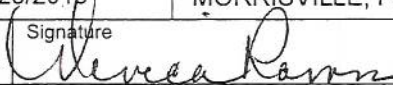
Date of Notification (1) 8-1-2013		Name of Building Owner/Operator (2) BOROUGH OF EMERSON		APPROVED NJ Dept. of Health & Senior Services Carol C. Horner (signature) Date: 8/1/13 Time: 11:11 AM		
Agency Involved <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Announced <input type="checkbox"/> Announced/ Emergency (including justification) <input type="checkbox"/> Consultation	Report Address 1 MUNICIPAL PLACE City, State, Zip Code EMERSON, NJ 07630 Name of Contact JOSEPH SCARPA				
FACILITY INFORMATION						
Name of Facility where Abatement is Taking Place (3) BOROUGH OF EMERSON			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter C (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, tenants, etc.) <input type="checkbox"/> D & M			
Street Address 1 MUNICIPAL PLACE			Square Feet 4,000	# of Floors 2	Est. Age 75 YRS	
City (5) EMERSON			County Code (7) (STATE USE ONLY) BERGEN			
County (6) BERGEN			Current Use (After if being demolished) MUNICIPAL BUILDING OFFICE			
Name of Abatement Firm hired by Building Owner DETAIL ASSOCIATES INC.		ASCM No. 00012	Name of Abatement Contractor (8) Best Removal Inc			
Street Address 300 GRAND AVENUE		Street Address 450 S. River St				
City, State, Zip Code ENGLEWOOD, NJ 07631		City, State, Zip Code Hackensack, N.J. 07601				
Project Manager for Abatement Firm STEVE TARCELO		Telephone No. 201-569-6708	Telephone No. 201-329-7444	License No. 00388		
Start Date (9) 8-5-2013	Scheduled Completion Date (10) 8-6-2013		Name of OSHA Monitor Omega Environmental Inc			
Occupancy Status During Abatement (Check all that apply) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Street Address 280 Huyler St			
			City, State, Zip Code South Hackensack, N.J. 07606			
Steps of Work (Check all that apply) <input type="checkbox"/> 23 of or 25 F <input type="checkbox"/> 23 of or 250 F <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Hot Work <input type="checkbox"/> Cleaning Procedures <input type="checkbox"/> Non-Exhausted (C) and Non-Exhausted Procedures						
Location of Asbestos-Containing Material (ACM) ROOF AREA (11)	Is Location Exclusively Used Solely by Maintenance/ Contracted Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, surfing, VET, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Enclosure
OFFICE AREA	X	THERMAL INSULATION DEBRIS OPERATIONS & MAINTENANCE	8 SF	X		
Name of Registered Waste Handler Best Removal Inc		Waste ID No. 17109	Code Type of Waste 12 YD	Name of Registered Landfill Minerva Enterprises		
City, State Hackensack, N.J. 07601		Report Date 8-6-13	City, State Waynesburg, Oh			
Completed by R. Veldran	Title Estimator	Signature R. Veldran	Date 8-1-2013			

Do not use this form for asbestos hazardous waste abatement.

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

Date of Notification (1) 8/2/2013		Name of Building Owner/Operator (2) JEFFERSON TOWNSHIP BOARD OF EDUCATION							
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		31 ROUTE 181					
				City, State, Zip Code LAKE HOPATCONG, NJ 07849					
				Name of Contact JOSEPH YUHAS	Telephone Number _____				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) ELLEN T. BRIGGS ELEMENTARY SCHOOL				Type of Facility (4)					
Street Address 1 JEFFERSON DRIVE				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) LAKE HOPATCONG				Square Feet	# of Floors				
				Bldg. Age					
County (6) SUSSEX		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) KARL & ASSOCIATES INC.			ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING					
Street Address P.O. BOX 645			Street Address 250 RUTHERFORD BLVD.						
City, State, Zip Code SHILLINGTON, PA 19607			City, State, Zip Code CLIFTON, NJ 07014						
Project Manager for Monitoring Firm MIKE KRISHER		Telephone No. 610-856-7700		Telephone No. 973-956-8700	License No. 00494				
Start Date (10) 8/12/2013		Scheduled Completion Date (11) 8/23/2013		Name of OSHA Monitor SAME AS (9) ABOVE					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED	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) 1,800 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR		X		WINDOW CAULKING		X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743		Cubic Yards of Waste 10	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.				
City, State CLIFTON, NJ				Disposal Date 8/23/2013	City, State MORRISVILLE, PA				
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>		Date 8/2/2013			

