

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

GAC Project # 060-14

Date of Notification (1) August 5, 2014		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
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 type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 - extend completion date <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MILLEDOLER HALL, BLDG# 3010		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 COLLEGE AVENUE CAMPUS		Sq. Feet: N/A # of Floors: 3 Bldg. Age: 80+ years	
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) Cardno ATC		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 08/04/14	Scheduled Completion Date (11) 08/11/14	Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 3:00 PM - 5:00 AM		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	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) 650SF
Room 010	<input checked="" type="checkbox"/>	VAT	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 28969		Disposal Date 08/11/14	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067
Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 NJ DEP # 20990			215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date August 5, 2014

Copies To: Rutgers, REHS, Attn: Mike Smith and Cardno ATC, Attn: Brian Kearney

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

GAC Project # 060-14

<u>Date of Notification (1)</u> July 25, 2014		<u>Name of Building Owner/Operator (2)</u> RUTGERS, THE STATE UNIVERSITY OF NJ	
<u>Agencies Notified</u> <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		<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> COLLEGE AVENUE CAMPUS		<u>Street Address</u> ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
<u>City (5)</u> NEW BRUNSWICK		<u>City, State, Zip Code</u> PISCATAWAY, NJ 08854	
<u>County (6)</u> MIDDLESEX		<u>Name of Contact</u> MICHAEL SMITH, ENV. HEALTH & SAFETY	
<u>County Code (7) (State Use Only)</u>		<u>Telephone Number</u>	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> MILLEDOLER HALL, BLDG# 3010		<u>Type of Facility (4)</u> <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.)	
<u>Street Address</u> COLLEGE AVENUE CAMPUS		<u>Sq. Feet:</u> N/A <u># of Floors:</u> 3 <u>Bldg. Age:</u> 80+ years	
<u>City (5)</u> NEW BRUNSWICK		<u>Current Use (prior if being demolished):</u> ACADEMIC	
<u>County (6)</u> MIDDLESEX		<u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC.	
<u>County Code (7) (State Use Only)</u>		<u>Street Address</u> 268 MAIN STREET	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Cardno ATC		<u>City, State, Zip Code</u> BUTLER, NJ 07405	
<u>Street Address</u> 3 TERRI LANE		<u>Telephone Number</u> 973-492-0477	
<u>City, State, Zip Code</u> BURLINGTON, NJ 08016		<u>License Number</u> 00840	
<u>Project Manager for Monitoring Firm</u> BRIAN KEARNY		<u>Name of OSHA Monitor</u> 1 ENVIROVISION, INC.	
<u>Telephone Number</u> 609-386-8800		<u>Street Address</u> 20-21 WARGARAW ROAD	
<u>Scheduled Start Date (10)</u> 08/04/14		<u>City, State, Zip Code</u> FAIRLAWN, NJ	
<u>Scheduled Completion Date (11)</u> 08/08/14		<u>Occupancy Status During Abatement (Check only one)</u> <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: Shift Hours: 3:00 PM - 5:00 AM	
<u>Scope of Work (Check all that apply)</u> <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 lf </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>			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> Room 010	<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> VAT	<u>Amount (Specify SF or LF)</u> 650SF
<u>Abatement Type</u> Remove Repair Encap Enclose <input checked="" type="checkbox"/>		<u>Disposal Date</u> 08/08/14	
<u>Name of Reg. Waste Hauler</u> See Hauler Below #1 & 2		<u>Name of Registered Landfill</u> G.R.O.W.S. North Landfill	
<u>NJDEP Waste Hauler ID #</u> See Below		<u>Cubic Yards of Waste:</u> 10 CY	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 28969		City, State 100 New Ford Mill Rd. Morrisville, Pa 19067	
Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 NJ DEP # 20990		215-736-1700	
<u>Completed by (Print or Type)</u> RAYMOND C. PEDALINO		<u>Title</u> SENIOR PROJECT MANAGER	
<u>Signature</u> <i>Raymond C. Pedalino</i>		<u>Date</u> July 25, 2014	

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

Date of Notification (1) 4/11/14		Name of Building Owner / Operator (2) Trenton Board of Education							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#3-8/11/14 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1490 Prospect Street							
		City, State & Zip Code Trenton, NJ 08638							
		Name of Contact Mr. Everett O. Collins							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Grace Dunn MS		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUBCHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 401 Dayton Street		Square Feet # of Floors Bldg. Age							
City (5) Trenton	County (6) Mercer	County Code (7)							
		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCN No.							
Street Address 120 North Warren Street		Name of Abatement Contractor (9) Bristol Environmental, Inc.							
City, State & Zip Code Trenton, NJ 08010		Street Address 1123 Beaver Street							
Project Manager for Monitoring Firm Steven Fairness		Telephone Number 609-392-4200	License Number 00509						
Scheduled Start Date (10) Back on site - 8/11/14	Scheduled Completion Date (11) 8/13/14	Name of OSHA Monitor Bristol Environmental Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: 7:00 AM – 3:30 PM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street							
		City, State & Zip Code Bristol, PA 19007							
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 ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
B-24, B-30, B-40, B-44	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nailcrete	2355 SF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environmental, Inc.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste 10 Cu yds.	Name of Registered Landfill Grows Landfill				
City, State Bristol, PA				Disposal Date	City, State Morrisville, PA				
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager		Signature <i>Gino Pizzigoni / jl</i>		Date 8/11/14			

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

Date of Notification (1) 4/11/14		Name of Building Owner / Operator (2) Trenton Board of Education							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#2-8/8/14 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1490 Prospect Street City, State & Zip Code Trenton, NJ 08638 Name of Contact Mr. Everett O. Collins							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Grace Dunn MS		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUBCHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 401 Dayton Street		Square Feet	# of Floors						
City (5) Trenton	County (6) Mercer	Bldg. Age							
Current Use (Prior if being demolished) School									
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.							
Street Address 120 North Warren Street		Name of Abatement Contractor (9) Bristol Environmental, Inc.							
City, State & Zip Code Trenton, NJ 08010		Street Address 1123 Beaver Street							
Project Manager for Monitoring Firm Steven Faires		Telephone Number 609-392-4200	City, State & Zip Code Bristol, PA 19007						
Scheduled Start Date (10) Back on site - 8/11/14	Scheduled Completion Date (11) 8/13/14	Telephone Number (215)788-6040	License Number 00509						
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 Hours Describe: 4:00 PM - 12:30 AM <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor Bristol Environmental Inc.							
Street Address 1123 Beaver Street		City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
B-24, B-30, B-40, B-44	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nailcrete	2355 SF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environmental, Inc.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste 10 Cu yds.	Name of Registered Landfill Grows Landfill				
City, State Bristol, PA		Disposal Date		City, State Morrisville, PA					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager		Signature <i>Gino Pizzigoni</i>			Date 8/8/14		

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

Date of Notification (1) 4/11/14		Name of Building Owner / Operator (2) Trenton Board of Education							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#1-4/30/14 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1490 Prospect Street City, State & Zip Code Trenton, NJ 08638 Name of Contact Mr. Everett O. Collins							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Grace Dunn MS		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUBCHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 401 Dayton Street		Square Feet	# of Floors						
City (5) Trenton	County (6) Mercer	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		Name of Abatement Contractor (9) Bristol Environmental, Inc.							
Street Address 120 North Warren Street		Street Address 1123 Beaver Street							
City, State & Zip Code Trenton, NJ 08010		City, State & Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm Steven Faress		Telephone Number 609-392-4200	License Number 00509						
Scheduled Start Date (10) 4/23/14	Scheduled Completion Date (11) ON HOLD	Name of OSHA Monitor Bristol Environmental Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: 4:00 PM - 12:30 AM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
B-24, B-30, B-40, B-44	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nailcrete	2355 SF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environmental, Inc.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 10 Cu yds.	Name of Registered Landfill Grows Landfill					
City, State Bristol, PA		Disposal Date		City, State Morrisville, PA					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>				Date 4/30/14		

CK 2598

GI 14068

NO CK

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 7/8/14		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS							
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 checked="" type="checkbox"/> Amended R#1-8/11/14 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 15 E. MONTGOMERY PLACE 2014 AUG 14 AM 4:32						
			City, State & Zip Code PITTSBURGH, PA 15212						
			Name of Contact ANTHONY PORTA						
			Telephone Number 724-200-1111						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VERIZON JERSEY CITY CENTRAL 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 773 SUMMIT AVE		Square Feet 8000	# of Floors 3						
City (5) JERSEY CITY	County (6) HUDSON	County Code (7)	Bldg. Age 90+/-						
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT INC		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC						
Street Address 8436 ENTERPRISE AVENUE		Street Address 1123 BEAVER STREET							
City, State & Zip Code PHILADELPHIA, PA 19153		City, State & Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm MARK JENKINS		Telephone Number 215-365-5810	License Number 00509						
Scheduled Start Date (10) 7/31/14	Scheduled Completion Date (11) ON HOLD		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5:00 PM – 1:30 AM <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Storage Rm & BMS Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/Mastic	390 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Floor AC Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Floor Storage Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Glue Daubs & Ceiling Tile	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd FI Locker Rm, Super Office, Hallway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/Mastic & Ceiling Tile	780 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date	City, State WAYNESBURG, OH 44688						
Completed By (Print or Type) PATRICK T. DeCARO		Title PROJ. MGR.	Signature <i>Patrick T. DeCaro / jg</i>				Date 7/8/14		

