

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

Check # 1500

Date of Notification (1) 08/02/2013		Name of Building Owner/Operator (2) YIDDI WANG AND LAM CHUN CHENG	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 621 SHILOH AVE	
		City, State, Zip Code BRIDGETON, NJ 08302	
		Name of Contact WILLIAM PATTERSON	Telephone Number _____

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) COMMERCIAL BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 3397 SOUTH DELSEA DRIVE		Square Feet 5000	# of Floors 1
City (5) VINELAND		Bldg. Age 50	
County (6) CUMBERLAND	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) STRATEGIC ENVIRONMENTAL		ASCM No. _____	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.
Street Address 1634 SOUTH DELAWARE STREET		Street Address 570 CLEMS RUN	
City, State, Zip Code PAULSBORO, NJ 08066		City, State, Zip Code MULLICA HILL, NJ 08062	
Project Manager for Monitoring Firm ED KEEGAN		Telephone No. 856-423-5711	Telephone No. 610-304-4676
License No. 01145			
Start Date (10) 08/19/2013	Scheduled Completion Date (11) 08/28/2013	Name of OSHA Monitor EMSL	
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 200 RT. 130 NORTH	
		City, State, Zip Code CINNAMINSON, NJ 08077	

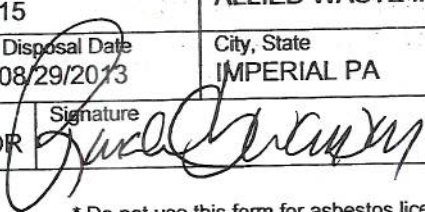
  

Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	


  

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BUILDING MAIN FLOOR			X	BLACK MASTIC	3230 SF	X			


Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES	NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 15	Name of Registered Landfill ALLIED WASTE IMPERIAL LANDFILL
City, State MULLICA HILL, NJ 08062		Disposal Date 08/29/2013	City, State IMPERIAL PA
Completed by RON SWANSON	Title PROJECT COORDINATOR	Signature 	Date 08/02/2013

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

Date of Notification (1) 8/6/13		Name of Building Owner/Operator (2) DeSimone Construction							
Agencies Notified	Type Notification	Street Address 711A Mantua Pike							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Woodbury NJ 08096							
		Name of Contact Bobbie	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Koslow Dental Office		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 1104 Cooper Street		Square Feet 1000+	# of Floors 2						
City (5) Deptford NJ 08096		Bldg. Age 35+							
County (6) Gloucester	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) Pernaco Inc.							
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/9/13	Scheduled Completion Date (11) 8/12/13	Name of OSHA Monitor Same							
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: evening hours after 3 pm		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
Basement			x	Floor Tile & Mastic	800 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 8/12/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/6/13		



State of New Jersey  
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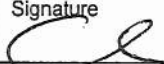
Date of Notification (1) 8/6/13		Name of Building Owner/Operator (2) Greg Camilleri Private Home							
Agencies Notified	Type Notification	Street Address 75 Jeri Ann Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Greg	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Greg Camilleri Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 75 Jeri Ann Drive		Square Feet 1000	# of Floors 1						
City (5) Manahawkin NJ 08050		Bldg. Age 35 +							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address _____		Street Address PO Box 329							
City, State, Zip Code _____		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm _____		Telephone No. _____	Telephone No. 856-753-9800						
Start Date (10) 8/15/13		Scheduled Completion Date (11) 8/22/13	License No. 00727						
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 Same							
		Street Address _____							
		City, State, Zip Code _____							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 8/22/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 8/5/12	

\* Emergency \*

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

3469

2013 AUG -6 AM 10:51

Date of Notification (1) 8/6/13		Name of Building Owner/Operator (2) Millville Public Schools							
Agencies Notified	Type Notification	Street Address 110 N. 3rd St							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Millville NJ 08332							
		Name of Contact Ryan Cruzan	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Rieck Ave Elm 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 339 Rieck Ave		Square Feet 1000+	# of Floors 2						
City (5) Millville NJ 08332		Bldg. Age 35+							
County (6) Cumberland	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) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/7/13	Scheduled Completion Date (11) 8/12/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
Girls bathroom		x		Floor tile & mastic	250 sf	x			
Boys Bathroom		x		Floor tile & mastic	250 Sf	x			
Storage room D231	x			Floor tile & mastic	200 Sf	x			
Rooms A208 & B107		x		Floor tile & mastic	total 1600 sf	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 8/12/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/6/13		



CHECK #  
2866

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

2013 AUG - 5

Date of Notification (1) <u>8/16/13</u>		Name of Building Owner/Operator (2) <u>Jenny's Excavating</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>274 INDIAN TRAIL RD.</u>				
	City, State, Zip Code <u>CAPE MAY COURT HOUSE, N.J. 08210</u>		Name of Contact <u>SAME</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>11208 2ND AVE.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>				
City (5) <u>STONE HARBOR</u>		Bldg. Age <u>40+</u>					
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.					
Street Address		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>					
City, State, Zip Code		Street Address <u>369 S. SPRUCE AVE.</u>					
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Telephone No.		Telephone No. <u>856-779-0422</u>					
License No. <u>00444</u>		Name of OSHA Monitor <u>JOSEPH KLEMM</u>					
Start Date (10) <u>8/19/13</u>		Scheduled Completion Date (11) <u>8/26/13</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <u>369 S. SPRUCE AVE.</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"/> 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		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>A</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>2500#</u>	Abatement Type			
				Removal	Repair	Encapsulation	Enclosure
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		HUDWP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>			
City/State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date		City, State <u>WOODBINE, N.J.</u>			
Completed By <u>JOSEPH KLEMM</u>		Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>		Date <u>8/16/13</u>		



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

Date of Notification (1) <b>8.6.13</b>		Name of Building Owner/Operator (2) <b>Batt's Plumbing + Heating</b>				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>401-403 Kaighn Ave</b> City, State, Zip Code <b>Camden NJ 08013</b> Name of Contact <b>Fanceska</b>				
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>Old Wonder Bread Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address <b>42 North Blackhorse Pike</b>		Square Feet <b>15000</b>	# of Floors <b>1</b>			
City (5) <b>Blackwood NJ</b>		Bldg. Age <b>78</b>				
County (6) <b>Gloucester</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Demo</b>				
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)				
Street Address		Street Address				
City, State, Zip Code		City, State, Zip Code				
Project Manager for Monitoring Firm		Telephone No.	License No.			
Start Date (10) <b>8.17.13</b>		Scheduled Completion Date (11) <b>10.17.13</b>	Name of OSHA Monitor <b>Self</b>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <b>Demo</b>		Street Address				
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes    No    N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
<b>Thru out Building</b>		<b>Floor tile + ACM</b>	<b>42000</b>	<input checked="" type="checkbox"/>		
		<b>Roof Felt paper</b>	<b>15000</b>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>J. Robinson Waste</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill <b>W M &amp; P.A.</b>		
City, State <b>Dellmar NJ</b>		Disposal Date <b>TBD</b>	City, State <b>Tullytown P.A.</b>			
Completed by <b>Ani Garza</b>		Title <b>President</b>	Signature <b>[Signature]</b>	Date <b>8.16.13</b>		