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

Date of Notification (1) 7/25/2013		Name of Building Owner/Operator (2) JEFFERSON TOWNSHIP BOARD OF EDUCATION							
Agencies Notified	Type Notification	Street Address 31 ROUTE 181							
<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 LAKE HOPATCONG, NJ 07849							
		Name of Contact JOSEPH YUHAS	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) ELLEN T. BRIGGS ELEMENTARY SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 JEFFERSON DRIVE		Square Feet	# of Floors						
City (5) LAKE HOPATCONG		Bldg. Age							
County (6) SUSSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) KARL & ASSOCIATES INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING						
Street Address P.O. BOX 645		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code SHILLINGTON, PA 19607		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm MIKE KRISHER		Telephone No. 610-856-7700	License No. 00494						
Start Date (10) 8/5/2013	Scheduled Completion Date (11) 8/23/2013	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR		X		WINDOW CAULKING	1,800 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 10	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ			Disposal Date 8/23/2013	City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature 			Date 7/25/2013		

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

Date of Notification (1) 8/1/13		Name of Building Owner/Operator (2) New Jersey City University							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2039 John F Kennedy Boulevard							
		City, State, Zip Code Jersey City, NJ 07305							
		Name of Contact Edie Delvecchio	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) West Campus Warehouse		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 2039 John f Kennedy Boulevard		Square Feet 20000	# of Floors 1						
City (5) Jersey City		Bldg. Age 20+							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Warehouse							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Mattiola Services, LLC						
Street Address		Street Address 2082 B Lucon Road							
City, State, Zip Code		City, State, Zip Code Skippack, PA 19474							
Project Manager for Monitoring Firm		Telephone No. 610.539.5634	License No. 01077						
Start Date (10) 8/12/13	Scheduled Completion Date (11) 8/31/13	Name of OSHA Monitor Mattiola Services, 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 2082 B Lucon Road							
		City, State, Zip Code Skippack, PA 19474							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			X	Roof membrane	20000 SF	X			
Name of Registered Waste Hauler Waste Management, Inc.		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste	Name of Registered Landfill Waste Management, Inc.					
City, State Keyport, NJ			Disposal Date	City, State Tullytown, PA					
Completed by Caroline M. Harper		Title Project Manager	Signature <i>Caroline M. Harper</i>	Date 8/1/13					

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

Date of Notification (1) 7-31-13		Name of Building Owner/Operator (2) Kathleen Caccavale	
Agencies Notified	Type Notification	Street Address 82 Central Ave.	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Madison, NJ, 07940	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Kathleen Caccavale	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			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			Square Feet 2100		
City (5)			County (6) Morris	County Code (7) (STATE USE ONLY)	# of Floors 3
			Bldg. Age 105		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	
Sched. Completion Date (11) 8-14-2013		License Number 00371		
Sched. Start Date (10) 8-12-13		Name of OSHA Monitor N/A		
Month Day Year 8-12-13		Month Day Year 8-14-2013		
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: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>		Street Address		
		City, State, Zip Code		

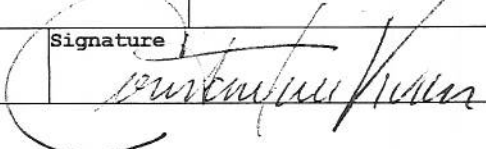
Scope of Work (Check all that apply)

☒ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 260 lf

☒ Renovation
☐ Demolition


☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E M E N T	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	Boiler	40 SF	X			
				Pipe Insulation	160 LF				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 2.0	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 8-15-2013		City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian		Title President		Signature 	
				Date 7-31-2013	