PD 14045


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

CR # 2656

Date of Notification (1) 7/8/14		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS							
Agencies Notified <input checked="" type="checkbox"/> EPA 9999 <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 8958 <input checked="" type="checkbox"/> DOH 9890 <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 15 E. MONTGOMERY PLACE City, State & Zip Code PITTSBURGH, PA 15212 Name of Contact ANTHONY PORTA							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VERIZON JERSEY CITY CENTRAL 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 773 SUMMIT AVE		Square Feet 8000	# of Floors 3						
City (5) JERSEY CITY		County (6) HUDSON	Bldg. Age 90+/-						
County Code (7)		Current Use (Prior if being demolished) COMMUNICATIONS							
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT INC		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC						
Street Address 8436 ENTERPRISE AVENUE		Street Address 1123 BEAVER STREET							
City, State & Zip Code PHILADELPHIA, PA 19153		City, State & Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm MARK JENKINS		Telephone Number 215-365-5810	License Number 00509						
Scheduled Start Date (10) 7/31/14	Scheduled Completion Date (11) 8/14/14	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 5:00 PM - 1:30 AM <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET							
		City, State & Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Storage Rm & BMS Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/Mastic	390 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Floor AC Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Floor Storage Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Glue Daubs & Ceiling Tile	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd FI Locker Rm, Super Office, Hallway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/Mastic & Ceiling Tile	780 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) PATRICK T. DeCARO		Title PROJ. MGR.	Signature <i>Patrick T. DeCaro</i>				Date 7/8/14		

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

RECEIVED

Date of Notification (1) 06/20/2014		Name of Building Owner/Operator (2) The DeNovo Group		2014 AUG 14 AM 6:08					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1302 West Randolph Street City, State, Zip Code Chicago, IL 60607 Name of Contact Todd King Telephone Number 					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) DeNovo New Brunswick, LLC			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 760 Jersey Ave			Square Feet 310,000						
City (5) New Brunswick			# of Floors 1		Bldg. Age 68 yrs				
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Industrial Warehouse					
Name of Monitoring Firm Hired by Building Owner (8) Amereco Engineering		ASCM No.		Name of Abatement Contractor (9) Shoreline Contracts Inc.					
Street Address 204 E. Jefferson Street		Street Address 85 Kero Road							
City, State, Zip Code Valparaiso, Indiana 46383		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm John Blosky		Telephone No. (219) 531-0531		License No. 01230					
Start Date (10) 06/30/2014		Scheduled Completion Date (11) 09/30/2014		Name of OSHA Monitor Wojciech Michalik					
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 85 Kero Road City, State, Zip Code Carlstadt, New Jersey 07072						
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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
office/mezzanine area	x			VAT Floor Tile	12,000 SF	x			
office/mezzanine area	x			Transite Panel	800 SF	x			
office/mezzanine area	x			Pipe Insulation	300 LF	x			
office Area	x			Mastic	8500	x			
Name of Registered Waste Hauler Asbestos Transportation Company, INC.		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 485.19	Name of Registered Landfill Cycle Chem, Inc.				
City, State Shirley, NY				Disposal Date 05/30/2014	City, State Elizabeth, NJ				
Completed by Michael Colman		Title President		Signature 		Date 08/08/2014			

NO CK

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

Check #9013

RECEIVED

Date of Notification (1) 8-8-14		Name of Building Owner/Operator (2) Kelly Construction	
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 <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2 Kelly Court
			City, State, Zip Code Green Brook, NJ 08812
			Name of Contact Mike Murray
Telephone Number ASBESTOS CONTROL & LICENSING			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Single family Shore house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1835 Washington		Square Feet 2	
City (5) Ortley Beach NJ		# of Floors 50+	
County (6) Ocean		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		Name of Abatement Contractor (9) EPC Technologies Inc	
Street Address P.O. Box 337		Street Address P.O. Box 337	
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533	
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	
Start Date (10) 8-7-14		License No. 00394	
Scheduled Completion Date (11) 8-29-14		Name of OSHA Monitor EPC Technologies Inc	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337	
		City, State, Zip Code New Egypt NJ 08533	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
Amount (Specify SF or LF)	Abatement Type		Enclosure
	Removal Repair Encapsulate		
Exterior	X		Siding Shingles 2000 SF X
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 12
City, State New Egypt NJ		Name of Registered Landfill Waste Management of PA	
Disposal Date 8-29-14		City, State Morrisville PA	
Completed by Steve Schenker		Title President	Signature Steve Schenker
		Date 8-8-14	

Changed Completion Date

8-7-14

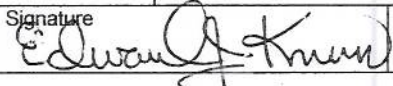
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check
9013

Date of Notification (1) 7-28-14		Name of Building Owner/Operator (2) Kelly Construction	
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 2 Kelly Court	
	City, State, Zip Code Green Brook, NJ 08812		
	Name of Contact Mike Murray	Telephone Number ---	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Single family Shore House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1835 Washington		Square Feet	# of Floors 2
City (5) Ortley Beach, NJ		Bldg. Age 50+-	
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Shore House	
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc
Street Address P.O. Box 337		Street Address P.O. Box 337	
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533	
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394
Start Date (10) 8-7-14	Scheduled Completion Date (11) 8-8-14	Name of OSHA Monitor EPC Technologies, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address P.O. Box 337	
		City, State, Zip Code New Egypt NJ 08533	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
exterior		X	Siding Shingles 2000 SF X
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 12
City, State New Egypt NJ		Disposal Date 8-8-14	Name of Registered Landfill Waste Management of PA
Completed by Steve Schenker		Title President	Signature Steve Schenker
			Date 7-28-14

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

QEC Check 6787
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Date of Notification (1) August 09, 2014		Name of Building Owner/Operator (2) Ms. Eileen Dudek							
Agencies Notified	Type Notification	Street Address 730 Haddon Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Collingswood, New Jersey 08108							
		Name of Contact Ms. Eileen Dudek	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Dwelling		Type of Facility (4)							
Street Address 217 Bradley Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Haddon Township	Square Feet 1150	# of Floors 1	Bldg. Age 63 years old						
County (6) Camden County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) Quality Environmental Concepts		ASCM No. none	Name of Abatement Contractor (9) Quality Environmental Concepts						
Street Address 1053 North Tuckahoe Road		Street Address 1053 North Tuckahoe Road							
City, State, Zip Code Williamstown, New Jersey 08094		City, State, Zip Code Williamstown, New Jersey 08094							
Project Manager for Monitoring Firm Ed Knorr		Telephone No. 856-629-1166	License No. 01086						
Start Date (10) August 19, 2014	Scheduled Completion Date (11) August 26, 2014	Name of OSHA Monitor Quality Environmental Concepts							
Occupancy Status During Abatement (Check Only One)		Street Address 1053 North Tuckahoe Road							
<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>New Homeowner may be present</u>		City, State, Zip Code Williamstown, New Jersey 08094							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Crawlspace Area			X	Asbestos cloth insulation wrap on	125 sf	X			
				ductwork					
Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 478951	Cubic Yards of Waste 30cy	Name of Registered Landfill G.R.O.W.S					
City, State Bellmawr, New Jersey		Disposal Date o/a 8-27-14		City, State Tullytown/Morrisville, PA					
Completed by Edward J. Knorr		Title Vice President		Signature 		Date August 09, 2014			

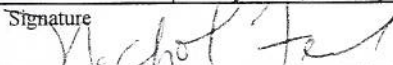
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) August 11, 2014		Name of Building Owner/Operator (2) Elite Construction Corp.	
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 49 Linden Avenue	
		City, State, Zip Code Mantua, NJ 08051	
		Name of Contact Nick	Telephone Number ...

ch# 24902
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2014 AUG 14 AM 6:13
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 237 13 th Avenue			Square feet 400 sf		
City Seaside Park	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 80	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 08/12/2014		Scheduled Completion Date (11) 08/13/2014		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >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	880 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 08/14/2014		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 8/11/14		

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

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

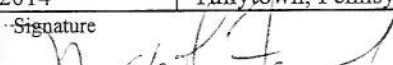
ck# 24903

Date of Notification (1) August 11, 2014		Name of Building Owner/Operator (2) Elite Construction Corp.	
Agencies Notified	Type of Notification	Street Address 49 Linden Avenue	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	<div style="font-size: 1.2em; font-weight: bold;">2014 AUG 14 AM 6:13</div> <div style="font-size: 1.2em; font-weight: bold;">ASBESTOS CONTROL & LICENSING</div>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	City, State, Zip Code Mantua, NJ 08051	
		Name of Contact Nick	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 239 13 th Avenue			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K-12)		
City Seaside Park			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 615 sf	# of Floors 1	Bldg. Age 84	
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 732-349-9932	License Number 00624		
Scheduled Start Date (10) 08/12/2014	Scheduled Completion Date (11) 08/13/2014	Name of OSHA Monitor E.M.S.L. Analytical			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____		Street Address 1056 Stelton Road			
		City, State, Zip Code Piscataway, New Jersey 08854			
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	X	Asbestos siding	1200 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 08/14/2014	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fericola	Title Project Manager	Signature 	Date 8/11/14

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

NK 3391

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

RECEIVED

Date of Notification (1) 8/11/14		Name of Building Owner/Operator (2) EARTHTECH CONTRACTING		2014 AUG 14 AM 6:12	
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 155 Rte 50		ASBESTOS CONTROL & LICENSING
			City, State, Zip Code GREENFIELD, N.J.		
			Name of Contact BRUCE BREUNIG		
FACILITY INFORMATION					
Name of Facility, Where Abatement is Taking Place (3) RESIDENCE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 8232 ATLANTIC AVE			Square Feet # of Floors Bldg Age		
City, State, Zip Code MARGATE ATLANTIC			Current Use (Prior if being demolished) VACANT		
County (6) ATLANTIC		County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner N/A		ASCM No.		Name of Abatement Contractor (9) KLEMMCO INC.	
Street Address _____		Street Address 369 S. SPRUCE AVE.			
City, State, Zip Code _____		City, State, Zip Code MAPLE SHADE, N.J. 08052			
Project Manager for Monitoring Firm _____		Telephone No. 856-779-0472		License No. 00444	
Start Date (10) 8/25/14		Scheduled Completion Date (11) 8/31/14		Name of OSHA Monitor JOSEPH KLEMM	
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 369 S. SPRUCE AVE.			
		City, State, Zip Code MAPLE SHADE, N.J. 08052			
Scope of Work (Check all that apply): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 24 hr or 24 hr <input type="checkbox"/> 24 hr or 24 hr </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <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-Frangible Procedure </div> </div>					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13) SIDING	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) 1600 SF	Abatement Method Removal Repair Encapsulation Other
	Yes No N/A				
			TRANSITE		<input checked="" type="checkbox"/>
Name of Registered Waste Hauler KLEMMCO INC.		NJDEP Waste Hauler ID No. 17904		Name of Registered Landfill A.C.U.A.	
City, State MAPLE SHADE, N.J.		Disposal Date		City, State PLEASANTVILLE, N.J.	
Completed By JOSEPH KLEMM		Title V/P		Signature Joseph Klemm	
				Date 8/11/14	