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

Date of Notification (1) <b>August 5, 2013</b>		Name of Building Owner/Operator (2) <b>CMA Associates, LLC</b> <span style="float: right; font-size: 1.5em;">22208</span>	
Agencies Notified	Type of Notification	Street Address <b>180 Tennis Court</b>	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code <b>Wall, NJ 07719</b>	
<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 <b>Anthony Megaro</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA		Telephone Number _____	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4)		
Street Address <b>447 Bayside Terrace</b>			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K12)		
City <b>Seaside Heights</b>			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Square feet <b>1200 sf</b>	# of Floors <b>1</b>	Bldg. Age <b>60</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>
Scheduled Start Date (10) <b>8/5/13</b>		Scheduled Completion Date (11) <b>8/6/13</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and NonFriable 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	1100 sf	X			

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>	Disposal Date <b>8/7/13</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>8/5/2013</b>

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

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

Date of Notification (1) <b>August 5, 2013</b>		Name of Building Owner/Operator (2) <b>Salvatore Porrovecchio</b> <span style="float: right;">U 220-7</span>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>24 14<sup>th</sup> Avenue</b>	
		City, State, Zip Code <b>Seaside Park, NJ 08752</b>	
		Name of Contact <b>Salvatore Porrovecchio</b>	Telephone Number _____

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)			
Street Address <b>1408 SW Central Avenue</b>							
City <b>Seaside Park</b>	County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Square feet <b>900 sf</b>	# of Floors <b>1</b>	Bldg. Age <b>60</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>				ASCM No.		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>	
Street Address				Street Address <b>1889 Route 9, Unit 61</b>			
City, State, Zip Code				City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>			
Project Manager for Monitoring Firm		Telephone Number		Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>	
Scheduled Start Date (10) <b>8/5/13</b>		Scheduled Completion Date (11) <b>8/6/13</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____				Street Address <b>1056 Stelton Road</b>			
				City, State, Zip Code <b>Piscataway, New Jersey 08854</b>			
Scope of Work (Check all that apply)							
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure			
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure			
				<input type="checkbox"/> Glovebag Procedure			
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)  YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	750 sf	X			

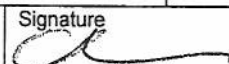
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>	Disposal Date <b>8/7/13</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed by (Print or Type) <b>Nicholas Femicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>8/5/2013</b>

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



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

CR 346102 AUG-5 AM 10:51

Date of Notification (1) 8/5/13		Name of Building Owner/Operator (2) Nick Grieco Private Home							
Agencies Notified	Type Notification	Street Address 80 Lynn Anne Lane							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Nick	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Nick Grieco Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 80 Lynn Anne Lane		Square Feet 1000	# of Floors 1						
City (5) Manahawkin NJ 08050		Bldg. Age 35 +							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address _____		Street Address PO Box 329							
City, State, Zip Code _____		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm _____	Telephone No. _____	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/14/13	Scheduled Completion Date (11) 8/19/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____							
		City, State, Zip Code _____							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ			Disposal Date 8/19/13	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 8/5/12			

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

ck 3464

Date of Notification (1) 8/5/13		Name of Building Owner/Operator (2) Pat McAndrew Private Home							
Agencies Notified	Type Notification	Street Address 108 N 8th Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #	City, State, Zip Code Brigantine NJ 08203							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Roy	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Pat McAndrew Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 108 N 8th Street		Square Feet 1000	# of Floors 1						
City (5) Brigantine NJ 08203		Bldg. Age 35 +							
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/14/13	Scheduled Completion Date (11) 8/19/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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
Exterior Siding			X	Exterior Siding	1200 SF	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 8/19/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature			Date 8/5/12		



CHECK #  
2860

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

Date of Notification (1) <u>8/13/13</u>		Name of Building Owner/Operator (2) <u>JOHN KLEMMER</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>30 BLUE HERON DRIVE</u> City, State, Zip Code <u>CAPE MAY COURT HOUSE, N.J. 08210</u> Name of Contact <u>SAFETY</u> Telephone Number <u></u>					
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>697 OLD MANOR BOULEVARD</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>				
City (5) <u>MANOR MANOR</u>		Bldg Age <u>40+</u>					
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY) <u></u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>					
Street Address <u></u>		Street Address <u>369 S. SPRUCE AVE.</u>					
City, State, Zip Code <u></u>		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Project Manager for Monitoring Firm <u></u>		Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>				
Start Date (10) <u>8/15/13</u>	Scheduled Completion Date (11) <u>8/22/13</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: <u></u>		Street Address <u>369 S. SPRUCE AVE.</u>					
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>TRANSITE SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>2000</u>	Abatement Type			
				Removal	Repair	Encapsulation	Other
				<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 <u>5</u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>			
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date <u></u>	City, State <u>WOODBINE, N.J.</u>				
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>8/13/13</u>				



CHECK#  
2863

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

Date of Notification (1) <u>8/15/13</u>		Name of Building Owner/Operator (2) <u>TRANSFORMATION ENTERPRISES</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>601 W. CLARKS LANDING ROAD</u> City, State, Zip Code <u>EGG HARBON, N.J. 08218</u> Name of Contact <u>BARBARA</u> Telephone Number <u>[REDACTED]</u>						
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>102 19TH STREET</u>		Square Feet <u>1580</u>	# of Floors <u>1</u>					
City (5) <u>BRIGHTLINE</u>		Bldg. Age <u>40+</u>						
County (6) <u>ATLANTIC</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>ILCOMCO INC.</u>					
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>						
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>						
Project Manager for Monitoring Firm <u>N/A</u>		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>					
Start Date (10) <u>8/16/13</u>	Scheduled Completion Date (11) <u>8/23/13</u>		Name of OSHA Monitor <u>N/A</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 type="checkbox"/> Other - Describe:			Street Address					
			City, State, Zip Code					
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u> <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>800#</u>	Abatement Type			
					Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler <u>ILCOMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>15</u>	Name of Registered Landfill <u>ACUA</u>				
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date	City, State <u>PLEASANTVILLE, N.J.</u>					
Completed By <u>JOSEPH ILCOM</u>	Title <u>OWNER</u>	Signature <u>[Signature]</u>		Date <u>8/15/13</u>				



CHECK#  
2859

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 17:27)

