

Aug. 15. 2013 3:39PM

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

check No. 5465 P. 2
31468

Date of Notification (1) 08/15/13		Name of Building Owner/Operator (2) Princeton University	
Month/Day/Year		DOL - 10 DAY	
Agency Notified	Type Notification	Street Address	AUG 19 2013
EPA	<input checked="" type="checkbox"/> Initial	P.O. box 2158	
DEP	<input type="checkbox"/> Notification	City, State, Zip Code	
DCA	<input type="checkbox"/> Amended	Princeton NJ 08543	
DOH	<input type="checkbox"/> Notification	Name of Contact	ASBESTOS CONTROL
	<input type="checkbox"/> Cancellation	Robert Oregi	LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- 99 Alexander Street			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter S (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address 99 Alexander Street			Square Feet	# of Floors	Bldg. Age
City (5) Princeton	County (6)	Country Code (7) (STATE USE ONLY)	5000	2	50+
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCruce Avenue		
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Alan Lloyd		Telephone Number 856-567-0505	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) 08/16/13		Sched. Completion Date (11) 08/17/13	Name of OSHA Monitor Cristian Lobo		
Month/Day/Year		Month/Day/Year	Street Address 3370 Progressive Drive		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State, Zip Code Bensalem PA 19010		
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility					
Hours - Describe: 8:00 AM to 3:30PM					
Other - Describe:					

Scope of work (Check all that apply)

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

Full Containment with Negative Pressure

Mini-Enclosure ☒
Glovebag Procedure ☒
Non-Frangible Procedure ☒

Location of Asbestos - Containing Material (ACM) (13) TO BE ABATED In Facility (13)	Is Location Normally Used Safely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e. Thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Front door layer area		<input checked="" type="checkbox"/>		Door file	19 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler	NJ DEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Horizon Disposal		2	GROWS
City, State Trenton NJ	Disposal Date As needed		City, State Merrisville PA
Completed By (Print or Type) Mark Goshaw	Title Project Manager	Signature <i>Mark Goshaw</i>	Date 8-15-2013

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

Ch# 2487

Date of Notification (1) 8/13/13		Name of Building Owner / Operator (2) Township of Union Public Schools							
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"/> Emergency <input type="checkbox"/> Cancellation	Street Address 2369 Morris Avenue							
		City, State & Zip Code Union, NJ							
		Name of Contact Mr. Tom Wiggins							
		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Battle Hill ES		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUB-CHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2369 Morris Avenue		Square Feet 70,000	# of Floors 2						
City (5) Union	County (6) Hunterdon	County Code (7)	Bldg. Age 60+						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	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 Dominick Dercole		Telephone Number 609-392-4200	License Number 00509						
Scheduled Start Date (10) 8/23/13	Scheduled Completion Date (11) 8/28/13	Name of OSHA Monitor Bristol Environmental Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <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) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure </div> </div>									
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
Rooms 14, 16, 17 & 18	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT & Mastic	2,760 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 15 Cu Yds	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 8/28/13	City, State Waynesburg, OH						
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni/jl</i>				Date 8/13/13		

Aug 14 2013 04:14pm

P001/001

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

Date of Notification (1) 8-14-2013		Name of Building Owner/Operator (2) Township of Parsippany		<div style="border: 1px solid black; padding: 2px;"> APPROVED Noted by Health & Senior Services <i>[Signature]</i> Date: 8/14/2013 Time: 3:12 PM </div>					
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 # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1001 Parsippany Blvd City, State, Zip Code Parsippany, NJ 07054 Name of Contact Joe Giannetti					
<div style="display: flex; justify-content: space-between;"> <div> ASBESTOS LICENSING </div> <div> REGISTRATION </div> </div>									
FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) House for Demo Street Address 126 River Road City (5) Lake Hiawatha, NJ County (6) Morris				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 50+					
County Code (7) (MORRIS)		Current Use (Prior if being demolished) House For Demo							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Loznica Management Corporation					
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 973-706-7950 License No. 01193					
Start Date (10) 8-15-2013		Scheduled Completion Date (11) 8-26-2013		Name of OSHA Monitor Loznica Management Corporation					
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: 9am - 5pm				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 checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Kitchen & Living Room			X	VCT Tile & Mastic	500 SF	X			
Windows			X	Gray Window Caulking	6 windows	X			
Roof			X	Black Roof Flashing	100 SF	X			
Name of Registered Waste Hauler Rovic		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Kearny, NJ		Disposal Date TBD		City, State Morrisville PA 19067					
Completed by E. Cirovic		Title Secretary		Signature <i>[Signature]</i>		Date 8-14-2013			