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

Date of Notification (1) 8/11/2014		Name of Building Owner/Operator (2) GREATER BERGEN COMMUNITY ACTION, INC.							
Agencies Notified	Type Notification	Street Address 241 MOORE STREET							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HACKENSACK, NJ 07601							
		Name of Contact DAVID WENEGRAT	Telephone Number 201-222-XXXX						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MULTI-FAMILY 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 148 OAKWOOD AVENUE		Square Feet	# of Floors						
City (5) CLIFFSIDE PARK		Bldg. Age							
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm		Telephone No. 973-956-8700	License No. 00494						
Start Date (10) 8/21/2014	Scheduled Completion Date (11) 9/5/2014	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: <u>VACANT</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	200 LF	X			
2ND FLOOR		X		FLOOR TILE	760 SF	X			
EXTERIOR		X		ROOF SHINGLES	3456 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 30	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 9/5/2014		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>				Date 8/11/2014	

PK 3385

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

Date of Notification (1) 8-6-14		Name of Building Owner/Operator (2) BAYSHORE LANDSCAPE INC.	
Agencies Notified: <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 319 SUZANNE AVE		City, State, Zip Code N. CAPE MAY	
Name of Contact JOHN		Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 413 20TH ST.		Square Feet 1000	
City (5) AVALON		# of Floors 2	
County (6) CAPE MAY		Bldg Age 40+	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	
Street Address _____		Name of Abatement Contractor (9) KLEMMO INC.	
City, State, Zip Code _____		Street Address 369 S. SPRUCE AVE.	
Project Manager for Monitoring Firm _____		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Telephone No. _____		Telephone No. 856-779-0422	
Start Date (10) 9/2/14		License No. 00444	
Scheduled Completion Date (11) 9/9/14		Name of OSHA Monitor JOSEPH KLEMM	
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 369 S. SPRUCE AVE.	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sl or ≥ 3 ll <input type="checkbox"/> ≥ 160 sl or ≥ 260 ll <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code MAPLE SHADE, N.J. 08052	
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) TRANSITE		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) SIDING		Amount (Specify SF or LF) 2500 SF.	
Abatement Type Removal Repair Encapsulation Enclosure		X	
Name of Registered Waste Hauler KLEMMO INC.		NJDEP Waste Hauler ID No. 17904	
Cubic Yards of Waste 5		Name of Registered Landfill C.M.C. M.U.A.	
Disposal Date _____		City, State WOODBINE, N.J.	
Completed By JOSEPH KLEMM		Signature Joseph Klemm	
Title OWNER		Date 8-6-14	

CK 3387

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

Date of Notification (1) 8/18/14		Name of Building Owner/Operator (2) EARTITECH CONTRACTING				
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 155 RT. 50		City, State, Zip Code GREENFIELD N.J. 08230				
Name of Contact BRUCE BREUNIG		Telephone Number _____				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
Street Address 326 MONTGOMERY AVE		Square Feet 1000	# of Floors 2			
City (5) WILLOWOOD		Bldg Age 40+				
County (6) CAPE MAY		County Code (7) (STATE USE ONLY) _____				
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) KLEMMCO INC.				
Street Address _____		Street Address 369 S. SPRUCE AVE.				
City, State, Zip Code _____		City, State, Zip Code MAPLE SHADE, N.J. 08052				
Project Manager for Monitoring Firm _____		Telephone No. 856-779-0422	License No. 00474			
Start Date (10) 8/25/14	Scheduled Completion Date (11) 9/1/14					
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 JOSEPH KLEMM				
Street Address 369 S. SPRUCE AVE.		City, State, Zip Code MAPLE SHADE, N.J. 08052				
Scope of Work (Check all that apply) <input type="checkbox"/> 23 SF or 23 LF <input type="checkbox"/> 2160 SF or 2160 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-Frangible Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING	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) TRANSITE	Amount (Specify SF or LF) 2300 SF	Abatement Type		
				Removal	Repair	Encapsulation
Name of Registered Waste Hauler KLEMMCO INC.		NDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5	Name of Registered Landfill C.M.C. M.U.A.		
City, State MAPLE SHADE, N.J. 08052		Disposal Date _____	City, State WOODBINE, N.J.			
Completed By JOSEPH KLEMM	Title OWNER	Signature <i>Joseph Klemm</i>	Date 8-8-14			

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


1090

Date of Notification (1) July 18, 2014		Name of Building Owner/Operator (2) Prism Capitol Partners, LLC	
Agencies Notified	Type Notification	Street Address 50 Grand Avenue	
<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 # _____	City, State, Zip Code Englewood, NJ 07631	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Owner	Telephone Number

RECEIVED
2014 AUG 14 AM 9:51
ASBESTOS CONTROL & LICENSING

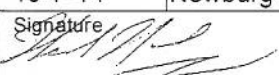
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Building		Type of Facility (4)	
Street Address 41 Slater		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Elmwood Park, NJ		Square Feet	# of Floors
County (6) Bergen		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) unknown	
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC.
Street Address 222 Church Road		Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. 908-296-1132	Telephone No. (877) 759 - MACK
Start Date (10) 8-5-14		Scheduled Completion Date (11) 9-30-14	License No. 00781
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor The MACK Group, LLC.	
<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 1500 Kings HWY N, STE 209	
Scope of Work (Check All That Apply)		City, State, Zip Code Cherry Hill, NJ 08034	
<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
Inside		<input checked="" type="checkbox"/>		transite panels	2,950 s/f	<input checked="" type="checkbox"/>			
"-"		<input checked="" type="checkbox"/>		floor tile & mastic	400 s/f	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Newark Carting	NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 33.5	Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF
City, State Newark, NJ	Disposal Date 9-30-14	City, State Newburg / Imperial / Morrisville, PA	
Completed by Mike Cooper	Title President	Signature 	Date 7/18/14

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

1185

Date of Notification (1) July 23, 2014		Name of Building Owner/Operator (2) Prism Capitol Partners, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 58 Grand Avenue City, State, Zip Code Englewood, NJ 07631 Name of Contact Owner
	Telephone Number 		
	FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Building Street Address 41 Slater City (5) Elmwood Park, NJ County (6) Bergen		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.) Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) unknown
	Name of Monitoring Firm Hired by Building Owner (8) AET Street Address 222 Church Road City, State, Zip Code Bridgewater, NJ 08807 Project Manager for Monitoring Firm Eric Houseknecht Start Date (10) 8/7/14 Scheduled Completion Date (11) 10-7-14		ASCM No. 0021 Name of Abatement Contractor (9) The MACK Group, LLC. Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034 Telephone No. (877) 759 - MACK License No. 00781
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 The MACK Group, LLC. Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034	
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) Inside -"-	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X X	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) transite panels floor tile & mastic	Amount (Specify SF or LF) 2,950 s/f 400 s/f
Abatement Type Removal Repair Encapsulate Enclosure X 			
Name of Registered Waste Hauler Newark Carting City, State Newark, NJ		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 33.5 Disposal Date 10-7-14
Name of Registered Landfill Cumberland Co./ BFI / GROVS / TRRF City, State Newburg / Imperial / Morrisville, PA		Completed by Mike Cooper Title President Signature  Date 7/23/14	

RECEIVED

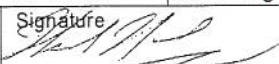
2014 AUG 14 AM 9:51
ASBESTOS CONTROL
& LICENSING

ASB-41 (R-06-08)

* 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)

1095

Date of Notification (1) August 13, 2014		Name of Building Owner/Operator (2) Prism Capitol Partners, LLC						
Agencies Notified	Type Notification	Street Address 50 Grand Avenue						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Englewood, NJ 07631						
		Name of Contact Owner						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Building		Type of Facility (4)						
Street Address 41 Slater		<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) Elmwood Park, NJ		Square Feet	# of Floors					
County (6) Bergen		Bldg. Age						
		unknown						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Bergen		unknown						
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC.					
Street Address 222 Church Road		Street Address 1500 Kings HWY N, STE 209						
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034						
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. 908-296-1132	License No. 00781					
Start Date (10) 8/15/14		Scheduled Completion Date (11) 10-15-14						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor The MACK Group, LLC.						
<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 1500 Kings HWY N, STE 209						
		City, State, Zip Code Cherry Hill, NJ 08034						
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
Inside		<input checked="" type="checkbox"/>	transite panels	2,950 s/f	<input checked="" type="checkbox"/>			
"-"		<input checked="" type="checkbox"/>	floor tile & mastic	400 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 33.5	Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF				
City, State Newark, NJ		Disposal Date 10-15-14		City, State Newburg / Imperial / Morrisville, PA				
Completed by Mike Cooper		Title President		Signature 			Date 8/13/14	