Date of Notification (1) <b>8/13/13</b>		Name of Building Owner/Operator (2) <b>BOA MOUSE</b>		
Agencies Notified (Check all that apply) <input type="checkbox"/> DEP <input type="checkbox"/> DOH <input type="checkbox"/> NJA <input type="checkbox"/> NJP	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>P.O. BOX 322</b>		
	City, State, Zip Code <b>BRIGHTON, N.J. 08203</b>			
Name of Contact <b>SAKE</b>		Telephone Number <b>862-0328</b>		
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Address <b>104 6TH STREET NORTH</b>		Square Feet <b>1000</b>	Floor <b>2</b>	
City, State, Zip Code <b>BRIGHTON, N.J. 08203</b>		Current Use (Prior to being demolished) <b>VACANT</b>		
County <b>ATLANTIC</b>	County Code (1) (STATE USE ONLY)	Name of Abatement Contractor (9) <b>KLEMM INC.</b>		
ASCM No.		Street Address <b>369 S. SPRING AVE</b>		
City, State, Zip Code <b>MAPLE SHADE, N.J. 08052</b>		Telephone No. <b>856-774-0422</b>		
License No. <b>0201441</b>		Name of OSHA Monitor <b>JOSEPH KLEMM</b>		
Street Address <b>369 S. SPRING AVE</b>		City, State, Zip Code <b>MAPLE SHADE, N.J. 08052</b>		
Scheduled Completion Date (11) <b>8/20/13</b>		Date of OSHA Monitor <b>8/13/13</b>		
Facility 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 _____				
Abatement Method (Check all that apply) <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (17) and Non-Frangible Procedure				
Location of Asbestos Containing Material (ACM) to be Abated in Facility (13) <b>SLIDING</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Y. NO. YES. <b>X</b>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>TRANSITE</b>	Amount (Specify SF or LF) <b>1500</b>	Material <b>X</b>
NJDEP Waste Manifest No. <b>17901</b>		Cubic Yards of Waste <b>ACUA</b>		
City, State, Zip Code <b>MAPLE SHADE, N.J.</b>		City, State, Zip Code <b>BRIGHTONVILLE, N.J.</b>		
Signature <b>Joseph Klemm</b>		Signature <b>SAKE</b>		
Title <b>V/P</b>		Date <b>8/13/13</b>		



**State of New Jersey - Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

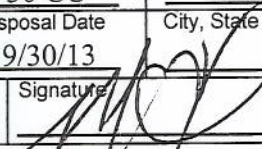
check # 2680

**GAC Project # 060-13**

Date of Notification (1) <b>August 2, 2013</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>COLLEGE AVENUE CAMPUS</b>		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>	
City (5) <b>NEW BRUNSWICK</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
County (6) <b>MIDDLESEX</b>		Name of Contact <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>	
County Code (7) (State Use Only)		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>STUDENT CENTER, BLDG# 3133</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>50+ years</b>	
Current Use (prior if being demolished): <b>ACADEMIC</b>			
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Cardno ATC</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
ASCN No. <b>0098</b>		Street Address <b>268 MAIN STREET</b>	
Street Address <b>3 TERRI LANE</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Telephone Number <b>973-492-0477</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>		License Number <b>00840</b>	
Telephone Number <b>609-386-8800</b>			
Scheduled Start Date (10) <b>08/12/13</b>		Name of OSHA Monitor <b>1 ENVIROVISION, INC.</b>	
Scheduled Completion Date (11) <b>08/15/13</b>		Street Address <b>20-21 WARGARAW ROAD</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>Shift Hours: 5:00 PM - 5:00 AM</b>		City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 <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)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Rooms 402, 404, 405, 407, 410 & 454	<input checked="" type="checkbox"/>	VAT	2100SF
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>	NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>20 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Disposal Date <b>08/15/13</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b>
Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 NJ DEP # 22612			<b>215-736-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>August 2, 2013</b>



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

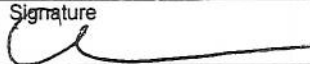
Date of Notification (1) <u>5/24/13</u>		Name of Building Owner/Operator (2) <u>The Heller Group</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>PO Box 700</u>							
		City, State, Zip Code <u>Madison, NJ 07940</u>							
		Name of Contact <u>Joe Forty</u>	Telephone Number <u></u>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>US Postal Service Ironbound Station</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>275 Ferry Street</u>									
City (5) <u>Newark, NJ 07105</u>		Square Feet <u>10500</u>	# of Floors <u>1</u>						
		Bldg. Age <u>50</u>							
County (6) <u>Essex</u>	County Code (7) (STATE USE ONLY) <u></u>	Current Use (Prior if being demolished) <u>Post Office / Retail</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>						
Start Date (10) <u>6/10/13</u>	Scheduled Completion Date (11) <u>9/30/13</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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>5:pm to 6:am</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 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) <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) <u>5200 sf</u>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>Warehouse / Sorting Area</u>			<u>X</u>	<u>VAT/ Mastic</u>	<u>5200 sf</u>	<u>X</u>			
Name of Registered Waste Hauler <u>Carnevale Disposal</u>		NJDEP Waste Hauler ID No. <u>17297</u>	Cubic Yards of Waste <u>30 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>					
City, State <u>Hamilton, NJ 08610</u>		Disposal Date <u>9/30/13</u>		City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature 				Date <u>7/26/13</u>	

\* Emergency \*

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

CK 3459

2013 AUG - 3 AM 10:51


Date of Notification (1) 8/1/13		Name of Building Owner/Operator (2) Paul Adack Private Home							
Agencies Notified	Type Notification	Street Address 336 North 5th Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Surf City NJ 08008							
		Name of Contact Paul	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Paul Adack Private Home		Type of Facility (4)							
Street Address 336 North 5th Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Surf City NJ 08008		Square Feet 1000	# of Floors 1						
County (6) Ocean		County Code (7) (STATE USE ONLY) _____	Bldg. Age 35+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		856-753-9800	00727						
Start Date (10) 8/2/13	Scheduled Completion Date (11) 8/5/13	Name of OSHA Monitor Same							
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 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
Exterior Siding			X	Exterior Siding	1300 SF	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 8/5/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/1/13		



Emergency

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

CK 3460

Date of Notification (1) 8/1/13		Name of Building Owner/Operator (2) Vincent McDermott Private Home							
Agencies Notified	Type Notification	Street Address 6 Carolina Ave							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Holgate NJ 08008							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Vincent	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Vincent McDermott Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 6 Carolina Ave		Square Feet 1000	# of Floors 1						
City (5) Holgate NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/2/13	Scheduled Completion Date (11) 8/5/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location, Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	900 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 8/5/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/1/13		



#2003

ASB-41

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



Project #

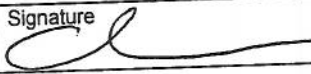
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Check # 2111

Date of Notification (1) 08/01/2013		Name of Building Owner/Operator (2) Monmouth University							
Agencies Notified	Type Notification	Street Address 400 Cedar Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____	City, State, Zip Code West Long Branch, NJ 07764							
<input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Timothy Orr	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Monmouth University The Bluffs Apartments #6		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 590 Ocean Blvd		Square Feet 75,000	# of Floors _____						
City (5) Long Branch, NJ 07764		Bldg. Age _____	Current Use (Prior if being demolished) _____						
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Name of Monitoring Firm Hired by Building Owner (8) ASCM No. _____							
Name of Monitoring Firm Hired by Building Owner (8) AHERA		Name of Abatement Contractor (9) Nick Restoration LLC							
Street Address P.O BOX 385		Street Address 72 Brookside Rd							
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Randolph NJ 07869							
Project Manager for Monitoring Firm John Smoyer		Telephone No. (609)652-1833	License No. 01133						
Start Date (10) 08/06/2013	Scheduled Completion Date (11) 08/10/2013	Name of OSHA Monitor J&S Environmental							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		Street Address 2333 RT 22							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Union, NJ 07083							
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
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
Apartment 12 B		<input checked="" type="checkbox"/>		joint compound	85 Sf	<input checked="" type="checkbox"/>			
Apartment 12 B		<input checked="" type="checkbox"/>		Flooring	105 Sf	<input checked="" type="checkbox"/>			
Apartment 12 B		<input checked="" type="checkbox"/>		joint compound	240 Sf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Elvira Mrda		Title President		Signature <i>Elvira Mrda</i>				Date 08/02/2013	