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

Check No. N/A

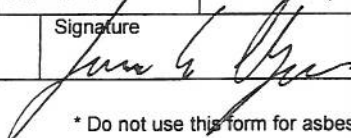
Date of Notification (1) July 31, 2013		Name of Building Owner/Operator (2) PA of NY & NJ, Port Jersey Marine Terminal						
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10:2004</small> <input checked="" type="checkbox"/> DOL <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 51 Port Terminal Boulevard City, State, Zip Code Bayonne, NJ 07002-5014 Name of Contact Ed Hicks Telephone Number [REDACTED]						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Building 108 Roof Rehabilitation at Port Jersey		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 108 Port Terminal Boulevard		Square Feet 7,100						
City (5) Bayonne, NJ 07002-5014		# of Floors 1	Bldg. Age 50 +/-					
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Electrical Substation						
Name of Monitoring Firm Hired by Building Owner (8) PA of NY & NJ	ASCM No. N/A	Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.						
Street Address 241 Erie Street, Room 236		Street Address 223 Randolph Avenue						
City, State, Zip Code Jersey City, NJ 07310		City, State, Zip Code Clifton, NJ 07011						
Project Manager for Monitoring Firm Uday Mehta	Telephone No. 201-595-4881	Telephone No. 973-478-4681	License No. 00120					
Start Date (10) August 13, 2013	Scheduled Completion Date (11) December 31, 2013	Name of OSHA Monitor McCabe Environmental Services, L.L.C.						
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 464 Valley Brook Avenue City, State, Zip Code Lyndhurst, NJ 07071-1998						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
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
Roof			<input checked="" type="checkbox"/>	Roof Tar & Flashing	860 sq ft	<input checked="" type="checkbox"/>		
Exterior			<input checked="" type="checkbox"/>	Caulking & Window Glazing	57.2 ln ft	<input checked="" type="checkbox"/>		
Battery Room			<input checked="" type="checkbox"/>	Floor Tile	774 sq ft	<input checked="" type="checkbox"/>		
First Floor Front			<input checked="" type="checkbox"/>	Thermal Systems Insulation	65 ln ft	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Two Brothers Contracting, Inc.		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 40	Name of Registered Landfill GROWS North Landfill				
City, State Clifton, NJ			Disposal Date 08/20/13 - 12/31/13	City, State Morrisville, PA				
Completed by Aleksandar Kuridza	Title Vice-President		Signature 	Date 7/31/2013				

CHECK
8067

Print Form

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

2013 AUG -7 11:10:31

Date of Notification (1) 08/02/2013		Name of Building Owner/Operator (2) Patricia Ann Redden & Ernest A. Napolitano							
Agencies Notified	Type Notification	Street Address 94 Duncan Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Jersey City, NJ 07306							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Ernest Napolitano	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 94 Duncan Avenue		Square Feet 3,500	# of Floors 2						
City (5) Jersey City		Bldg. Age 90 yrs.							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address		Street Address 494 E. 41st Street							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm		Telephone No. 973-345-0022	License No. 00507						
Start Date (10) August 17, 2013	Scheduled Completion Date (11) August 20, 2013	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Unoccupied Basement</u>		Street Address _____ City, State, Zip Code _____							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	20 LF	X			
Basement		X			80 SF	X			
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. NJ 419	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. North Inc.					
City, State Paterson, NJ 07504			Disposal Date 08/20/2013	City, State Morrisville, PA					
Completed by James E. Unger		Title Project Manager		Signature 			Date 08/02/2013		

CK 023838

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) 08 / 01 / 13		Name of Building Owner/Operator (2) Eyal Shuster	
Agencies Notified [X] EPA [] DEP [X] DOL [X] DOH [] DCA		Type of Notification [X] Initial [] Amended Amendment # [] Emergency (including Justification) [] Cancellation	
Street Address 360 Ninth Street LLC		City, State, Zip Code Jersey City, NJ	
Name of Contact Eyal Shuster		Telephone Number	

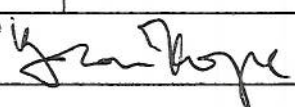
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Street Address 353-361 Claremont Avenue City (5) Jersey City			County (6) Hudson			County Code (7) (STATE USE ONLY)			Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8) Street Address Project Manager for Monitoring Firm Telephone Number			ASCM			Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc. Street Address 1141 Route 23 City, State, Zip Code Wayne NJ 07470 Telephone Number 973 628-9500 License No. 00408			Name of OSHA Monitor Enviro Vision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg. #34A City, State, Zip Code Fairlawn NJ 07410		
Scheduled State Date (10) 08 / 12 / 13 Month / Day / Year			Scheduled Completion Date (11) 08 / 30 / 13 Month / Day / Year			Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe:			Scope of Work (Check all that apply) [] ≥ 3 sf or ≥ 3 lf [X] ≥ 160 sf or ≥ 260 lf [X] Renovation [] Demolition [] Full Containment With Negative Pressure [] Mini-Enclosure [] Glovebag Procedure [X] Non-Exempted (*) and Non-Friable Procedure		

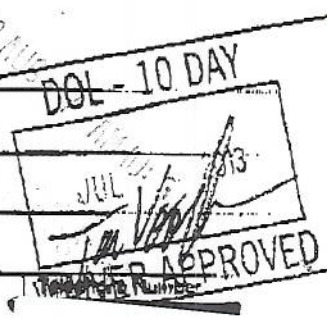
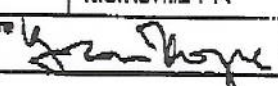
Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance / Custodial Staff (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				R	E	N	E	
353-Basement / 1st Floor	X	Plaster	500 SF	X				
355 - Exterior	X	Roofing	800 SF	X				
355 - Exterior	X	Transite	500 SF	X				
357 - Exterior	X	Roofing	1000 SF	X				

Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting, Inc. City, State Wayne NJ 07470		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. City, State Morrisville PA
Completed by (Print or Type) Jerry Bijelonic		Title Project Manager	Signature 	Date 8/1/2013

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

Date of Notification (1) 07/31/13		Name of Building Owner/Operator (2) Carteret Board of Education							
Agencies Notified	Type Notification	Street Address 599 Roosevelt Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Carteret NJ 07008							
		Name of Contact Drew Packard	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Carteret High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 199 Washington Avenue		Square Feet 120000	# of Floors 3						
City (5) Carteret		Bldg. Age 80							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental Analysis, Inc.		ASCM No. 090	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.						
Street Address 403 St. James Avenue		Street Address 265 Route 46 Suite 3D							
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm Pat McGuinness		Telephone No. 908 454 6316	License No. 00666						
Start Date (10) 08/02/13	Scheduled Completion Date (11) 08/05/13	Name of OSHA Monitor Bako Construction & Restoration, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Limited Occupancy</u>		Street Address 265 Route 46 Suite 3D							
		City, State, Zip Code Totowa NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Band Room		x		Pipe Fittings	12 LF	x			
Locker Room		x		Pipe Fittings	20 LF	x			
Shower Area		x		Pipe Fittings	6 LF	x			
Office/Storage Area		x		Pipe Fittings	5 LF	x			
Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S Inc.					
City, State Totowa NJ			Disposal Date 08/05/13	City, State Morrisville PA					
Completed by Goran Kojic		Title Project Manager		Signature 		Date 07/31/13			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 17:28 and 12-125)

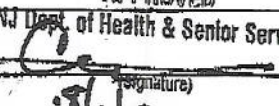
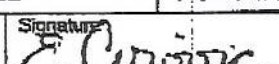
Date of Notification (1) 07/31/13		Name of Building Owner/Operator (2) Carteret Board of Education									
Agencies Notified		Street Address									
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		599 Roosevelt Avenue									
Type Notification		City, State, Zip Code									
<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation		Carteret NJ 07008									
		Name of Contact									
		Drew Packard									
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Carteret High School				Type of Facility (4)							
Street Address 199 Washington Avenue				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Carteret		Square Feet 120000		# of Floors 3	Bldg Age 80						
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental Analysis, Inc.		ASCM No. 090		Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.							
Street Address 403 St. James Avenue		Street Address 265 Route 46 Suite 3D									
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa NJ 07512									
Project Manager for Monitoring Firm Pat McGuinness		Telephone No. 908 454 6316		Telephone No. 973 256 7010	License No. 00666						
Start Date (10) 08/02/13		Scheduled Completion Date (11) 08/05/13		Name of OSHA Monitor Bako Construction & Restoration, Inc.							
Occupancy Status During Abatement (Check Only One)				Street Address 265 Route 46 Suite 3D							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: Limited Occupancy				City, State, Zip Code Totowa NJ 07512							
Scope of Work (Check All That Apply)											
<input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2100 sf or 2200 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("") and Non-Frable 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	Enclose
Band Room		X		Pipe Fittings		12 LF		X			
Locker Room		X		Pipe Fittings		20 LF		X			
Shower Area		X		Pipe Fittings		6 LF		X			
Office/Storage Area		X		Pipe Fittings		5 LF		X			
Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889		Cubic Yards of Waste 5		Name of Registered Landfill G.R.O.W.S Inc.					
City, State Totowa NJ		Disposal Date 08/05/13		City, State Morrisville PA							
Completed by Goran Kojic		Title Project Manager		Signature 		Date 07/31/13					

ASB-41 (R-06-05)

* Do not use this form for asbestos licensure exempted activities

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:129)

*CHECK # 0223 *

Date of Notification (1) 8-1-2013		Name of Building Owner/Operator (2) CAT Development Group		<div style="border: 1px solid black; padding: 5px;"> APPROVED NJ Dept. of Health & Senior Services  Date: 8/1/13 Time: 10:40 </div>					
Agencies Notified		Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		28 W. 36th Street, Suite 800							
Type Notification <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 York, NY 10018							
		Name of Contact Robert		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building # 15				Type of Facility (4)					
Street Address 29 Mantoloking Road				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Mantoloking, NJ 08738				Square Feet	Bldg. Age				
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950	License No. 01193					
Start Date (10) 8-5-2013		Scheduled Completion Date (11) 8-16-2013		Name of OSHA Monitor Loznica Management Corporation					
Occupancy Status During Abatement (Check Only One)				Street Address 22 Troy Lane					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code Lincoln Park, NJ 07035					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> ≥180 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) 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	Enclose
Flat Roof			<input checked="" type="checkbox"/>	Roofing, Flashing, & Tar	1,000 SF	<input checked="" type="checkbox"/>			
Windows			<input checked="" type="checkbox"/>	Window Glazing	5 Windows	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by E. Cirovic		Title Secretary		Signature 		Date 8-1-2013			