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

Check # 2200

Date of Notification (1) 08 / 13 / 14		Name of Building Owner / Operator (2) HOFFMAN LAROCHE		RECEIVED 2014 AUG 14 AM 9:49 CONTROL LICENSING	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation			
Street Address 340 KINGSLAND AVENUE		City, State, Zip Code NUTLEY, NJ 07110			
Name of Contact BILL LICHTENAU		Telephone Number			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) HOFFMAN LAROCHE			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 bldgs., homes, etc.)		
Street Address 340 KINGSLAND AVENUE					
City (5) NUTLEY	County (6) ESSEX	County Code (7)	Square Feet 80,000	# Of Floors 3	Building Age 40+
			Current Use (Prior if being demolished) VACANT/WAREHOUSE		
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI			ASCM NO		
Street Address 655 WEST SHORE TRAIL			Name of Abatement Contractor (9) NORTHSTAR CONTRACTING GROUP, INC.		
City, State, Zip Code SPARTA, NJ 07871			Street Address 32 WILLIAMS PARKWAY		
Project Mngr. For Monitoring Firm BILL KIRBIL			City, State, Zip Code EAST HANOVER, NJ 07936		
Telephone Number 973-729-5649			License Number 00860		
Sched. Completion Date (11) 08 / 27 / 14			Telephone Number 973-884-8682		
Occupancy Status During Abatement (Check Only 1) <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: MON-FRI 7:00AM-3:00PM			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC. Street Address 32 WILLIAMS PARKWAY City, State, Zip Code EAST HANOVER, NJ 07936		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type R E M O V A L R E P A I R E N C A P S U L E N C L O S U R	
	YES NO N/A				
BUILDING 103	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SEE ATTACHED		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Name of Registered Waste Hauler LVI DEMOLITION SERVICES INC.		NJDEP Waste Hauler ID No. NJ-750	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT	
City, State EAST HANOVER, NJ		Disposal Date	City, State TULLYTOWN, PA		
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER	Signature <i>Steven Stiles</i>		Date 08/13/14

Location of Asbestos Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Main- tenance/ Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
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1ST FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTINGS	1450 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1ST FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT & MASTIC	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTINGS	1750 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT & MASTIC	4500SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DUCT INSULATION	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING 103	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FIRE DOORS	57 EA.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PITCH POCKETS	35 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROOFING & FLASHING	16000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING 103/EXTERIOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAULK	1650 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>							

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

CR# 2684

Date of Notification (1) 8 / 11 / 14		Name of Building Owner/Operator (2) Trustees of Princeton University		RECEIVED					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address E.A MacMillan Building		2014 AUG 14 AM 9:39 ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code Princeton, NJ 08544							
				Name of Contact Robert Ortega		Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University				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 5 Ivy Lane									
City (5) Princeton				Square Feet	# of Floors				
				Bldg. Age					
County (6) MERCER		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address Bromley Corporate Center, 3 Terri Lane, Ste. 12		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mike Keehn		Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509					
Start Date (10) 8 / 21 / 14		Scheduled Completion Date (11) 9 / 4 / 14		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ _____ PM- _____ AM			Street Address 1123 BEAVER STREET						
			City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf 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
No. Side Rear Ext Roof Parapet Wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stucco on Roof	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL				
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scaffiro		Title Estimator		Signature Brian Scaffiro		Date 8/11/14			

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

Date of Notification (1) 08/11/2014		Name of Building Owner/Operator (2) Farleigh Dickinson University		RECEIVED				
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1000 River Rd City, State, Zip Code Teaneck, NJ 07666 Name of Contact Craig Gorczyca				
				2014 AUG 14 AM 9:37 ASBESTOS CONTROL LICENSING				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) BECTON HALL			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 1000 River Road			Square Feet	# of Floors	Bldg. Age			
City (5) Teaneck			Current Use (Prior if being demolished)					
County (6) Bergen		County Code (7) (STATE USE ONLY) _____						
Name of Monitoring Firm Hired by Building Owner (8) EDI		ASCM No.		Name of Abatement Contractor (9) VMC Company, Inc.				
Street Address 5434 King Ave		Street Address 208 Piaget Ave						
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Clifton, NJ 07011						
Project Manager for Monitoring Firm Tom Pruno		Telephone No. 888-306-4545		Telephone No. 973-253-8828	License No. 00704			
Start Date (10) 08/21/2014		Scheduled Completion Date (11) 08/28/2014		Name of OSHA Monitor VMC Company, Inc.				
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: 5 PM - 1 AM				Street Address				
				City, State, Zip Code				
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input 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) 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
CRAWLSPACE	<input checked="" type="checkbox"/>		PIPE/FITTING INSUL.	100 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 05409		Cubic Yards of Waste	Name of Registered Landfill GROWS			
City, State Newark, NJ		Disposal Date		City, State Morrisville, PA				
Completed by Voytek Roszkowski		Title President		Signature <i>J. Roszkowski</i>		Date 07/22/14		

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

CH# 0759

Date of Notification (1) 8/1/2014		Name of Building Owner/Operator (2) Naren Balkarran		2014 AUG 14 AM 4:02	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 14-11 7th St.	
		City, State, Zip Code South Plainfield, NJ		Name of Contact Naren Balkarran	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 14-11 7th St			Square Feet		
City (5) South Plainfield			# of Floors		Bldg. Age 50+
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Loznica Management Corp	
Street Address n/a				Street Address 22 Troy Lane	
City, State, Zip Code n/a				City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 973-706-7950	
				License No. 01193	
Start Date (10) 8/11/2014		Scheduled Completion Date (11) 8/12/2014		Name of OSHA Monitor Loznica Management Corp	
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: 9 am - 5 pm				Street Address 22 Troy Lane	
				City, State, Zip Code Lincoln Park, NJ 07035	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <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)
	Yes	No	N/A		
Basement			x	Asbestos Pipe Insulation	83 LF
Name of Registered Waste Hauler Loznica Management Corp		NJDEP Waste Hauler ID No. 0033137		Cubic Yards of Waste TBD	
City, State Lincoln Park, NJ 07035		Disposal Date TBD		Name of Registered Landfill GROWS Landfill	
				City, State Morrisville PA 19067	
Completed by E. Cirovic		Title Secretary		Signature E. Cirovic	
				Date 8/1/2014	

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

Check # 2763

GAC Project # 451-14

Date of Notification (1) August 5, 2014			Name of Building Owner/Operator (2) CELGENE CORPORATION		
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 type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 – new completion date & add materials <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address 86 MORRIS AVENUE City, State, Zip Code SUMMIT, NJ 07901 Name of Contact MS. KIM HOPF – Environmental Health & Safety	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) CELGENE CORPORATION			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: 50,000 # of Floors: 3 Bldg. Age: ~60+ years		
Street Address 86 MORRIS AVENUE			Current Use (prior if being demolished): ADMINISTRATIVE OFFICES/ RESEARCH FACILITIES		
City (5) SUMMIT	County (6) MORRIS	County Code (7) (State Use Only)	Name of Monitoring Firm Hired by Bldg. Owner (8) McCABE ENVIRONMENTAL SERVICES, LLC		
City, State, Zip Code LYNDHURST, NJ			Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		
Project Manager for Monitoring Firm JOHN CHIAVELLO			Street Address 268 MAIN STREET		
Telephone Number 732-438-4839			City, State, Zip Code BUTLER, NJ 07405		
Scheduled Start Date (10) 06/27/14			Telephone Number 973-492-0477		
Scheduled Completion Date (11) 09/30/14			License Number 00840		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement (NOT SUB 8) <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe <input type="checkbox"/> Facility Occupied During Entire Period of Abatement Hours 5PM – 5AM M-F And 24 Hours on WEEKENDS (as needed)			Name of OSHA Monitor ENVIROVISION, INC.		
Scope of Work (Check all that apply) <input type="checkbox"/> > 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf			Street Address 20-21 WARGARAW ROAD		
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			City, State, Zip Code FAIRLAWN, NJ		
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure (Cut & Wrap) <input checked="" 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)	Abatement Type Remove Repair Encap Enclose	
Various Areas	<input checked="" type="checkbox"/>	FIREPROOFING	500 SF	<input checked="" type="checkbox"/>	
Various Areas	<input checked="" type="checkbox"/>	TSI – PIPE INSULATION	9 LF	<input checked="" type="checkbox"/>	
Various Areas	<input checked="" type="checkbox"/>	TSI – DUCT INSULATION ADHESIVE	150 LF	<input checked="" type="checkbox"/>	
Various Areas	<input checked="" type="checkbox"/>	VAT, TRANSITE (panels & exterior pipe), BENCH TOPS, FIRE DOORS (~18 total), WINDOWS (~28 total)	5,000 SF & 40 LF	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509	NJDEP Waste Hauler ID # NJ DEP # 4509	Cubic Yards of Waste: 60 CY	Name of Registered Landfill G.R.O.W.S. North Landfill		
Notes: None			Disposal Date 09/30/14	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date August 5, 2014		

Copies To: CELGENE CORP. Attn: Ms. Kim Hopf and McCabe Environmental Svcs. LLC Attn: Mr. John Chiavello