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

OK 3997

Date of Notification (1) 8/5/13		Name of Building Owner/Operator (2) Phill Tisano Private Home							
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 12 South Burgee							
		City, State, Zip Code Little Egg Harbor NJ 08087							
		Name of Contact Phill	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Phill Tisano Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 12 South Burgee		Square Feet 1000	# of Floors 1						
City (5) Little Egg Harbor NJ 08087		Bldg. Age 35 +							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address _____		Street Address PO Box 329							
City, State, Zip Code _____		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm _____		Telephone No. _____	License No. 00727						
Start Date (10) 8/15/13		Scheduled Completion Date (11) 8/22/13							
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 Same							
		Street Address _____							
		City, State, Zip Code _____							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 1200 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding		x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 8/22/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/5/12		



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

Date of Notification (1) 8/5/13		Name of Building Owner/Operator (2) Roy Fish Private Home							
Agencies Notified	Type Notification	Street Address 110 N 8th Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Brigantine NJ 08203							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Roy	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Roy Fish Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 110 N 8th Street		Square Feet 1000	# of Floors 1						
City (5) Brigantine NJ 08203		Bldg. Age 35 +							
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/14/13	Scheduled Completion Date (11) 8/19/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ			Disposal Date 8/19/13	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 8/5/12			



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

CK 18176

2013 AUG -8 AM 10:31

Date of Notification (1) 8/5/2013		Name of Building Owner/Operator (2) CONGREGATION B'NAI JESHURUN							
Agencies Notified	Type Notification	Street Address 1025 SOUTH ORANGE AVENUE							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SHORT HILLS, NJ 07078							
		Name of Contact ALICE LUTWAK	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) TEMPLE B'NAI JESHURUN		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1025 SOUTH ORANGE AVENUE		Square Feet	# of Floors						
City (5) SHORT HILLS		Bldg. Age							
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL CONNECTION, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING						
Street Address 120 NORTH WARREN STREET		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code TRENTON, NJ 08608		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm ROLAND C. JONES		Telephone No. 212-952-7300	Telephone No. 973-956-8700						
License No. 00494									
Start Date (10) 8/6/2013	Scheduled Completion Date (11) 8/10/2013	Name of OSHA Monitor SAME AS (9) 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: OCCUPIED		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 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
YOUTH LOUNGE		X		CEILING PLASTER	1000 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 20	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 8/10/2013		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>				Date 8/5/2013	



08/05/2013 11:11 Two Brothers Contracting

FAX 973 958 8811

P.002/004

REMEMBER - MAIL IN HARD COPY

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

DOL - 10 DAY

Print Form

Date of Notification (1) 8/5/2013		Name of Building Owner/Operator (2) CONGREGATION B'NAI JESHURUN		AUG - 5 2013 <i>[Signature]</i>	
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 type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1025 SOUTH ORANGE AVENUE City, State, Zip Code SHORT HILLS, NJ 07078 Name of Contact ALICE LUTWAK Telephone Number <i>[Redacted]</i>	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) TEMPLE B'NAI JESHURUN				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1025 SOUTH ORANGE AVENUE				Square Feet # of Floors Bldg. Age	
City (5) SHORT HILLS				Current Use (Prior if being demolished)	
County (6) ESSEX		County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL CONNECTION, INC.		ASCM No.		Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING	
Street Address 120 NORTH WARREN STREET		Street Address 250 RUTHERFORD BLVD.			
City, State, Zip Code TRENTON, NJ 08608		City, State, Zip Code CLIFTON, NJ 07014			
Project Manager for Monitoring Firm ROLAND G. JONES		Telephone No. 212-952-7300		Telephone No. 973-958-8700 License No. 00484	
Start Date (10) 8/8/2013		Scheduled Completion Date (11) 8/10/2013		Name of OSHA Monitor SAME AS (9) 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: OCCUPIED				Street Address City, State, Zip Code	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or a3 if <input checked="" type="checkbox"/> 2180 sf or a250 if <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 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, surface mg. VAT, or other miscellaneous)	
YOUTH LOUNGE		X		CEILING PLASTER	
				1000 SF	
				X	
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJ DEP Waste Hauler ID No. 18743		Cubic Yards of Waste 20	
City, State CLIFTON, NJ		Disposal Date 8/10/2013		Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S. City, State MORRISVILLE, PA	
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>[Signature]</i> Date 8/5/2013	



Project #

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

Check # 2084

Date of Notification (1) 07/29/2013		Name of Building Owner/Operator (2) Asbury Park School District						
Agencies Notified	Type Notification	Street Address 603 Mattison Ave						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Asbury Park, NJ 07712						
		Name of Contact Lewis Griffin	Telephone Number [REDACTED]					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Barac H. Obama Building		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 1300 Bangs Ave		Square Feet	# of Floors					
City (5) Asbury Park, NJ		Bldg. Age						
County (6) Monmouth County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) AHERA		ASCM No.	Name of Abatement Contractor (9) Nick Restoration LLC					
Street Address P.O BOX 385		Street Address 72 Brookside Rd						
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Randolph NJ 07869						
Project Manager for Monitoring Firm John Smoyer		Telephone No. (609)652-1833	Telephone No. 973-933-2550					
Start Date (10) 07/31/2013		Scheduled Completion Date (11) 08/03/2013	License No. 01133					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>OCCUPIED</u>		Name of OSHA Monitor J&S Environmental						
		Street Address 2333 RT 22						
		City, State, Zip Code Union, NJ 07083						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
First Floor Holloway		X	Floor tiles & masic	1,500 SF	X			
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 33782	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S				
City, State Randolph, NJ 07869		Disposal Date TBD	City, State Tullytown, PA					
Completed by Elvira Mrda	Title President	Signature <i>Elvira Mrda</i>	Date 07/29/2013					