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

CHECK # 0222

Date of Notification (1) 8-1-2013		Name of Building Owner/Operator (2) CAT Development Group		<div style="border: 1px solid black; padding: 5px;"> APPROVED NJ Dept. of Health & Senior Services _____ (signature) Date: 8/1/13 Time: 10:44 Telephone Number: </div>					
Agencies Notified	Type Notification	Street Address 28 W. 36th Street, Suite 800							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New York, NY 10018							
		Name of Contact Robert							
FACILITY INFORMATION									
Name of Facility Where Abatement Is Taking Place (3) Building # 11			Type of Facility (4)						
Street Address 29 Mantoloking Road			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Mantoloking, NJ 08738			Square Feet	# of Floors	Bldg. Age				
County (6) Ocean		County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950	License No. 01193					
Start Date (10) 8-5-2013		Scheduled Completion Date (11) 8-23-2013		Name of OSHA Monitor Loznica Management Corporation					
Occupancy Status During Abatement (Check Only One)			Street Address 22 Troy Lane						
<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 Lincoln Park, NJ 07035						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 2160 sf or 2260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	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
Furnace Room West Ceiling & Wall			X	Asbestos Panels	200 SF	X			
Furnace Room Flat Roof			X	Roofing, Flashing, & Tar	225 SF	X			
Main Roof			X	Flashing & Tar	1,100 SF	X			
Various Windows			X	Window Glazing	22 Windows	X			
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 0033137		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Lincoln Park, NJ 07035				Disposal Date TBD	City, State Morrisville, PA 19067				
Completed by E. Cirovic		Title Secretary		Signature E. Cirovic		Date 8-1-2013			

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

Date of Notification (1) 8/2/2013		Name of Building Owner/Operator (2) Seminole Construction 6 27202	
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 128 Bartlett Avenue	
		City, State, Zip Code West Creek, NJ 08092	
		Name of Contact Joyce	Telephone Number <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 64 W. Susquehanna Drive					
City Mystic Island	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1000 sf	# of Floors 1	Bldg. Age 60
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm	Telephone Number		Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 8/03/13	Scheduled Completion Date (11) 8/06/13		Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <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	900 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 8/07/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 8/2/2013

*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)

* CHECK # 0220 *

Date of Notification (1) 8-1-2013		Name of Building Owner/Operator (2) CAT Development Group		APPROVED NJ Dept. of Health & Senior Services (Signature) Date: 8/1/13 Time: 1:54 PM					
Agencies Notified	Type Notification	Street Address 28 W. 36th Street, Suite 800		City, State, Zip Code New York, NY 10018					
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Robert		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building # 16				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 29 Mantoloking Road				Square Feet	# of Floors				
City (5) Mantoloking, NJ 08738				Bldg. Age					
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950	License No. 01193					
Start Date (10) 8-5-2013		Scheduled Completion Date (11) 8-16-2013		Name of OSHA Monitor Loznica Management Corporation					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address 22 Troy Lane					
				City, State, Zip Code Lincoln Park, NJ 07035					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> < 23 sf or < 23 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			X	Roofing, Flashing & Tar	3,000 SF	X			
Windows			X	Window Glazing	22 Windows	X			
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 0033137		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by E. Cirovic		Title Secretary		Signature E. Cirovic			Date 8-1-2013		

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

Date of Notification (1) 7/24/2013		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#1-8/2/13 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 15 EAST MONTGOMERY PLACE City, State & Zip Code PITTSBURGH, PA 15212 Name of Contact ALEX BAYLOR							
		Telephone Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VERIZON Training Facility		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 6000 Hadley Road		Square Feet	# of Floors						
City (5) So. Plainfield	County (6) Middlesex	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) Verizon communication center							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc.		ASCM No.							
Street Address 8436 Enterprise Ave		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC							
City, State & Zip Code Philadelphia pa 19153		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm Mark Jenkins		Telephone Number 267-784-8651	City, State & Zip Code BRISTOL, PA 19007						
Telephone Number 215-788-6040		License Number 00509							
Scheduled Start Date (10) ON HOLD	Scheduled Completion Date (11)		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement Hours - 7AM to 3:30PM		Street Address 1123 BEAVER STREET							
City, State & Zip Code BRISTOL, PA 19007									
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <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 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
Fan room B-3-S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fittings	12 EA	<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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 2	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date 8/5/2013		City, State WAYNESBURG, OH					
Completed By (Print or Type) Patrick T. DeCaro		Title Estimator	Signature <i>Patrick T. DeCaro</i>				Date 8/2/13		