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

GAC Project # 451-14

<u>Date of Notification (1)</u> June 26, 2014		<u>Name of Building Owner/Operator (2)</u> CELGENE CORPORATION	
<u>Agencies Notified</u> <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	<u>Notification Type</u> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 – new completion date & add method (Full Containment & Glovebag) <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		<u>Street Address</u> 86 MORRIS AVENUE
			<u>City, State, Zip Code</u> SUMMIT, NJ 07901
		<u>Name of Contact</u> MS. KIM HOPF – Environmental Health & Safety	<u>Telephone Number</u>
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> CELGENE CORPORATION		<u>Type of Facility (4)</u> <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.) <u>Sq. Feet:</u> 50,000 <u># of Floors:</u> 3 <u>Bldg. Age:</u> ~60+ years	
<u>Street Address</u> 86 MORRIS AVENUE			
<u>City (5)</u> SUMMIT	<u>County (6)</u> MORRIS	<u>County Code (7) (State Use Only)</u>	<u>Current Use (prior if being demolished):</u> ADMINISTRATIVE OFFICES/ RESEARCH FACILITIES
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> McCABE ENVIRONMENTAL SERVICES, LLC		<u>ASCM No.</u> 00118	<u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC.
<u>Street Address</u> 464 VALLEY BROOK AVENUE #3A		<u>Street Address</u> 268 MAIN STREET	
<u>City, State, Zip Code</u> LYNDHURST, NJ		<u>City, State, Zip Code</u> BUTLER, NJ 07405	
<u>Project Manager for Monitoring Firm</u> JOHN CHIAVELLO	<u>Telephone Number</u> 732-438-4839	<u>Telephone Number</u> 973-492-0477	<u>License Number</u> 00840
<u>Scheduled Start Date (10)</u> 06/27/14	<u>Scheduled Completion Date (11)</u> 08/31/14	<u>Name of OSHA Monitor</u> ENVIROVISION, INC.	
<u>Occupancy Status During Abatement (Check only one)</u> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement (NOT SUB 8) <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe <input type="checkbox"/> Facility Occupied During Entire Period of Abatement Hours 5PM – 5AM M-F And 24 Hours on WEEKENDS (as needed)		<u>Street Address</u> 20-21 WARGARAW ROAD	
		<u>City, State, Zip Code</u> FAIRLAWN, NJ	
<u>Scope of Work (Check all that apply)</u> <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 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure (Cut & Wrap) <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
Various Areas	<input checked="" type="checkbox"/>	TSI – PIPE INSULATION	9 LF
Various Areas	<input checked="" type="checkbox"/>	TSI – DUCT INSULATION ADHESIVE	150 LF
Various Areas	<input checked="" type="checkbox"/>	VAT, TRANSITE, BENCH TOPS, FIRE DOORS (~18 total)	5,000 SF
<u>Name of Reg. Waste Hauler</u> Newark Carting, Inc. Newark, NJ 04509	<u>NJDEP Waste Hauler ID #</u> NJ DEP # 4509	<u>Cubic Yards of Waste:</u> 60 CY	<u>Name of Registered Landfill</u> G.R.O.W.S. North Landfill
<u>Notes:</u> None		<u>Disposal Date</u> 08/31/14	<u>City, State</u> 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
<u>Completed by (Print or Type)</u> RAYMOND C. PEDALINO	<u>Title</u> SENIOR PROJECT MANAGER	<u>Signature</u> <i>Raymond C. Pedalino</i>	<u>Date</u> June 26, 2014

Copies To: CELGENE CORP. Attn: Ms. Kim Hopf and McCabe Environmental Svcs. LLC Attn: Mr. John Chiavello

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

GAC Project # 451-14

<u>Date of Notification (1)</u> June 18, 2014		<u>Name of Building Owner/Operator (2)</u> CELGENE CORPORATION	
<u>Agencies Notified</u> <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	<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> 86 MORRIS AVENUE	
		<u>City, State, Zip Code</u> SUMMIT, NJ 07901	
		<u>Name of Contact</u> MS. KIM HOPF -	<u>Telephone Number</u> Environmental Health & Safety
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> CELGENE CORPORATION		<u>Type of Facility (4)</u> <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.) <u>Sq. Feet:</u> 50,000 <u># of Floors:</u> 3 <u>Bldg. Age:</u> ~60+ years	
<u>Street Address</u> 86 MORRIS AVENUE			
<u>City (5)</u> SUMMIT	<u>County (6)</u> MORRIS	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> McCABE ENVIRONMENTAL SERVICES, LLC		<u>ASCM No.</u> 00118	
<u>Street Address</u> 464 VALLEY BROOK AVENUE #3A		<u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC.	
<u>City, State, Zip Code</u> LYNDHURST, NJ		<u>Street Address</u> 268 MAIN STREET	
<u>Project Manager for Monitoring Firm</u> JOHN CHIAVELLO	<u>Telephone Number</u> 732-438-4839	<u>Telephone Number</u> 973-492-0477	<u>License Number</u> 00840
<u>Scheduled Start Date (10)</u> 06/27/14	<u>Scheduled Completion Date (11)</u> 07/31/14	<u>Name of OSHA Monitor</u> ENVIROVISION, INC.	
<u>Occupancy Status During Abatement (Check only one)</u> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement (NOT SUB 8) <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe <input type="checkbox"/> Facility Occupied During Entire Period of Abatement Hours 5PM – 5AM M-F And 24 Hours on WEEKENDS (as needed)		<u>Street Address</u> 20-21 WARGARAW ROAD	
<u>Source of Work (Check all that apply)</u> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure (Cut & Wrap) <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
Various Areas	<input checked="" type="checkbox"/>	TSI – PIPE INSULATION	9 LF
Various Areas	<input checked="" type="checkbox"/>	TSI – DUCT INSULATION ADHESIVE	150 LF
Various Areas	<input checked="" type="checkbox"/>	VAT, TRANSITE, BENCH TOPS, FIRE DOORS (~18 total)	5,000 SF
<u>Name of Reg. Waste Hauler</u> Newark Carting, Inc. Newark, NJ 04509	<u>NJDEP Waste Hauler ID #</u> NJ DEP # 4509	<u>Cubic Yards of Waste:</u> 60 CY	<u>Name of Registered Landfill</u> G.R.O.W.S. North Landfill
<u>Notes:</u> None		<u>Disposal Date</u> 07/31/14	<u>City, State</u> 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
<u>Completed by (Print or Type)</u> RAYMOND C. PEDALINO	<u>Title</u> SENIOR PROJECT MANAGER	<u>Signature</u> <i>Raymond C. Pedalino</i>	<u>Date</u> June 18, 2014

Copies To: CELGENE CORP. Attn: Ms. Kim Hopf and McCabe Environmental Svcs. LLC Attn: Mr. John Chiavello

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

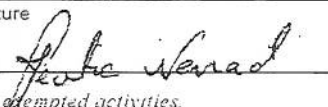
Check # 2762

GAC Project # 060-14

Date of Notification (1) August 5, 2014		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
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 ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) OLSON HALL, BLDG# 7229		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: N/A # of Floors: 4 Bldg. Age: 60+ years	
Street Address NEWARK CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Cardno ATC		ASCM No. 0098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	License Number 00840
Scheduled Start Date (10) 08/15/14		Scheduled Completion Date (11) 08/18/14	
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: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed)		Name of OSHA Monitor ENVIROVISION, INC.	
Street Address 20-21 WARGARAW ROAD		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) Room 102	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> NO	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI	Amount (Specify SF or LF) <9LF
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove			
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY
Name of Registered Landfill G.R.O.W.S. North Landfill			
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405, NJDEP # 28969		Disposal Date 08/18/14	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067
Hauler #2) S TG - P.O. 2132, Bristol, Pa 19007, & 58 Pyles Lane, New Castle, De 19720 NJ DEP # 20990		215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date August 5, 2014

Check#1968

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

Date of Notification (1) 08 / 11 / 14		Name of Building Owner/Operator (2) Lou Feuerstein							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 304 Forest Avenue City, State, Zip Code Glen Ridge, NJ 07028 Name of Contact Lou Feuerstein							
Telephone Number 									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 304 Forest Avenue		Square Feet							
City (5) Glen Ridge, NJ 07028		# of Floors							
County (6) Essex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Gr Tech LLC							
City, State, Zip Code		Street Address 576 Valley Rd #283							
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470							
Telephone No.		Telephone No. 973-638-1777							
Start Date (10) 08 / 24 / 14		License No. 01127							
Scheduled Completion Date (11) 08 / 25 / 14		Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35 E							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	165 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc				
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature 		Date 08/11/2014			

ASB-41

MAY 11

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

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
*** EMERGENCY ***

B & G proj. #: 2014-138B

Check # 6681

Date of Notification (1) <u>08/11/14</u>		Name of Building Owner/Operator (2) <u>City Of Paterson</u>	
Agencies Notified	Type Notification	Street Address <u>111 Broadway</u>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code <u>Paterson, NJ 07305</u>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA		Name of Contact <u>Brian J McDermott, Battalion Chief/Fire Official</u>	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Residential Home - Burned out</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 (Private/Commercial Bldgs./Homes, etc.)	
Street Address <u>17 Hillman Street</u>			Square Feet	# of Floors
City (5) <u>Paterson</u>	County (6) <u>Passaic</u>	County Code (7) (State use only)	Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use (Prior if being demolished) <u>residential</u>	
Street Address			Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>	
City, State, Zip Code			Street Address <u>105 Ryerson Road</u>	
Project Manager for Monitoring Firm			Telephone Number <u>(973)696-6869</u>	License Number <u>00378</u>
Sched. Start Date (10) <u>08/12/2014</u>			Name of OSHA Monitor <u>B & G Restoration, Inc.</u>	
Sched. Completion Date (11) <u>08/15/2014</u>			Street Address <u>105 Ryerson Road</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Demolition of burned-out house with acm contaminated debris using wet methods under controlled conditions	<input type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure
<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-friable procedure	

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
throughout structure			<input checked="" type="checkbox"/>	Assumed asbestos debris	estimated 5,000 sf	<input checked="" type="checkbox"/>			

Registered Waste Hauler <u>Rovic Transport</u>	NJDEP Hauler ID# <u>20785</u>	Cubic Yards of Waste <u>60</u>	Name of Registered Landfill <u>I.E.S.I.</u>
City, State <u>Riverdale, NJ</u>	Disposal Date <u>08/12/14 - 08/15/14</u>		City, State <u>Bethlehem, PA</u>
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>08/11/2014</u>