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

CK 337
60337

Date of Notice 8/13/13

Type Notification		Name of Building Owner / Operator (2) New Lisbon Developmental Center		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED AUG 19 2013 ASBESTOS CONTROL LICENS </div>	
Agencies Notified		Street Address			
<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 checked="" type="checkbox"/> Emergency Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation			
		City, State & Zip Code New Lisbon, NJ 08088 Name of Contact Rocco Tortorice			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Dogwood Cottage			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
104 Route 72			Square Feet # of Floors Bldg. Age 16,000 1 60		
City (5) New Lisbon	County (6) Burlington	County Code (7)	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) Global Abatement Services, LLC		
Street Address		Street Address 443 Schoolhouse Road			
City, State & Zip Code		City, State & Zip Code Monroe Township, NJ 08831			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-605-9062		License Number 00714
Scheduled Start Date (10) 8/24/13		Scheduled Completion Date (11) 8/26/13		Name of OSHA Monitor Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe:			Street Address 443 Schoolhouse Road		
			City, State & Zip Code Monroe Township, NJ 08831		
Scope of Work (Check all that apply)					
Demolition <input checked="" type="checkbox"/> Renovation Large Project <input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM <input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM					
Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Other: Non-friable					
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 Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)	
Roof	N/A	Roof flashing	36 SF	Removal	
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 3	Name of Registered Landfill TRRF	
City, State Freehold, NJ		Disposal Date 8/26/13		City, State Tullytown, Pa	
Completed By (Print or Type) Dominick Tringali		Title Project Manager		Signature <i>Dominick Tringali</i> Date 8/24/13	

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

Date of Notification (1)
08/16/13
Month/Day/Year

Agency Notified

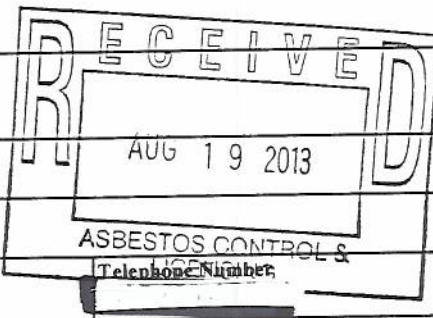
EPA	<input checked="" type="checkbox"/>	Initial
DEP	<input type="checkbox"/>	Notification
DCA	<input type="checkbox"/>	Amended
DOH	<input type="checkbox"/>	Notification
	<input type="checkbox"/>	Cancellation

Name of Building Owner/Operator (2)
Princeton University

Street Address
P.O. box 2158

City, State, Zip Code
Princeton NJ 08543

Name of Contact
Robert Otego



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University - Old Graduate College - Steam lines in Manhole

Street Address
Near 70 alexander road - manhole

City (5)
Princeton

County (6)

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

☐ School (K12)

☐ Subchapter 8 (Other than K12)

☒ Other (i.e. Private & commercial buildings, homes, etc.)

Square Feet
N/A

of Floors
0

Bldg. Age
100 +

Current Use (Prior if being demolished)
University

Name of Monitoring Firm Hired by Building Owner (8)
Pennoni Associates Inc

ASCM No.