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

Ck # 2470

Date of Notification (1) 7/24/2013		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 9650 <input checked="" type="checkbox"/> DOH 9067 <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 15 EAST MONTGOMERY PLACE City, State & Zip Code PITTSBURGH, PA 15212 Name of Contact ALEX BAYLOR							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VERIZON Training Facility		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 6000 Hadley Road		Square Feet	# of Floors						
City (5) So. Plainfield	County (6) Middlesex	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) Verizon communication center							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC							
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET							
City, State & Zip Code Philadelphia pa 19153		City, State & Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mark Jenkins		Telephone Number 267-784-8651	License Number 00509						
Scheduled Start Date (10) 8/5/2013	Scheduled Completion Date (11) 8/5/2013	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement Hours - 7AM to 3:30PM		Street Address 1123 BEAVER STREET							
		City, State & Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <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 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
Fan room B-3-S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fittings	12 EA	<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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 2	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date 8/5/2013		City, State WAYNESBURG, OH					
Completed By (Print or Type) Patrick T. DeCaro		Title Estimator	Signature <i>Patrick T. DeCaro / jl</i>				Date 7/24/13		

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

#2002


Date of Notification (1) 8-3-13		Name of Building Owner/Operator (2) 609 BROAD STREET LLC	
Agency 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 609 BROAD STREET	
		City, State, Zip Code NEWARK NJ 07101	
		Name of Contact MIKE HANDLER	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 609 BROAD ST. LLC		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 609 BROAD ST.		Square Feet 8000	# of Floors 4
City (5) NEWARK		Bldg. Age 80	
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) 41 STORY BISH	
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) 8-13-13		Scheduled Completion Date (11) 8-31-13	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Ace Insulation Co. Inc	
		Street Address 95 Montrose Rd.	
		City, State, Zip Code Colts Neck, N.J. 07722	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
EXTENSION		<input checked="" type="checkbox"/>	WINDOW CAULK
INTERIOR		<input checked="" type="checkbox"/>	FLOOR TILE
ROOF		<input checked="" type="checkbox"/>	TRANSITE
INTERIOR		<input checked="" type="checkbox"/>	FAN RM
Amount (Specify SF or LF)	Abatement Type		
	Removal	Repair	Encapsulate
1000 LF	<input checked="" type="checkbox"/>		
2000 SF	<input checked="" type="checkbox"/>		
2700 SF	<input checked="" type="checkbox"/>		
2000 SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Ace Insulation Co. Inc	NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 30	Name of Registered Landfill GROWS
City, State Colts Neck N.J.	Disposal Date 8-31-13	City, State Tullytown, PA	
Completed by Sack Ball	Title Ops mgr	Signature Jack Ball	Date 8-3-13

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

#2003

Date of Notification (1) 8-2-13		Name of Building Owner/Operator (2) INTERDONATO					
Agency 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"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 16 SURF AVE					
		City, State, Zip Code ORTLEY BEACH NJ					
		Name of Contact Richy					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) DENNIS INTERDONATO		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 16 SURF AVE		Square Feet 1500	# of Floors 1				
City (5) ORTLEY BEACH		Blg. Age 65					
County (6) OCEAN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOUSE				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Ace Insulation Co. Inc.					
Street Address		Street Address 95 Montrose Rd					
City, State, Zip Code		City, State, Zip Code COLTS NECK, N.J. 07722					
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	License No. 00029				
Start Date (10) 8-14-13	Scheduled Completion Date (11) 8-17-13	Name of OSHA Monitor Ace Insulation Co. Inc.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am - 7pm		Street Address 95 Montrose Rd.					
		City, State, Zip Code COLTS NECK, N.J. 07722					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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) 1500 SF	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
		SIDING		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Ace Insulation Co. Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 4	Name of Registered Landfill GROWS			
City, State COLTS NECK N.J.		Disposal Date 8-17-13	City, State TULLY TOWN, PA				
Completed by Sarah Gull	Title OPS mgr	Signature Judith Gull		Date 8-2-13			