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2014-138B

*** EMERGENCY ***

Check # 6681

Date of Notification (1) 10/18/11/11/11/14		Name of Building Owner/Operator (2) City Of Paterson		APPROVED AUG 14 AM 4:18 NJ Dept. of Health & Senior Services <i>Paul C. Horner</i> (signature) Date: 8/11/14 Time: 12:43 PM	
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"/> Amendment <input type="checkbox"/> Cancellation		Street Address 111 Broadway City, State, Zip Code Paterson, NJ 07305 Name of Contact Brian J McDermott, Battalion Chief/Fire Official Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential Home - Burned out			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 17 Hillman Street			Square Feet # of Floors Bldg. Age		
City (5) Paterson			County (6) Passaic		
County Code (7) (State use only)			Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)			ASCM No.		
Street Address			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm			City, State, Zip Code Lincoln Park, NJ 07035		
Phone Number			Telephone Number (973) 696-6869		
Scheduled Start Date (10) 08/12/2014			License Number 00378		
Sched. Completion Date (11) 08/15/2014			Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply) <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> >3 sf or >3 lf			<input checked="" type="checkbox"/> Demolition of burned-out house with acm contaminated debris using wet methods under controlled conditions <input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-friable procedure						
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
throughout structure			X	Assumed asbestos debris	estimated 5,000 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"/>
Registered Waste Hauler Rovic Transport		NJDEP Hauler ID# 20785		Cubic Yards of Waste 60		Name of Registered Landfill I.E.S.I.			
City, State Riverdale, NJ		Disposal Date 08/12/14 - 08/15/14		City, State Bethlehem, PA		Date 08/11/2014			
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature <i>Gordana Luna</i>					

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
*** EMERGENCY ***

B & G proj. #: 2014-138A

Check # 6680

Date of Notification (1) 08/11/14		Name of Building Owner/Operator (2) City Of Paterson	
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"/> Amendment <input type="checkbox"/> Cancellation	Street Address 111 Broadway	
		City, State, Zip Code Paterson, NJ 07305	
		Name of Contact Brian J McDermott, Battalion Chief/Fire Official	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential Home - Burned out			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 15 Hillman Street			Square Feet	# of Floors	Bldg. Age
City (5) Paterson	County (6) Passaic	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00373
Scheduled Start Date (10) 08/12/2014		Sched. Completion Date (11) 08/15/2014	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code LincolnPark, NJ 07035		

Scope of Work (check all that apply) <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-friable procedure			<input checked="" type="checkbox"/> Demolition of burned-out house with acm contaminated debris using wet methods under controlled conditions																							
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R	e	m	o	v	e	R	e	p	a	i	r	E	n	c	a	p	E	n	c	l
	Yes	No	N/A																							
throughout structure			X	Assumed asbestos debris	estimated 5,000 sf	X																				
Registered Waste Hauler Rovic Transport		NJDEP Hauler ID# 20785		Cubic Yards of Waste 60	Name of Registered Landfill I.E.S.I.																					
City, State Riverdale, NJ		Disposal Date 08/12/14 - 08/15/14		City, State Bethlehem, PA																						
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature Gordana Luna												Date 08/11/2014										

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2014-133A

*** EMERGENCY ***

Check # 6680

Date of Notification (1) 08/11/14		Name of Building Owner/Operator (2) City Of Paterson		APPROVED: <i>[Signature]</i>	
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"/> Amendment <input type="checkbox"/> Cancellation		NJ Dept. of Health & Senior Services <i>[Signature]</i> Date: 8/11/14 Time: 12:43 PM	
Street Address 111 Broadway		City, State, Zip Code Paterson, NJ 07305		Telephone Number	
Name of Contact Brian J McDermott, Battalion Chief/Fire Official					

FACILITY INFORMATION

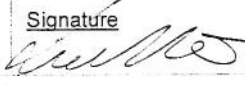
Name of facility where abatement is taking place (3) Residential Home - Burned out			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 15 Hillman Street			Square Feet # of Floors Bldg. Age		
City (5) Paterson	County (6) Passaic	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973) 696-8869		License Number 00378
Scheduled Start Date (10) 08/12/2014		Sched. Completion Date (11) 08/15/2014	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)
☒ Demolition ☐ Renovation ☒ Demolition of burned-out house with asbestos contaminated debris using wet methods under controlled conditions
☐ > 8 sf or > 3 lf ☒ ≥ 160 sf or ≥ 280 lf ☐ Full Containment w/negative pressure ☐ Glovebag procedure
☐ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclose
	Yes	No	N/A						
throughout structure			X	Assumed asbestos debris	estimated 5,000 sf	X			

Registered Waste Hauler Rovic Transport	NJ DEP Hauler ID# 20785	Cubic Yards of Waste 60	Name of Registered Landfill I.E.S.I.
City, State Riverdale, NJ	Disposal Date 08/12/14 - 08/15/14	City, State Bethlehem, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/11/2014

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

<u>Date of Notification (1)</u> Aug. 6, 2014		<u>Name of Building Owner/Operator (2)</u> South Brunswick Board of Education	
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled <input checked="" type="checkbox"/> Emergency	<u>Street Address</u> 4 Executive Drive 2014 AUG 16 AM 4:16	
		<u>City, State, Zip Code</u> Monmouth Junction, NJ 08852	
		<u>Name of Contact</u> John Bruff	<u>Tel. Number</u>
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> Crossroads Middle School		<u>Type of Facility (4)</u> <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc. Sq. Feet <u>30,000</u> # of Floors <u>3</u> Bldg. Age <u>70</u> Current Use (prior if being demolished) <u>Municipal office</u> <input checked="" type="checkbox"/> School	
<u>Street Address</u> 635 Georges Road			
<u>City (5)</u> Monmouth Junction	<u>County (6)</u>	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Briggs Associates		<u>ASCM No.</u> 00004	<u>Name of Contractor (9)</u> Academy Construction, Inc
<u>Street Address</u> 3 Crosswicks Street		<u>Street Address</u> 205 Rt 46W, Suite 14	
<u>City, State, Zip Code</u> Bordentown, New Jersey 08505		<u>City, State, Zip Code</u> Totowa, NJ 07512	
<u>Project Manager for Monitoring Firm</u> Mike Hoodak		<u>Telephone Number</u> 609-298-5520	<u>Telephone Number</u> 973-832-4244 <u>License Number</u> 01155
<u>Scheduled Start Date</u> Aug. 8, 2014		<u>Scheduled Completion Date</u> Aug 14, 2014	
<u>Name of OSHA Monitor:</u> none			
<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 -			
<u>Source of Work (Check all that apply)</u> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input checked="" type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Intact Removal: Wrap & Cut			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	Is Location Normally Used Solely by Maint./Custodial Staff? (12)	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
	YES NO NA		<u>Abatement Type</u> Rem. Rep. Encap. Enclose
C Hall Men's Rm	X	Pipe fittings Insulation	Glovebag 3 LF
Mech. Room & C Hall, Dishwashing Rm	X	Pipe fittings Insulation	Encap. 6 LF
Kitchen Service Room	x	Pipe fittings Insulation	Wrap & Cut 14 LF
<u>Name of Reg. Waste Hauler</u> Academy Construction		<u>NJDEP Waste Hauler ID #:</u> 0034422	<u>Cubic Yards of Waste</u> 1
		<u>Name of Reg. Landfill</u> GROVES	
<u>City, State:</u> Totowa, New Jersey		<u>Disp. Date:</u> 7/30/14	<u>City, State:</u> Morrisville, PA
<u>Completed by (Print or Type)</u> Frank Marino		<u>Title:</u> VP Operations	<u>Signature</u>  <u>Date:</u> Aug. 6, 2014

MO#21901446821

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

Date of Notification (1) 08 / 11 / 14		Name of Building Owner/Operator (2) Sandra Summer							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 26 South Crescent City, State, Zip Code Maplewood, NJ 07040 Name of Contact Sandra Summer Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private home Street Address 26 South Crescent City (5) Maplewood, NJ 07040 County (6) Essex		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 License No. 01127							
Start Date (10) 08 / 28 / 14		Scheduled Completion Date (11) 08 / 29 / 14							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35 E City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <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 SIF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	110 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>N. Jevtic</i>			Date 08/11/2014			

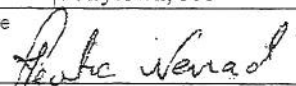
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Check#1967

Date of Notification (1) 08 / 11 / 14		Name of Building Owner/Operator (2) Louis F. Vinci							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 Pershing Street City, State, Zip Code Garfield, NJ 07026 Name of Contact Louis F. Vinci Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private home Street Address 30 Pershing Street City (5) Garfield, NJ 07026 County (6) Bergen		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 License No. 01127							
Start Date (10) 08 / 23 / 14		Scheduled Completion Date (11) 08 / 24 / 14							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35 E City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA					
Completed By (Print or Type) N. Jevtic		Title Owner	Signature <i>N. Jevtic</i>			Date 08/11/2014			

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

Check#1970

Date of Notification (1) 08 / 11 / 14		Name of Building Owner/Operator (2) Prentice Bisbal							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 74 Rodney Avenue City, State, Zip Code Somerset, NJ 08873		Name of Contact Prentice Bisbal Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 74 Rodney Avenue City (5) Somerset, NJ 08873		Square Feet	# of Floors						
County (6) Somerset		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 08 / 29 / 14		Scheduled Completion Date (11) 08 / 30 / 14							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35 E City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <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 SIF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	110 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N. Jevtic		Title Owner		Signature 		Date 08/11/2014			

MO#21901446832

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

Date of Notification (1) 08 / 11 / 14		Name of Building Owner/Operator (2) Jesse Mc Crostie	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 37 Kennedy Road		City, State, Zip Code Morris Plains, NJ 07950	
Name of Contact Jesse Mc Crostie		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 37 Kennedy Road		Square Feet	
City (5) Morris Plains, NJ 07950		# of Floors	
County (6) Morris		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Gr Tech LLC		ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address				Street Address 576 Valley Rd #283	
City, State, Zip Code				City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-638-1777	
Start Date (10) 08 / 26 / 14		Scheduled Completion Date (11) 08 / 28 / 14		License No. 01127	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc		Street Address 20-21 Wagaraw Road, Bldg. # 35 E	
				City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)		<input type="checkbox"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >150 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT floor tiles	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct insulation-wrap&cut	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA			
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 08/11/2014	