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

633

Date of Notification (1) <b>07/25/13</b>		Name of Building Owner/Operator (2) <b>WYCKOFF BOARD OF EDUCATION</b>							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>241 MORSE AVE.</b> City, State, Zip Code <b>WYCKOFF, NJ 07481</b>							
		Name of Contact	Telephone Number						
		<b>MR. ALAN C. REIFFE</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>SICOMAC ELEMENTARY SCHOOL</b>		Type of Facility (4)							
Street Address <b>356 SICOMAC AVE.</b>		<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) <b>WYCKOFF</b>	Square Feet <b>58,375</b>	# of Floors <b>1</b>	Bldg. Age <b>46 yrs.</b>						
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>SCHOOL</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>PENNONI ASSOCIATES INC.</b>		Name of Abatement Contractor (9) <b>LESCO SERVICES INC.</b>							
Street Address <b>515 GROVE ST. SUITE 13</b>		Street Address <b>156 MAPLE AVE.</b>							
City, State, Zip Code <b>HADDON HEIGHTS, NJ 08035</b>		City, State, Zip Code <b>WALLINGTON, NJ 07057</b>							
Project Manager for Monitoring Firm <b>JOSEPH ANELLO</b>		Telephone No. <b>856-547-0505</b>	License No. <b>01107</b>						
Start Date (10) <b>08/05/13</b>	Scheduled Completion Date (11) <b>08/16/13</b>	Name of OSHA Monitor <b>LES LAW NALOOKA</b>							
Occupancy Status During Abatement (Check Only One)		Street Address <b>156 MAPLE AVE.</b>							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code <b>WALLINGTON, NJ 07057</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
BOILER ROOM	*			TANK INSULATION	200 SF.	*			
BOILER ROOM	*			BOILER BREECHING	300 SF.	*			
BOILER ROOM	*			HARD FITTI	70 LF.	*			
Name of Registered Waste Hauler <b>NEWARK CARTING INC.</b>		NJDEP Waste Hauler ID No. <b>05409</b>	Cubic Yards of Waste <b>25</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>					
City, State <b>NEWARK NJ.</b>		Disposal Date <b>08/17/13</b>		City, State <b>MORRISVILLE PA.</b>					
Completed by <b>LES LAW NALOOKA</b>		Title <b>PRESIDENT</b>	Signature <i>L. Nalooka</i>			Date <b>07/25/13</b>			



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

Date of Notification (1) <b>07/25/13</b>		Name of Building Owner/Operator (2) <b>DOVER BOARD OF EDUCATION</b>							
Agencies Notified	Type Notification	Street Address <b>100 GRACE ST.</b>							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>DOVER, NJ 07801</b>							
		Name of Contact <b>ROBERT GOMES</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>DOVER HIGH SCHOOL</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>100 GRACE ST.</b>		Square Feet <b>134,000</b>	# of Floors <b>1</b>						
City (5) <b>DOVER, NJ 07801</b>		Bldg. Age <b>53 yrs.</b>							
County (6) <b>MORRIS</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>SCHOOL</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>OMEGA ENVIRONMENTAL</b>		ASCM No. <b>00120</b>	Name of Abatement Contractor (9) <b>LESCO SERVICES INC.</b>						
Street Address <b>280 HUYLER ST.</b>		Street Address <b>156 MAPLE AVE.</b>							
City, State, Zip Code <b>SOUTH HACKENSACK</b>		City, State, Zip Code <b>WALLINGTON, NJ 07057</b>							
Project Manager for Monitoring Firm <b>GEISER FAJARDO</b>		Telephone No. <b>201-488-8700</b>	Telephone No. <b>973-406-7341</b>						
Start Date (10) <b>07/29/13</b>		Scheduled Completion Date (11) <b>08/06/13</b>	License No. <b>01107</b>						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>OCCUPIED BUILDING</b>		Name of OSHA Monitor <b>LESLAW NALODKA</b>							
		Street Address <b>156 MAPLE AVE</b>							
		City, State, Zip Code <b>WALLINGTON, NJ 07057</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
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
BOILER ROOM		X		TANK INSULATION	260 SF.	X			
BOILER ROOM		X		ELBOW INSULATION	5 ELBOWS	X			
Name of Registered Waste Hauler <b>NEWARK CARTING INC.</b>		NJDEP Waste Hauler ID No. <b>05409</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>G.R.O.W.S</b>					
City, State <b>NEWARK NJ.</b>		Disposal Date <b>08/07/13</b>		City, State <b>MORRISVILLE PA.</b>					
Completed by <b>LESLAW NALODKA</b>		Title <b>PRESIDENT</b>	Signature <i>L Nalodka</i>			Date <b>07/25/13</b>			



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

Date of Notification (1) <b>07/24/13</b>		Name of Building Owner/Operator (2) <b>DOVER BOARD OF EDUCATION</b>						
Agencies Notified	Type Notification	Street Address						
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>100 GRACE ST.</b> City, State, Zip Code <b>DOVER, NJ 07801</b>						
		Name of Contact	Telephone Number					
		<b>ROBERT GOMES</b>	<b>[REDACTED]</b>					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>DOVER HIGH SCHOOL</b>		Type of Facility (4)						
Street Address <b>100 GRACE ST.</b>		<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) <b>DOVER, NJ 07801</b>	Square Feet <b>134,000</b>	# of Floors <b>1</b>	Bldg. Age <b>53</b>					
County (6) <b>MORRIS</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>SCHOOL</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>GARDEN STATE ENVIRONMENTAL INC.</b>		Name of Abatement Contractor (9) <b>LESCO SERVICES INC.</b>						
Street Address <b>555 BROAD ST. SUITE K</b>		Street Address <b>156 MAPLE AVE.</b>						
City, State, Zip Code <b>GLEN ROCK, NJ 07452</b>		City, State, Zip Code <b>WALLINGTON, NJ 07057</b>						
Project Manager for Monitoring Firm <b>BRUCE WOLF</b>		Telephone No. <b>201-652-1119</b>	License No. <b>973-406-5438 01107</b>					
Start Date (10) <b>07/29/13</b>	Scheduled Completion Date (11) <b>08/06/13</b>	Name of OSHA Monitor <b>LESLAW NALODILA</b>						
Occupancy Status During Abatement (Check Only One)		Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>OCCUPIED BUILDING</b>		<b>156 MAPLE AVE.</b>						
		City, State, Zip Code <b>WALLINGTON, NJ 07057</b>						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>BOILER ROOM</b>		<b>*</b>	<b>TANK INSULATION</b>	<b>260 SF</b>	<b>*</b>			
<b>BOILER ROOM</b>		<b>*</b>	<b>ELBOW INSULATION</b>	<b>5 ELBOWS</b>	<b>*</b>			
Name of Registered Waste Hauler <b>NEWARK CARTING INC.</b>		NJDEP Waste Hauler ID No. <b>05409</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS</b>				
City, State <b>NEWARK NJ</b>		Disposal Date <b>08/07/13</b>		City, State <b>MORRISVILLE PA.</b>				
Completed by <b>LESLAW NALODILA</b>		Title <b>PRESIDENT</b>	Signature <b>[Signature]</b>		Date <b>07/24/13</b>			



6377-NJ

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

Initial Friable Notification  
 Check #: 5513

Date of Notification (1) 0   7   /   2   5   /   1   3		Name of Building Owner/Operator (2) EIA Constructors, Inc.	
Agencies Notified	Type Notification	Street Address 8 Ridgedale	
<input type="checkbox"/> JEPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Cedar Knolls, NJ 07927	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Kyle R. Hanson, Project Manager	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Our Lady of the Most Holy Rosary		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 625 Florida Grove Road		Square Feet 20,000	# of Floors 2
City (5) Hopelawn		County (6) Middlesex	Bldg. Age 80
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Church	