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

Date of Notification (1) AUG. 5, 2013		Name of Building Owner/Operator (2) NELIA CARRASCO-HURNS							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 49 SCHOOL STREET						
			City, State, Zip Code PISCATAWAY, NJ 08853						
		Name of Contact LOIDA ARRINDELL	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 53 SCHOOL STREET		Square Feet 1200 SF	# of Floors 2						
City (5) PISCATAWAY		Bldg. Age 1950							
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.						
Street Address		Street Address 17 Thompson Street							
City, State, Zip Code		City, State, Zip Code West Long Branch, NJ 07764							
Project Manager for Monitoring Firm N/A		Telephone No. 732-222-8372	License No. 732-728-0514						
Start Date (10) AUGUST 15, 2013	Scheduled Completion Date (11) AUGUST 16, 2013	Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	TSI	42 LF	X			
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc.		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste .5 cy	Name of Registered Landfill GROWS NORTH LANDFILL					
City, State OCEANPORT, NJ 07757		Disposal Date 8/16/13		City, State MORRISVILLE, PA					
Completed by JOSEPH P. MILLER		Title PRESIDENT	Signature 			Date 8/5/13			

Date of Notification 8/2/2013	Name of Building Owner/Operator (2) Seminole Construction	22203
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 128 Bartlett Avenue City, State, Zip Code West Creek, NJ 08092 Name of Contact Joyce Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 19 W. Rhode Island Avenue		Square feet 1500 sf	
City Beach Haven	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Bldg. Age 60
Street Address		Current Use (Prior if being demolished) Residence	
City, State, Zip Code		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Project Manager for Monitoring Firm		Street Address 1889 Route 9, Unit 61	
Telephone Number		City, State, Zip Code Toms River, New Jersey 08755-1271	
Scheduled Start Date (10) 8/03/13	Scheduled Completion Date (11) 8/06/13	Telephone Number 732-349-9932	License Number 00624
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 E.M.S.L. Analytical	
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		Street Address 1056 Stelton Road	
		City, State, Zip Code Piscataway, New Jersey 08854	
		<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) 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 8/07/13		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>				Date 8/2/2013	

*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) <div style="text-align: center;">August 2, 2013</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Heritage Custom Builder 22204</div>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	951 Route 35 North	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code <div style="text-align: center;">Ortley Beach, NJ 08751</div>	
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact <div style="text-align: center;">Chris</div>	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4)		
Street Address <div style="text-align: center;">412 North Barnegat</div>			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K12)		
City <div style="text-align: center;">Surf City</div>			Square feet <div style="text-align: center;">1200 sf</div>		
			# of Floors <div style="text-align: center;">1</div>		
County (6) <div style="text-align: center;">Ocean</div>			Bldg. Age <div style="text-align: center;">60</div>		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) <div style="text-align: center;">Residence</div>		
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>			ASCM No.		
Street Address			Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
City, State, Zip Code			Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>		
Project Manager for Monitoring Firm			City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Telephone Number			Telephone Number <div style="text-align: center;">732-349-9932</div>		
Scheduled Start Date (10) <div style="text-align: center;">8/02/13</div>			License Number <div style="text-align: center;">00624</div>		
Scheduled Completion Date (11) <div style="text-align: center;">8/05/13</div>			Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>		
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 <div style="text-align: center;">1056 Stelton Road</div>		
			City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div>		
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) <div style="display: flex; justify-content: space-around;">YESNON/A</div>			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V 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	1050 sf	X			

Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>	NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>	Cubic Yards of Waste <div style="text-align: center;">3</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>
City, State <div style="text-align: center;">Toms River, New Jersey</div>	Disposal Date <div style="text-align: center;">8/06/13</div>	City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>	
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>	Title <div style="text-align: center;">Project Manager</div>	Signature <div style="text-align: center;"></div>	Date <div style="text-align: center;">8/2/13</div>

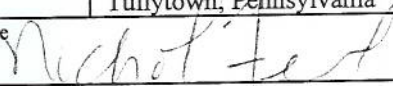
**Do not use this form for asbestos licensure exempted activities.*

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

Date of Notification (1) August 2, 2013		Name of Building Owner/Operator (2) Miller Homes	
Agencies Notified	Type of Notification	Street Address 112 Giffordtown Lane	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Tuckerton, NJ 08087	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification Amendment # _____		
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact Jim Miller	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA		Telephone Number <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 18 W. Schuylkill Drive					
City Little Egg Harbor	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1100 sf	# of Floors 1	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) N/A			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) 8/03/13		Scheduled Completion Date (11) 8/06/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V E 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	1000 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 8/07/13		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 				Date 8/2/13	