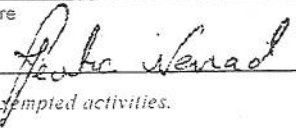
ASB-41

MAY 11

* 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)

MO#21901446854

Date of Notification (1) <div style="display: flex; justify-content: space-around; width: 100%;"> 08 / 11 / 14 </div>		Name of Building Owner/Operator (2) "Podber Estate"							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 64 Myrtle Avenue City, State, Zip Code Dover, NJ 07801 Name of Contact Robert G. Schwarz Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private home Street Address 64 Myrtle Avenue City (5) Dover, NJ 07801 County (6) Morris		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Telephone No.		Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 License No. 01127							
Start Date (10) 08 / 27 / 14 Scheduled Completion Date (11) 08 / 28 / 14		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35 E City, State, Zip Code Fair Lawn, NJ 07410							
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		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	110 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD Disposal Date TBD		Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA			
Completed By (Print or Type) N.Jevtic		Title Owner		Signature 		Date 08/11/2014			

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

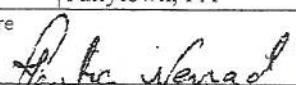
MO#21901446843

Date of Notification (1) <div style="display: flex; justify-content: space-around;">081114</div>		Name of Building Owner/Operator (2) "Podber Estate"	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	Street Address 66 Myrtle Avenue	
	<input type="checkbox"/> Emergency (including justification)	City, State, Zip Code Dover, NJ 07801	
	<input type="checkbox"/> Cancellation	Name of Contact Robert G. Schwarz	
	Telephone Number		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 66 Myrtle Avenue		Square Feet	# of Floors
City (5) Dover, NJ 07801		Bldg. Age	
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) <div style="display: flex; justify-content: space-around;">082714</div>		Scheduled Completion Date (11) <div style="display: flex; justify-content: space-around;">082814</div>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 150 sf or >260 lf		Street Address 20-21 Wagaraw Road, Bldg. # 35 E	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Fair Lawn, NJ 07410	
<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	110 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature 		Date 08/11/2014	

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

Date of Notification (1) 8-1-14		Name of Building Owner/Operator (2) Joseph Ponzo	
Agencies Notified	Type Notification	Street Address 9 First Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Emerson, NJ, 07630	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Joseph Ponzo	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet 2100	# of Floors 2	Bldg. Age 83
City (5)	County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

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

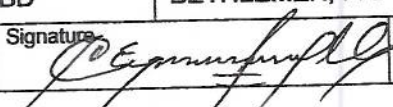
Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Boiler	32 sf	X			


Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 8-16-14		City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian		Title President		Signature <i>C Vivian</i>	Date 8-1-14

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

Date of Notification (1) 07/18/2014		Name of Building Owner/Operator (2) KOCHER CONSTRUCTION							
Agencies Notified	Type Notification	Street Address 600 PALISADE AVENUE							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code UNION CITY, NJ 07087							
		Name of Contact PETER AXTEMS	Telephone Number 1						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		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 251 - NEWARK AVE.		Square Feet 20,000 SF.	# of Floors 2						
City (5) JERSEY CITY N.J.		Bldg. Age 97							
County (6) HUDSON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior to being demolished) YES							
Name of Monitoring Firm Hired by Building Owner (8) BIO - TERRA SOLUTIONS		ASCM No.	Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC.						
Street Address 1130 W. CHESTNUT ST.		Street Address 22 VAN ORDEN PL.							
City, State, Zip Code UNION N.J. 07083		City, State, Zip Code HACKENSACK N.J. 07601							
Project Manager for Monitoring Firm RICK EUSTAQUIO		Telephone No. 973 - 494 - 3762	Telephone No. 201 - 708 - 4270						
		License No. 01135							
Start Date (10) 07/28/2014	Scheduled Completion Date (11) 08/04/2014	Name of OSHA Monitor SAN AIR TECHNOLOGIES LAB, INC.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1551 OAKBRIDGE DR. SUITE B							
		City, State, Zip Code POWHATAN VA. 23139							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd. floor Studio Apart.		X		Floor Tile 12X12	360 SF.	X			
Garage		X		Flashing	1,200 SF.	X			
High Roof, upper & Lower Roof		X		Roofing Material ACM.	4,068 SF>	X			
2nd Floor		X		Chimney Flu pipe	16 LF	X			
Name of Registered Waste Hauler ROVIC A RUBBISH REMOVAL CO.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill IESI PA.BETHELMEN LANDFILL COR.					
City, State RIVERDALE, N.J. 07457		Disposal Date TBD		City, State BETHELMEN, PA. 18015					
Completed by CARLOS ESQUIVEL		Title SAFETY MANGER		Signature 		Date 07/18/2014			

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

CH#8178

Date of Notification (1) August 11, 2014		Name of Building Owner/Operator (2) Honeywell							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 101 Columbia Road City, State, Zip Code Morristown, New Jersey 07962 Name of Contact Dan Harris					
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Honeywell SA6 Site Remediation				Type of Facility (4)					
Street Address 60 Kellogg 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) Jersey City				Square Feet	# of Floors				
					Bldg. Age 50+				
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Empty Lot					
Name of Monitoring Firm Hired by Building Owner (8) Emilcott		ASCM No.		Name of Abatement Contractor (9) Slavco Construction Inc.					
Street Address 190 Park Ave.		Street Address 164 Getty Ave.							
City, State, Zip Code Morristown, NJ 07960		City, State, Zip Code Clifton, New Jersey 07011-1802							
Project Manager for Monitoring Firm Dave Tomsey		Telephone No. 973-538-1110		Telephone No. 973-478-4848	License No. 00724				
Start Date (10) August 13, 2014		Scheduled Completion Date (11) August 29, 2014		Name of OSHA Monitor Slavco Construction Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 164 Getty Ave.					
<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: Monday-Friday 7:00am-3:30pm				City, State, Zip Code Clifton, New Jersey 07011-1802					
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
South Side of Kellogg St			x	12"transite pipe	100LF	x			
South Side of Kellogg St.			x	12 Transite pipe	100LF	x			
			x			x			
			x			x			
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S Landfill				
City, State Clifton, New Jersey 07011-1802				Disposal Date TBD	City, State Morrisville, Pa				
Completed by Vivian D. Jurcevic		Title Office Manager		Signature 		Date August 11, 2014			

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

Date of Notification (1) 8-7-14		Name of Building Owner/Operator (2) Loretta Smith	
Agencies Notified	Type Notification	Street Address 406 S. Center Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Orange, NJ 07050	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Loretta Smith	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

RECEIVED

2014 AUG 14 AM 6:10

ASBESTOS CONTROL
-ASING

FACILITY INFORMATION

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

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371
Scheduled Start Date (10) 8-19-14 Month Day Year	Sched. Completion Date (11) 8-20-14 Month Day Year	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	E	N	E	
Basement			X	Pipe Insulation	30 lf	X				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 8-21-14		City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian		Title President		Signature <i>C Vivian</i>	
				Date 8-7-14	

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

Check # 9032

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Date of Notification (1) 2014 AUG 14 AM 8-11-14		Name of Building Owner/Operator (2) D. Villane Construction LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 2376 South Ave							
Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Scotch Plains, NJ 07076							
		Name of Contact Don Villane							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		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 667 Westfield Ave									
City (5) Westfield NJ 07090		Square Feet	# of Floors 2						
County (6) Union		Bldg. Age 80 r-							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Single family Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		Name of Abatement Contractor (9) EPC Technologies Inc							
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) 8-22-14	Scheduled Completion Date (11) 8-23-14		Name of OSHA Monitor EPC Technologies Inc						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	X			Floor Tiles					
1st floor		X		Paper on Air Duct					
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date	City, State Morrisville PA						
Completed by Steve Schenker		Title President	Signature Steve Schenker			Date			

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

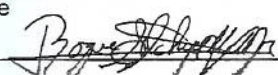
Check
9031

Date of Notification (1) 2014 AUG 14		Name of Building Owner/Operator (2) Kenneth Shu	
Agencies Notified <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"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 410 North Harrison Street		City, State, Zip Code Princeton NJ 08540	
Name of Contact Kenneth Shu		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		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 410 North Harrison Street		Square Feet 1	
City (5) Princeton NJ 08540		# of Floors 1	
County (6) Meriden		Bldg. Age 60+	
County Code (7) Meriden		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	
Street Address P.O. Box 337		Name of Abatement Contractor (9) EPC Technologies Inc	
City, State, Zip Code New Egypt, NJ 08533		Street Address P.O. Box 337	
Project Manager for Monitoring Firm Steve Schenker		City, State, Zip Code New Egypt NJ 08533	
Telephone No. 609 758-3365		Telephone No. 609 758-3365	
License No. 00394		Start Date (10) 8-21-14	
Scheduled Completion Date (11) 8-21-14		Name of OSHA Monitor EPC Technologies Inc	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code New Egypt NJ 08533	
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
		Yes No N/A	
Back garage Bathroom		X	
Garage		X	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Pipe Insulation		30 LF	
Transite Panels		120 SF	
Name of Registered Waste Hauler EPC Technologies		NUDEP Waste Hauler ID No. 17000	
City, State New Egypt NJ		Cubic Yards of Waste 2	
Disposal Date 8-22-14		Name of Registered Landfill Waste Management of PA	
City, State Morrisville PA			
Completed by Steve Schenker		Title President	
Signature Steve Schenker		Date 8-11-14	