Name of Monitoring Firm Hired by Building Owner (8) Karl & Associates, Inc.		ASCM No.		Name of Abatement Contractor (9) Four Strong Builders, Inc.	
Street Address P.O. Box 645				Street Address 180 Sargeant Avenue	
City, State, Zip Code Shillington, PA 19607				City, State, Zip Code Clifton, NJ 07013-1935	
Project Manager for Monitoring Firm Michael Krisher		Telephone Number 610-856-7700		Telephone Number 973-614-0377	
Scheduled Start Date (10) 0   8   /   0   5   /   1   3		Sched. Completion Date (11) 0   8   /   1   2   /   1   3		License Number 00807	
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor Four Strong Builders, Inc.		Street Address 180 Sargeant Avenue	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement				City, State, Zip Code Clifton, NJ 07013	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:					
<input checked="" type="checkbox"/> Other - Describe: Performed during normal hours: 7:00-3:30					

## Scope of Work (Check all that apply)

☐ Demolition  
☒ >3 sf or >3 lf  
☐ >160 sf or >260 lf

☒ Renovation

☐ 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				
				R	E	E	N	E
	Yes	No	N/A	M	O	P	C	C
				V	A	A	A	I
				A	I	S	S	O
				L	R	U	U	S
								R
Boiler Room	<input checked="" type="checkbox"/>		Pipe Insulation	5 LF	<input checked="" type="checkbox"/>			
Boiler Room	<input checked="" type="checkbox"/>		Pipe Fitting Insulation	27 each	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Four Strong Builders, Inc.		NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.	
City, State Clifton, NJ		Disposal Date		City, State Tullytown, PA	
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator		Signature <i>Bilyana Kulakovska</i>	
				Date 7/25/13	

ASB-41  
 JUN 95

G4667



**State of New Jersey - Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

*Check #10462*

**GAC Project # 060-13**

<b>Date of Notification (1)</b> <b>July 31, 2013</b>		<b>Name of Building Owner/Operator (2)</b> <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	<b>Notification Type</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		<b>Street Address</b> <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT.</b> <b>27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>
			<b>City, State, Zip Code</b> <b>PISCATAWAY, NJ 08854</b>
			<b>Name of Contact</b> <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> <b>PHYSICS LECTURE HALL, BLDG# 3562</b>		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) <b>Sq. Feet: N/A      # of Floors: 1      Bldg. Age: 50+ years</b>	
<b>Street Address</b> <b>BUSCH CAMPUS</b>		<b>Current Use (prior if being demolished): ACADEMIC</b>	
<b>City (5)</b> <b>PISCATAWAY</b>	<b>County (6)</b> <b>MIDDLESEX</b>	<b>County Code (7)</b> <b>(State Use Only)</b>	
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> <b>ATC ASSOCIATES</b>		<b>ASCM No.</b> <b>0098</b>	<b>Name of Contractor (9)</b> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
<b>Street Address</b> <b>3 TERRI LANE</b>		<b>Street Address</b> <b>268 MAIN STREET</b>	
<b>City, State, Zip Code</b> <b>BURLINGTON, NJ 08016</b>		<b>City, State, Zip Code</b> <b>BUTLER, NJ 07405</b>	
<b>Project Manager for Monitoring Firm</b> <b>BRIAN KEARNY</b>	<b>Telephone Number</b> <b>609-386-8800</b>	<b>Telephone Number</b> <b>973-492-0477</b>	<b>License Number</b> <b>00840</b>
<b>Scheduled Start Date (10)</b> <b>08/16/13</b>	<b>Scheduled Completion Date (11)</b> <b>08/19/13</b>	<b>Name of OSHA Monitor</b> <b>1</b> <b>ENVIROVISION, INC.</b>	
<b>Occupancy Status During Abatement (Check only one)</b> <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: <b>Shift Hours: 5:00 PM - 5:00 AM</b>		<b>Street Address</b> <b>20-21 WARGARAW ROAD</b> <b>City, State, Zip Code</b> <b>FAIRLAWN, NJ</b>	
<b>Scope of Work (Check all that apply)</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf  <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <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         </div> </div>			
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b> <b>Room 101</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES NO NA <input checked="" type="checkbox"/>	<b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b> <b>VAT</b>	<b>Amount (Specify SF or LF)</b> <b>550 SF</b>
			<b>Abatement Type</b> Remove Repair Encap Enclose <input checked="" type="checkbox"/>
<b>Name of Reg. Waste Hauler</b> <b>See Hauler Below #1 &amp; 2</b>		<b>NJDEP Waste Hauler ID #</b> <b>See Below</b>	<b>Cubic Yards of Waste:</b> <b>10 CY</b>
<b>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> <b>NJDEP # 12561</b> <b>Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611</b> <b>NJ DEP # 22612</b>		<b>Disposal Date</b> <b>08/19/13</b>	<b>Name of Registered Landfill</b> <b>G.R.O.W.S. North Landfill</b> <b>City, State</b> <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b> <b>215-736-1700</b>
<b>Completed by (Print or Type)</b> <b>RAYMOND C. PEDALINO</b>	<b>Title</b> <b>SENIOR PROJECT MANAGER</b>	<b>Signature</b> <i>Raymond C. Pedalino</i>	<b>Date</b> <b>July 31, 2013</b>



Date of Notification (1) <b>08-01-2013</b>		Name of Building Owner/Operator (2) <b>Huge Goodspeed</b>	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>1130 LORINE AVE</b>		City, State, Zip Code <b>PLAINFIELD N.J. 07062</b>	
Name of Contact <b>Huge</b>		Telephone Number <b>[REDACTED]</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Private</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>SALE</b>		Square Feet	
City (5)		# of Floors	
County (6)		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	
Street Address		Name of Abatement Contractor (9) <b>SHARON QUALITY CO LLC</b>	
City, State, Zip Code		Street Address <b>22-VAN ORDEN PL</b>	
Project Manager for Monitoring Firm <b>N/A</b>		City, State, Zip Code <b>HACKENSACK N.J. 07601</b>	
Telephone No.		Telephone No. <b>201-708-4270</b>	
Start Date (10) <b>08-10-2013</b>		License No. <b>01135</b>	
Scheduled Completion Date (11) <b>08-11-2013</b>		Name of OSHA Monitor <b>EMSL-Analytical Inc.</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address <b>307-west. 38th. street.</b>	
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code <b>New York N.Y. 10018</b>	
Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) <b>Basement</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>PIPE INSULATION</b>		Amount (Specify SF or LF) <b>140 LF</b>	
Abatement Type Removal Repair Encapsulate Endorse X			
Name of Registered Waste Hauler <b>Sharon Quality Construct</b>		NJDEP Waste Hauler ID No. <b>0033967</b>	
City, State <b>Hackensack N.J.</b>		Cubic Yards of Waste <b>TBD</b>	
Disposal Date <b>TBD</b>		Name of Registered Landfill <b>Minerva Enterprise, Inc</b>	
City, State <b>Waynesburg Ohio</b>			
Completed by <b>CARLOS ESQUIVEL</b>		Title <b>SAFETY MANAGER</b>	
Signature <b>[Signature]</b>		Date <b>08-01-2013</b>	