Street Address
515 Grove Street Suite 1B

City, State, Zip Code
Haddon Heights NJ

Project Manager of Monitoring Firm
Alan Lloyd

Telephone Number
856-547-0505

Name of Abatement Contractor (9)
Associated Specialty Contracting

Street Address
98 LaCrue Avenue

City, State, Zip Code
Glen Mills, PA 19342

Telephone Number
610-364-9622

Licence Number
1103

Scheduled Start Date (10)
08/26/13
Month/Day/Year

Sched. Completion Date (11)
11/26/13
Month/Day/Year

Name of OSHA Monitor
Criterion Labs

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement

☒ Abatement Performed Outside of Normal Facility

Hours - Describe: 7:00 AM to 3:30PM

Other - Describe:

Street Address
3370 Progressive Drive

City, State, Zip Code
Bensalem PA 19020

Scope of work (Check all that apply)

Demolition ☐ Renovation ☒ Full Containment with Negative Pressure ☒

☒ >3 sf or >3 if ☐ Mini - Enclosure

☐ >160 sf or >260 lf ☒ 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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Manhole - near 70 alexander road	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pipe insulation	6 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
Horizon Disposal

NJDEP Waste Hauler ID No.

Cubic Yards of Waste
1

Name of Registered Landfill
GROWS

City, State
Trenton NJ

Disposal Date
As needed

City, State
Morrisville PA

Completed By (Print or Type)
Mark Goshaw

Title
Project Manager

Signature
Mark Goshaw

Date
8-16-13

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

Date of Notification (1) 08/16/13 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified	Type Notification	Street Address	
	<input checked="" type="checkbox"/> Initial	P.O. box 2158	
	<input type="checkbox"/> Notification	City, State, Zip Code	
	<input type="checkbox"/> Amended	Princeton NJ 08543	
<input type="checkbox"/> Notification	Name of Contact		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 19 2013 ASBESTOS CONTROL & LICENSING Telephone Number </div>
<input type="checkbox"/> Cancellation	Robert Otego		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University - Old Graduate College - Steam lines in Manhole			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address Near Pyne Hall - manhole			Square Feet N/A		
City (5) Princeton			County (6)	County Code (7) (STATE USE ONLY)	# of Floors 0
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			Bldg. Age 100 +		
Street Address 515 Grove Street Suite 1B			Current Use (Prior if being demolished) University		
City, State, Zip Code Haddon Heights NJ			Name of Abatement Contractor (9) Associated Specialty Contracting		
Project Manager of Monitoring Firm Alan Lloyd			Telephone Number 856-547-0505		Licence Number 1103
Scheduled Start Date (10) 08/26/13 Month/Day/Year		Sched. Completion Date (11) 11/26/13 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
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: 7:00 AM to 3:30PM Other - Describe:			Street Address 3370 Progressive Drive		
			City, State, Zip Code Bensalem PA 19020		

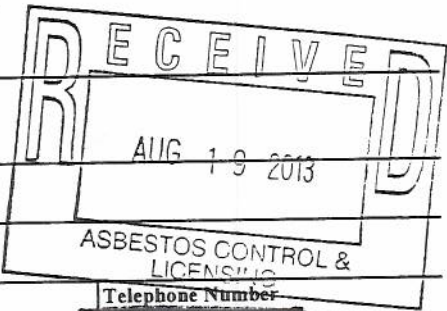
Scope of work (Check all that apply)

Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >3 sf or >3 lf		<input checked="" type="checkbox"/> Mini - Enclosure
>160 sf or >260 lf		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> 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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Manhole - near Pyne Hall	<input checked="" type="checkbox"/>			pipe insulation	9 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill GROWS	
City, State Trenton NJ		Disposal Date As needed		City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow		Title Project Manager		Signature <i>Mark Goshow</i>	Date 8-16-13

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



Date of Notification (1) 08/16/13 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified EPA DEP DCA DOH	Type Notification <input checked="" type="checkbox"/> Initial	Street Address P.O. box 2158	
	<input type="checkbox"/> Notification	City, State, Zip Code Princeton NJ 08543	
	<input type="checkbox"/> Amended	Name of Contact Robert Otego	
	<input type="checkbox"/> Notification <input type="checkbox"/> Cancellation	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University - Old Graduate College - Steam lines in Manhole			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address Near College Road West - manhole			Square Feet N/A	# of Floors 0	Bldg. Age 100 +
City (5) Princeton	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc		ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCrue Avenue		
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Alan Lloyd		Telephone Number 856-547-0505	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) 08/26/13 Month/Day/Year		Sched. Completion Date (11) 11/26/13 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
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: 7:00 AM to 3:30PM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