OK 2270

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

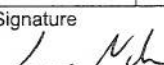
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Date of Notification (1) 08/11/2014		Name of Building Owner/Operator (2) BMS CAT		2014 AUG 14 AM 6:22					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 75 Maiden Lane – Suite 509		ASBESTOS CONTROL & LICENSING				
			City, State, Zip Code New York, NY 10038						
			Name of Contact Mike Dennehy		Tel. Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rockaway Project			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 63 E Main Street									
City (5) Rockaway			Square Feet	# of Floors	Bldg. Age				
County (6) Morris		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Contractor (9) Cid & Sons, LLC						
Street Address		Street Address 365 River Drive							
City, State, Zip Code		City State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm		Telephone Number	Telephone Number (973)685-9791	License Number 01191 "A"					
Scheduled Start Date (10) 08/12/2014		Scheduled Completion Date (11) 09/12/2014		Name of OSHA Monitor Testor Tech					
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 10-59 Jackson Avenue						
			City, State, Zip Code Long Island City, NY 11101						
Source of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input type="checkbox"/> Glove bag Procedure					
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	VAT	1,732 SF	X			
1 st Floor			X	VAT	270 SF	X			
Name of Reg. Waste Hauler Cid & Sons, LLC	NJDEP Waste Hauler ID # 32905			Cubic Yards of Waste TBD	Name of Reg. Landfill G.R.O.W.S., Waste Management				
City, State Garfield, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Roque Schipilliti Jr.	Title Project Manager			Signature 		Date 08/11/2014			

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Print Form

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

Date of Notification (1) 08/08/14		Name of Building Owner/Operator (2) St. John Kanty Church		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED 2014 AUG 14 AM 6:18 ASBESTOS CONTROL & REMEDIATION </div>				
Agencies Notified	Type Notification	Street Address 49 Speer Ave.				City, State, Zip Code Clifton, NJ 07013		
<input type="checkbox"/> EPA <input 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Anthony Wright				Telephone Number 812-444-1111		
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) St. John Kanty 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 37 Speer Ave.			Square Feet 20,240	# of Floors 2	Bldg. Age 85+			
City (5) Clifton			Current Use (Prior if being demolished) School					
County (6) Passaic		County Code (7) (STATE USE ONLY) _____	Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics Inc.					
Street Address 64 Broad St.		ASCM No. 0045	Name of Abatement Contractor (9) Lesco Services Inc.					
City, State, Zip Code Matawan, NJ 07747		Street Address 156 Maple Ave.						
Project Manager for Monitoring Firm Thomas Geiger		Telephone No. 732-290-2217	Telephone No. 973-406-7341		License No. 01107			
Start Date (10) 08-18-14	Scheduled Completion Date (11) 09-15-14		Name of OSHA Monitor Leslaw Nalodka					
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 156 Maple Ave.					
			City, State, Zip Code Wallington, NJ 07057					
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
1st floor		*	VAT/Mastic	6,532 sf.	*			
1 st floor		*	Ceiling Plaster	16 sf.	*			
2 nd floor		*	VAT/ Mastic	6,532 sf.	*			
Name of Registered Waste Hauler Atlantic Carting LLC.		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 50	Name of Registered Landfill IESI				
City, State Wayne, NJ		Disposal Date 09-16-14		City, State Bethlehem, PA				
Completed by Leslaw Nalodka		Title President	Signature 			Date 08-08-14		

OK 8305

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

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2014 AUG 14 AM 6:17

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) AUG 11, 2014		Name of Building Owner/Operator (2) PSEG	
Agencies Notified (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA	Notification Type (X) Initial Notification () Amended Certification () Cancelled	Street Address 80 Park Plaza	
		City, State, Zip Code Newark, NJ 07102-4109	
		Name of Contact THOMAS COATES	Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) BLC-BER-DEM PIPEFITTERS HALL			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)
Street Address 1000 HENDRICKS CAUSEWAY			Sq. Feet 100000- of Floors 2
City (5) RIDGEFIELD	County (6) BERGEN	County Code (7) (State Use Only)	Bldg. Age 45
Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No.			Name of Contractor (9) Absolut Ace Inc.

Street Address PO BOX 295		City, State, Zip Code Florham Park, NJ 07932	
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Project Manager for Monitoring Firm	Telephone Number (973) 410-9217	License Number 00225
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Scheduled Start Date (10) SEPT 2, 2014	Scheduled Completion Date (11) NOV 1, 2014	Name of OSHA Monitor MECS
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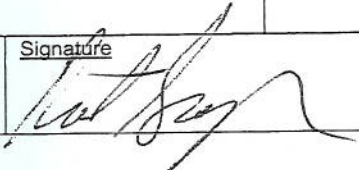
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		Street Address 5 Linwood Ct	
Describe		City, State, Zip Code Hamilton, NJ 08690	
Other - Describe			

Source of Work (Check all that apply)

- () Demolition (X) Renovation
(X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM)
() Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)			Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
Floors 1-2		X		Pipe Insulation, VAT & MASTIC	10,000 square feet	X			

Name of Reg. Waste Hauler BY OWNER	NJDEP Waste Hauler ID #	Cubic Yards of Waste 60	Name of Reg. Landfill
City, State		Disp. Date	City, State

Completed by (Print or Type) ROBERT GROGAN	Title VP	Signature 	Date 8/11/14
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CK 2802

Print Form

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

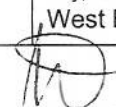
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2014 AUG 14 AM 6:14
**ASBESTOS CONTROL
& LICENSING**

Date of Notification (1) 08/12/14		Name of Building Owner/Operator (2) NICK							
Agencies Notified	Type Notification	Street Address 14 ALPINE ST							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code GARFIELD NJ							
		Name of Contact NICK							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 14 ALPINE ST		<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) GARFIELD		Square Feet 1200	# of Floors 2						
County (6) PASSAIC		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOME						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 08/22/14	Scheduled Completion Date (11) 08/22/14	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<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 LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT				TSI	10LF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 1	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 08/22/14		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date		

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

CHECK # 20073 92/5735

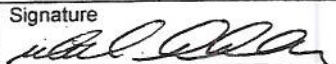
Date of Notification (1) 08-07-14		Name of Building Owner/Operator (2) New Jersey Turnpike Authority							
Agencies Notified	Type Notification	Street Address 581 Main Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Woodbridge, NJ 07095							
		Name of Contact Dave Colella	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJ Turnpike Pump House at Pier 52		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 Pump House at Pier 52 Beneath NJ Turnpike between Exits 15X & 15W		Square Feet 5,915	# of Floors 2						
City (5) Secaucus		Bldg. Age 76 yrs.							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Station							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address		Street Address 200 Broad Street							
City, State, Zip Code		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm		Telephone No. 201-939-6565	License No. 00756						
Start Date (10) (2)08-06-14	Scheduled Completion Date (11) (2)10-01-14	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
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
Roof			x	Roofing & Transite	600SF	x			
Interior			x	Gaskets	12LF	x			
Interior			x	Wire Wrap	200LF	x			
Name of Registered Waste Hauler ATC, Inc.		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill 110 Sand Company					
City, State Shirley, NY 11967		Disposal Date TBD		City, State West Babylon, NY					
Completed by Joseph Patrick		Title Project Manager		Signature 		Date 08-07-14			

CK 1135

Print Form

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

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Date of Notification (1) 06/20/2014		Name of Building Owner/Operator (2) The DeNovo Group							
Agencies Notified	Type Notification	Street Address 1302 West Randolph Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Chicago, IL 60607							
		Name of Contact Todd King	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) DeNovo New Brunswick, LLC		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 760 Jersey Ave		Square Feet 310,000	# of Floors 1						
City (5) New Brunswick		Bldg. Age 68 yrs							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Industrial Warehouse							
Name of Monitoring Firm Hired by Building Owner (8) Amereco Engineering		ASCM No.	Name of Abatement Contractor (9) Shoreline Contracts Inc.						
Street Address 204 E. Jefferson Street		Street Address 85 Kero Road							
City, State, Zip Code Valparaiso, Indiana 46383		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm John Blosky		Telephone No. (219) 531-0531	License No. 01230						
Start Date (10) 06/30/2014	Scheduled Completion Date (11) 09/30/2014	Name of OSHA Monitor Wojciech Michalik							
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 85 Kero Road							
		City, State, Zip Code Carlstadt, New Jersey 07072							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
office/mezzanine area	x			VAT Floor Tile	12,000 SF	x			
office/mezzanine area	x			Transite Panel	800 SF	x			
office/mezzanine area	x			Pipe Insulation	300 LF	x			
office Area	x			Mastic	8500	x			
Name of Registered Waste Hauler Asbestos Transportation Company, INC.		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 485.19	Name of Registered Landfill Cycle Chem, Inc.				
City, State Shirley, NY				Disposal Date 05/30/2014	City, State Elizabeth, NJ				
Completed by Michael Colman		Title President		Signature 		Date 08/08/2014			

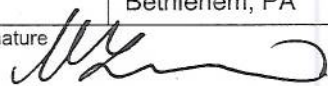
CK 188

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

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2014 AUG 14 AM 6:26

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 008/08/2014		Name of Building Owner/Operator (2) Woodbridge VF, LLC c/o Vornado Realty Trust							
Agencies Notified	Type Notification	Street Address 210 Route 4							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus, NJ 07652-0910							
		Name of Contact Judith D. Knop, P.E.	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former SYMS Building - Space 9		Type of Facility (4)							
Street Address 555 King Georges Road		<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) Woodbridge Township	Square Feet 20,000	# of Floors 1	Bldg. Age 50						
County (6) Middlesex County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 45	Name of Abatement Contractor (9) Incinia Contracting, Inc.						
Street Address 64 Broad Street		Street Address 1360 Clifton Avenue, Unit 365							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Thomas Geiger		Telephone No. (732) 290-2217	Telephone No. (973) 450-9500 License No. 01036						
Start Date (10) 8/18/2014	Scheduled Completion Date (11) 9/8/2014	Name of OSHA Monitor Incinia Contracting, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 1360 Clifton Avenue, Unit 365							
<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 Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground Level		X	X	Vinyl Floor Tiles	36,000 SF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. NJ-641	Cubic Yards of Waste 40 Yards	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Bethlehem, PA					
Completed by Milena Zoric		Title Executive Director		Signature 		Date 08/08/2014			