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

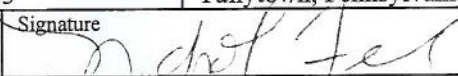
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 8/2/2013		Name of Building Owner/Operator (2) Seminole Construction 22198	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	128 Bartlett Avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	West Creek, NJ 08092	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Joyce	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 64 Patrick Drive			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K12)		
City Beach Haven West			County (6) Ocean		
County Code (7) (STATE USE ONLY)			Square feet 800 sf		
			# of Floors 1		
			Bldg. Age 60		
Name of Monitoring Firm Hired by Building Owner (8) N/A			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		License Number
			732-349-9932		00624
Scheduled Start Date (10) 8/02/13		Scheduled Completion Date (11) 8/05/13	Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			1056 Stelton Road		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			City, State, Zip Code		
<input type="checkbox"/> Other - Describe _____			Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
<input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> 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 A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	650 sf	X			

Name of Registered Waste Hauler 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 8/06/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 7/25/13

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

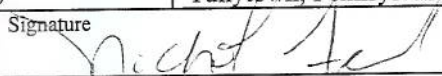
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) August 2, 2013		Name of Building Owner/Operator (2) T Fiore Demolition	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	645 Fisher Blvd.	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Toms River, NJ 08753	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Bill	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 35 Sunrise Way			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K12)		
City Toms River			Square feet 1000 sf		
			# of Floors 1		
County (6) Ocean			Bldg. Age 60		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A			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) 8/02/13		Scheduled Completion Date (11) 8/05/13	Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <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	950 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 8/06/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 8/2/2013

*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) <div style="text-align: center;">June 12, 2013</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Bridgewater-Raritan Regional School District 922193</div>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	836 Newmans Lane	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code <div style="text-align: center;">Bridgewater, NJ 08807</div>	
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact <div style="text-align: center;">Raymond Ruth</div>	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">John F Kennedy School</div>			Type of Facility (4)		
Street Address <div style="text-align: center;">255 Woodmere Street</div>			<input checked="" type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K12)		
City <div style="text-align: center;">Raritan</div>			Square feet <div style="text-align: center;">240,000 sf</div>		
			# of Floors <div style="text-align: center;">2</div>		
County (6) <div style="text-align: center;">Somerset</div>			Bldg. Age <div style="text-align: center;">43</div>		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) <div style="text-align: center;">School</div>		
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">Briggs Associates</div>			ASCM No. <div style="text-align: center;">00004</div>		
Street Address <div style="text-align: center;">3 Crosswicks Street</div>			Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
City, State, Zip Code <div style="text-align: center;">Bordentown, New Jersey 08505</div>			Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>		
Project Manager for Monitoring Firm <div style="text-align: center;">Mike Hoodak</div>			City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Telephone Number <div style="text-align: center;">609-298-5520</div>			Telephone Number <div style="text-align: center;">732-349-9932</div>		
Scheduled Start Date (10) <div style="text-align: center;">8/02/13</div>			License Number <div style="text-align: center;">00624</div>		
Scheduled Completion Date (11) <div style="text-align: center;">8/05/13</div>			Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>		
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 <div style="text-align: center;">1056 Stelton Road</div>		
			City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div>		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <div style="text-align: center;">TO BE ABATED in facility (13)</div>	Is Location Normally used Solely by Maintenance/Custodial Staff (12) <div style="display: flex; justify-content: space-around;">YESNON/A</div>			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Boys/Girls room		X		2 fittings	2 fittings	X			
Classroom B2,B3, B10,		X		3 fittings	3 fittings	X			
Kitchen		X		1 fitting	1 fitting	X			
C1, D4		X		2 fittings	2 fittings	X			
Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>		NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>		Cubic Yards of Waste <div style="text-align: center;">3</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>				
City, State <div style="text-align: center;">Toms River, New Jersey</div>		Disposal Date <div style="text-align: center;">8/06/13</div>		City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>					
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>		Title <div style="text-align: center;">Project Manager</div>		Signature 				Date <div style="text-align: center;">6/12/2013</div>	

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

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

Date of Notification (1) August 2, 2013		Name of Building Owner/Operator (2) Heritage Custom Builder	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	951 Route 35 North	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #	Ortley Beach, NJ 08751	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Chris	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 7400 Long Beach Blvd.			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K12)		
City LBI			Square feet		
			2000 sf		
County (6) Ocean			# of Floors		
County Code (7) (STATE USE ONLY)			1		
Bldg. Age			60		
Name of Monitoring Firm Hired by Building Owner (8) N/A			Current Use (Prior if being demolished) Residence		
ASCN No.			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			1889 Route 9, Unit 61		
City, State, Zip Code			Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
			732-349-9932		00624
Scheduled Start Date (10) 8/02/13		Scheduled Completion Date (11) 8/05/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			1056 Stelton Road		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			City, State, Zip Code		
<input type="checkbox"/> Other - Describe _____			Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1800 sf	X			

Name of Registered Waste Hauler 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 8/06/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 8/2/13

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