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

Print Form

OK 109

Date of Notification (1)  
08-01-2013

Agencies Notified  
☒ EPA  
☒ DEP  
☒ DOL  
☒ DOH  
☒ DCA

Type Notification  
☒ Initial  
☐ Amended  
☐ Amendment #  
☐ Emergency (including justification)  
☐ Cancellation

Name of Building Owner/Operator (2)  
KEITH M. CUMMINGS

Street Address  
1083 SLEEPY HOLLOW LANE

City, State, Zip Code  
PLAINFIELD N.J. 07060

Name of Contact  
Huge Goodspeed

Telephone Number  
[REDACTED]

Name of Facility Where Abatement is Taking Place (3)  
Private

Street Address  
1083 SLEEPY HOLLOW LANE

City (5)  
PLAINFIELD N.J. 07060

County (6)

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)  
☐ School (K-12)  
☒ Subchapter 8 (Other than K-12)  
☐ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet  
1800

# of Floors  
1

Bldg. Age  
72

Current Use (Prior if being demolished)  
N/A

Name of Monitoring Firm Hired by Building Owner (8)  
N/A

ASC# No.

Name of Abatement Contractor (9)  
SHARON QUALITY CO LLC

Street Address  
22-VAN ORDEN PL

City, State, Zip Code  
HACKENSACK N.J. 07601

Telephone No.  
201-708-4270

License No.  
01135

Project Manager for Monitoring Firm  
N/A

Telephone No.

Start Date (10)  
08-10-2013

Scheduled Completion Date (11)  
08-11-2013

Name of OSHA Monitor  
EMSL-Analytical Inc.

Street Address  
307-west. 38th. street

City, State, Zip Code  
New York N.Y. 10018

Occupancy Status During Abatement (Check Only One)  
☒ 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  
☐ ≥160 sf or ≥260 lf  
☒ Renovation  
☐ Demolition  
☒ Full Containment with Negative Pressure  
☒ Mini-Enclosure  
☒ Glovebag Procedure  
☐ 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
FIRST FLOOR		X		PIPE INSULATION	35	X			
BASEMENT		X		PIPE INSULATION	92	X			

Name of Registered Waste Hauler  
Sharon Quality Construction

NUDEP Waste Hauler ID No.  
0033967

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
Minerva Enterprise, Inc

City, State  
Hackensack N.J.

Disposal Date  
TBD

City, State  
Waynesboro Ohio

Completed by  
CARLOS ESQUIVEL

Title  
SAFETY MANAGER

Signature  
[Signature]

Date  
08-01-2013

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



TO: 609.633.066

STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 AND 12:120)

Date of Notification (1) <b>7/25/2013</b>		Name of Building Owner/Operator (2) <b>Hackettstown Board of Education</b>	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>315 Washington Street</b>		City, State, Zip Code <b>Hackettstown, NJ 07840</b>	
Name of Contact <b>Mr. Ron Marinelli</b>		Tel. Number <b>[REDACTED]</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Hatcherry Hill Elementary School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>398 5th Avenue</b>			
City (5) <b>Hackettstown</b>	County (6) <b>Warren</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Westchester Environmental</b>		ASCM No. <b>00127</b>	
Street Address <b>307 N Walnut Street</b>		Name of Contractor (9) <b>MTM Metro Corporation</b>	
City, State, Zip Code <b>West Chester, PA 19380</b>		Street Address <b>135-137 McBride Ave</b>	
Project Manager for Monitoring Firm <b>Philip Conteh</b>		Telephone Number <b>610-431-7545</b>	Telephone Number <b>973 742 5030</b>
Scheduled Start Date (10) <b>7/22/13</b>		License Number <b>00809</b>	
Scheduled Completion Date (11) <b>8/05/13</b>		Name of OSHA Monitor <b>MTM Metro Corporation</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other-Describe:		Street Address <b>135-137 McBride Av</b>	
		City, State, Zip Code <b>Paterson, NJ 07501</b>	
Source of Work (Check all that apply) <input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <input type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES   NO   N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
"C" Wing	X	Ceiling Tile	9,525 SF
"C" Wing	X	Pipe fittings	129 LF
Abatement Type			
Rem.   Rep.   Encap   Enclose			
Name of Reg. Waste Hauler <b>MTM Metro Corporation</b>		NJDEP Waste Hauler ID # <b>26552</b>	Cubic Yards of Waste <b>43</b>
City, State <b>Paterson, NJ 07501</b>		Name of Reg. Landfill <b>Tullytown</b>	
Disp. Date <b>8/05/13</b>		City, State <b>Tullytown, PA</b>	
Completed by (Print or Type) <b>Elizabeth Maslarkov</b>		Title <b>Business Administrator</b>	Signature <i>Elizabeth Maslarkov</i>
		Date <b>7/25/2013</b>	

ASB-41

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

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

*No Check*

*2013 AUG -8 AM 10:31*

*12120*

Date of Notification (1) <u>08</u> / <u>10</u> / <u>13</u>		Name of Building Owner/Operator (2) <b>John Exadakpilos</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) <input checked="" type="checkbox"/> <i>DAF</i>	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2400 Atlantic Ave</b>	
		City, State, Zip Code <b>Atlantic City NJ 08401</b>	
		Name of Contact <b>John Exadakpilos</b>	Telephone Number _____

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>130 S. kingston Ave</b>		Square Feet	# of Floors <b>2</b>
City (5) <b>Atlantic City</b>		Bldg. Age <b>30 +</b>	
County (6) <b>Atlantic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Site Enterprises</b>
Street Address		Street Address <b>815 12<sup>TH</sup> ST.</b>	
City, State, Zip Code		City, State, Zip Code <b>Hammonton NJ 08037</b>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>609 -567-1250</b>	License No. <b>01172</b>
Start Date (10) <u>07</u> / <u>29</u> / <u>13</u>	Scheduled Completion Date (11) <u>08</u> / <u>12</u> / <u>13</u>	Name of OSHA Monitor <b>health and safety</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address <b>318 12<sup>TH</sup> ST.</b>	
		City, State, Zip Code <b>Hammonton nj 08037</b>	

Scope of Work (Check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf                | <input type="checkbox"/> Renovation            | <input type="checkbox"/> Full Containment with Negative Pressure               |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure  |
|  |  | <input type="checkbox"/> Glovebag Procedure                                    |
|  |  | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
outside	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	siding	3000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>wm tullytown landfill</b>	
City, State <b>Camden NJ</b>		Disposal Date <b>08-05-13</b>		City, State <b>Tullytown PA.</b>	
Completed By (Print or Type) <b>Thomas Rock</b>	Title <b>Pm</b>	Signature <i>Thomas Rock</i>		Date <b>8-5-13</b>	