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

Location of Asbestos - Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. 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
Manhole - near college road west	<input checked="" type="checkbox"/>			pipe insulation	5 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill GROWS	
City, State Trenton NJ		Disposal Date As needed		City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow		Title Project Manager		Signature <i>Mark Goshow</i>	Date 8-16-13

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

Date of Notification (1) 08/16/13 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">R E C E I V E D</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">AUG 19 2013</div>
Agency Notified	Type Notification	Street Address		
	<input checked="" type="checkbox"/> Initial	P.O. box 2158		
	<input type="checkbox"/> Notification	City, State, Zip Code		
	<input type="checkbox"/> Amended	Princeton NJ 08543		
<input type="checkbox"/> Notification	Name of Contact		ASBESTOS CONTROL &	
<input type="checkbox"/> Cancellation	Robert Otego			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University - Old Graduate College - Steam lines in Manhole			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address Across from parking lot 11			Square Feet # of Floors Bldg. Age N/A 0 100 +		
City (5) Princeton	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc		ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCrue Avenue		
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Alan Lloyd		Telephone Number 856-547-0505	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) 08/26/13 Month/Day/Year		Sched. Completion Date (11) 11/26/13 Month/Day/Year	Name of OSHA Monitor Criterion Labs		
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: 7:00 AM to 3:30PM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

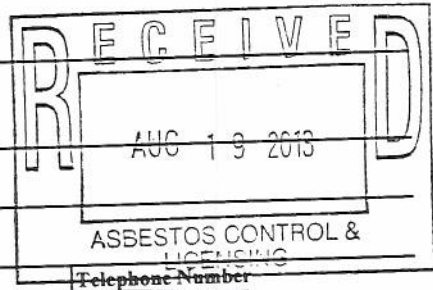
Scope of work (Check all that apply)

Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >3 sf or >3 if		<input checked="" type="checkbox"/> Mini - Enclosure
<input type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> 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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Manhole - across from parking lot 11	<input checked="" type="checkbox"/>			pipe insulation	9 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill GROWS	
Horizon Disposal				City, State Morrisville PA	
City, State Trenton NJ		Disposal Date As needed		Signature <i>Mark Goshow</i>	
Completed By (Print or Type) Mark Goshow		Title Project Manager		Date 8-16-13	

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



Date of Notification (1)
08/16/13
Month/Day/Year

Agency Notified
EPA
DEP
DCA
DOH

Type Notification
☒ Initial
☐ Notification
☐ Amended
☐ Notification
☐ Cancellation

Name of Building Owner/Operator (2)
Princeton University

Street Address
P.O. box 2158

City, State, Zip Code
Princeton NJ 08543

Name of Contact
Robert Otego

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University - Old Graduate College - Steam lines in Manhole

Street Address
Across street from Princeton Seminary

City (5)
Princeton

County (6)

County Code (7)
(STATE USE ONLY)

Type of Facility (4)
☐ School (K12)
☐ Subchapter 8 (Other than K12)
☒ Other (i.e. Private & commercial buildings, homes, etc.)

Square Feet
N/A

of Floors
0

Bldg. Age
100 +

Current Use (Prior if being demolished)
University

Name of Monitoring Firm Hired by Building Owner (8)
Pennoni Associates Inc

ASCM No.

Name of Abatement Contractor (9)
Associated Specialty Contracting

Street Address
515 Grove Street Suite 1B

Street Address
98 LaCrue Avenue

City, State, Zip Code
Haddon Heights NJ

City, State, Zip Code
Glen Mills, PA 19342

Project Manager of Monitoring Firm
Alan Lloyd

Telephone Number
856-547-0505

Telephone Number
610-364-9622

Licence Number
1103

Scheduled Start Date (10)
08/26/13
Month/Day/Year

Sched. Completion Date (11)
11/26/13
Month/Day/Year

Name of OSHA Monitor
Criterion Labs

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility
Hours - Describe: 7:00 AM to 3:30PM
Other - Describe:

Street Address
3370 Progressive Drive

City, State, Zip Code
Bensalem PA 19020

Scope of work (Check all that apply)

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

☒ Renovation

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

Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos-Containing Material (ACM) (ie. 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 E
Manhole outside park deck near seminary	<input checked="" type="checkbox"/>	pipe insulation	4 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste
1

Name of Registered Landfill

Horizon Disposal

City, State
Trenton NJ

Disposal Date
As needed

City, State
Morrisville PA

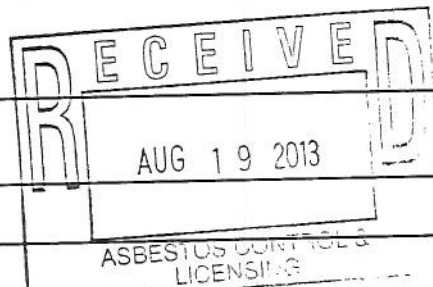
Completed By (Print or Type)
Mark Goshow

Title
Project Manager

Signature
Mark Goshow

Date
8/16/13

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



Date of Notification (1) 08/16/13 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified EPA DEP DCA DOH	Type Notification	Street Address P.O. box 2158	ASBESTOS CONTROL & LICENSING
	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Princeton NJ 08543	
	<input type="checkbox"/> Notification	Name of Contact Robert Otego	
	<input type="checkbox"/> Amended	Telephone Number	
<input type="checkbox"/> Notification			
<input type="checkbox"/> Cancellation			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University - Old Graduate College - Steam lines in Manhole			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address Across street from Princeton Seminary			Square Feet N/A	# of Floors 0	Bldg. Age 100 +
City (5) Princeton	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc		ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCruce Avenue		
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Alan Lloyd		Telephone Number 856-547-0505	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) 08/26/13 Month/Day/Year		Sched. Completion Date (11) 11/26/13 Month/Day/Year	Name of OSHA Monitor Criterion Labs		
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: 7:00 AM to 3:30PM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >3 sf or >3 if		<input checked="" type="checkbox"/> Mini - Enclosure
<input type="checkbox"/> >160 sf or >260 lf		<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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Manhole - Across st from Seminary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pipe insulation s	6 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill GROWS
City, State Trenton NJ	Disposal Date As needed	City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature <i>Mark Goshow</i>	Date 8/16/13

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

Date of Notification (1)

08/16/13

Month/Day/Year

Agency Notified

EPA
DEP
DCA
DOH

Type Notification

☒ Initial
☐ Notification
☐ Amended
☐ Notification
☐ Cancellation

Name of Building Owner/Operator (2)

Princeton University

Street Address

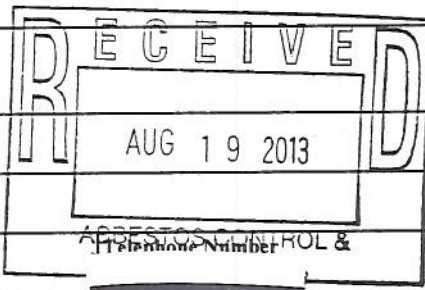
P.O. box 2158

City, State, Zip Code

Princeton NJ 08543

Name of Contact

Robert Otego



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Princeton University - Old Graduate College - Steam lines in Manhole

Street Address

88 college road west -manhole - beginning of steam lin

City (5)

Princeton

County (6)

County Code (7)

(STATE USE ONLY)

Type of Facility (4)

☐ School (K12)

☐ Subchapter 8 (Other than K12)

☒ Other (i.e. Private & commercial buildings, homes, etc.)

Square Feet

N/A

of Floors

0

Bldg. Age

100 +

Current Use (Prior if being demolished)

University

Name of Monitoring Firm Hired by Building Owner (8)

Pennoni Associates Inc

ASCM No.