**State of New Jersey - Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Check # 2684

**GAC Project # 400-13**

<u>Date of Notification (1)</u> <b>August 1, 2013</b>			<u>Name of Building Owner/Operator (2)</u> <b>FAIRLEIGH DICKINSON UNIVERSITY</b>		
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		<u>Notification Type</u> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 additional material <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		<u>Street Address</u> <b>10 WOODBRIDGE AVENUE</b>	
				<u>City, State, Zip Code</u> <b>HACKENSACK, NJ 07601</b>	
		<u>Name of Contact</u> <b>MR. DICK FRICK</b>		<u>Telephone Number</u> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<b>FACILITY INFORMATION</b>					
<u>Name of Facility Where Abatement is Taking Place (3)</u> <b>FAIRLEIGH DICKINSON UNIVERSITY - METRO CAMPUS - BECTON HALL</b>			<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) <b>Sq. Feet: 120,000 approx. # of Floors: 4 Bldg. Age: 50+ years</b>		
<u>Street Address</u> <b>1000 RIVER ROAD</b>			<u>Current Use (prior if being demolished):</u> <b>ACADEMIC CLASSROOMS &amp; ADMINISTRATIVE OFFICES</b>		
<u>City (5)</u> <b>TEANECK</b>	<u>County (6)</u> <b>BERGEN</b>	<u>County Code (7) (State Use Only)</u> <b>0260</b>			
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> <b>ENVIRONMENTAL DESIGN, INC.</b>		<u>ASCM No.</u> <b>0095</b>	<u>Name of Contractor (9)</u> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
<u>Street Address</u> <b>5434 KING AVENUE - SUITE 101</b>			<u>Street Address</u> <b>268 MAIN STREET</b>		
<u>City, State, Zip Code</u> <b>PENNSAUKEN, NJ 08109</b>			<u>City State, Zip Code</u> <b>BUTLER, NJ 07405</b>		
<u>Project Manager for Monitoring Firm</u> <b>JAY MURRAY</b>		<u>Telephone Number</u> <b>609-221-0073</b>	<u>Telephone Number</u> <b>973-492-0477</b>		<u>License Number</u> <b>00840</b>
<u>Scheduled Start Date (10)</u> <b>08/02/13</b>		<u>Scheduled Completion Date (11)</u> <b>08/04/13</b>		<u>Name of OSHA Monitor</u> <b>ENVIROVISION, INC.</b>	
<u>Occupancy Status During Abatement (Check only one)</u> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: <input type="checkbox"/> Facility Occupied During Entire Period of Abatement <b>Hours MON 7AM - SAT 12 MID (24 Hrs as needed)</b>			<u>Street Address</u> <b>20-21 WARGARAW ROAD</b>		
			<u>City, State, Zip Code</u> <b>FAIRLAWN, NJ</b>		
<u>Source of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> &gt; 3 sf or ≥ 3 lf  <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <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         </div> </div>					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> <b>3<sup>rd</sup> Floor Hallway</b>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA <input checked="" type="checkbox"/> YES	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> <b>TSI - PIPE FITTING &amp; HANGER SADDLE INSULATION</b>	<u>Amount (Specify SF or LF)</u> <b>98 LF</b>	<u>Abatement Type</u> Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove	
<u>Name of Reg. Waste Hauler</u> <b>Newark Carting, Inc. Newark, NJ 04509</b>		<u>NJDEP Waste Hauler ID #</u> <b>NJ DEP # 4509</b>	<u>Cubic Yards of Waste:</u> <b>5 CY</b>	<u>Name of Registered Landfill</u> <b>G.R.O.W.S. North Landfill</b>	
<u>Notes:</u> <b>None</b>			<u>Disposal Date</u> <b>08/04/13</b>	<u>City, State</u> <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>	
<u>Completed by (Print or Type)</u> <b>RAYMOND C. PEDALINO</b>	<u>Title</u> <b>SENIOR PROJECT MANAGER</b>	<u>Signature</u> <i>Raymond C. Pedalino</i>	<u>Date</u> <b>August 1, 2013</b>		



**State of New Jersey - Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

**GAC Project # 400-13**

<u>Date of Notification (1)</u> <b>July 17, 2013</b>		<u>Name of Building Owner/Operator (2)</u> <b>FAIRLEIGH DICKINSON UNIVERSITY</b>	
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
<u>Street Address</u> <b>10 WOODBRIDGE AVENUE</b>		<u>City, State, Zip Code</u> <b>HACKENSACK, NJ 07601</b>	
<u>Name of Contact</u> <b>MR. DICK FRICK</b>		<u>Telephone Number</u> <b>[REDACTED]</b>	
<b>FACILITY INFORMATION</b>			
<u>Name of Facility Where Abatement is Taking Place (3)</u> <b>FAIRLEIGH DICKINSON UNIVERSITY - METRO CAMPUS - BECTON HALL</b>		<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
<u>Street Address</u> <b>1000 RIVER ROAD</b>		<u>Sq. Feet: 120,000 approx. # of Floors: 4 Bldg. Age: 50+ years</u>	
<u>City (5)</u> <b>TEANECK</b>	<u>County (6)</u> <b>BERGEN</b>	<u>County Code (7) (State Use Only)</u> <b>0260</b>	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> <b>ENVIRONMENTAL DESIGN, INC.</b>		<u>ASCM No.</u> <b>0095</b>	
<u>Street Address</u> <b>5434 KING AVENUE - SUITE 101</b>		<u>Name of Contractor (9)</u> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
<u>City, State, Zip Code</u> <b>PENNSAUKEN, NJ 08109</b>		<u>Street Address</u> <b>268 MAIN STREET</b>	
<u>Project Manager for Monitoring Firm</u> <b>JAY MURRAY</b>	<u>Telephone Number</u> <b>609-221-0073</b>	<u>Telephone Number</u> <b>973-492-0477</b>	<u>License Number</u> <b>00840</b>
<u>Scheduled Start Date (10)</u> <b>08/02/13</b>	<u>Scheduled Completion Date (11)</u> <b>08/04/13</b>	<u>Name of OSHA Monitor</u> <b>ENVIROVISION, INC.</b>	
<u>Occupancy Status During Abatement (Check only one)</u> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: <input type="checkbox"/> Facility Occupied During Entire Period of Abatement <b>Hours MON 7AM - SAT 12 MID (24 Hrs as needed)</b>		<u>Street Address</u> <b>20-21 WARGARAW ROAD</b>	
<u>Source of Work (Check all that apply)</u> <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> <b>3<sup>rd</sup> Floor Hallway</b>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA <input checked="" type="checkbox"/>	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> <b>TSI - PIPE FITTING INSULATION</b>	<u>Amount (Specify SF or LF)</u> <b>38 LF</b>
<u>Name of Reg. Waste Hauler</u> <b>Newark Carting, Inc. Newark, NJ 04509</b>		<u>NJDEP Waste Hauler ID #</u> <b>NJ DEP # 4509</b>	<u>Cubic Yards of Waste:</u> <b>5 CY</b>
<u>Notes:</u> <b>None</b>		<u>Disposal Date</u> <b>08/04/13</b>	<u>Name of Registered Landfill</u> <b>G.R.O.W.S. North Landfill</b>
<u>Completed by (Print or Type)</u> <b>RAYMOND C. PEDALINO</b>	<u>Title</u> <b>SENIOR PROJECT MANAGER</b>	<u>Signature</u> <i>Raymond C. Pedalino</i>	<u>Date</u> <b>July 17, 2013</b>