Name of Abatement Contractor (9)

Associated Specialty Contracting

Street Address

515 Grove Street Suite 1B

Street Address

98 LaCrue Avenue

City, State, Zip Code

Haddon Heights NJ

City, State, Zip Code

Glen Mills, PA 19342

Project Manager of Monitoring Firm

Alan Lloyd

Telephone Number

856-547-0505

Telephone Number

610-364-9622

Licence Number

1103

Scheduled Start Date (10)

08/26/13

Month/Day/Year

Sched. Completion Date (11)

11/26/13

Month/Day/Year

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement

☒ Abatement Performed Outside of Normal Facility

Hours - Describe: 7:00 AM to 3:30PM

Other - Describe:

Street Address

3370 Progressive Drive

City, State, Zip Code

Bensalem PA 19020

Scope of work (Check all that apply)

Demolition

☒ >3 sf or >3 if

>160 sf or >260 lf

☒ Renovation

Full Containment with Negative Pressure

☒ Mini - Enclosure

☒ Glovebag Procedure

Non-Friable Procedure

Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Manhole - Old Graduate College	<input checked="" type="checkbox"/>			pipe insulation debris	8 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

1

Name of Registered Landfill

GROWS

Horizon Disposal

City, State

Trenton NJ

Disposal Date As needed

City, State

Morrisville PA

Completed By (Print or Type)

Mark Goshow

Title

Project Manager

Signature

Mark Goshow

Date

8/16/13

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

Check # 8267

Date of Notification (1) August 16, 2013		Name of Building Owner / Operator (2) International Paper Company	
Agenies Notified	Type Notification	Street Address	<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED AUG 19 2013 ASBESTOS CONTROL & LICENSING </div>
<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"/> Cancellation	6400 Poplar Avenue, City, State & Zip Code Memphis, TN 38197	
		Name of Contact Brian Jones	
		Telephone Number _____	

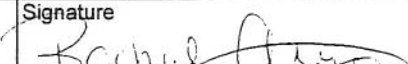
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Curtis Specialty Papers		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, home, etc.)	
Street Address 404 Frenchtown Road,		Square Feet 150	# of Floors 1
City (5) Millford,		Bldg. Age 80	
County (6) Hunterdon		Current Use (Prior if being demolished) Vacant Building	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Arcadis US Inc.		Name of Abatement Contractor (9) Synatech, Inc.	
Street Address 35 Columbia Road		Street Address 829 Radio Road	
City, State & Zip Code Branchburg, NJ 08876		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Kathleen Romaine		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) September 3, 2013	Scheduled Completion Date (11) October 4, 2013	Name of OSHA Monitor Synatech, 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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 50 lf
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Renovation
<input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> Mini-Enclosure
<input type="checkbox"/> Glovebag Procedure
<input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure |
|--|---|---|

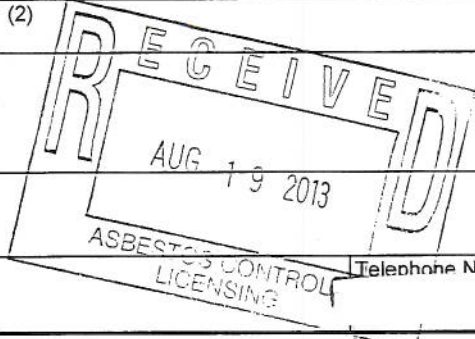
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Building # 117 - Well Pump House 5			X	T21-Tara Sealant between concrete floor & metal wall base	34 LF	X			
Building # 117 - Well Pump House 5			X	T22-Tar Sealant between upper wall & roof panel	34 LF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 3	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date October 5, 2013	City, State Morrisville, PA	
Completed By Rachel Andreala	Title Administrative Assistant	Signature 	Date August 16, 2013

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

Check # 8267

Date of Notification (1) August 16, 2013		Name of Building Owner / Operator (2) International Paper Company	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	6400 Poplar Avenue, City, State & Zip Code Memphis, TN 38197	
		Name of Contact Brian Jones	Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Curtis Specialty Papers		Type of Facility (4)	
Street Address 404 Frenchtown 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, home, etc.)	
City (5) Millford,		Square Feet 150	# of Floors 1
County (6) Hunterdon		Bldg. Age 80	
County Code (7) USE ONLY		Current Use (Prior if being demolished) Vacant Building	
Name of Monitoring Firm Hired by Building Owner (8) Arcadis US Inc.		Name of Abatement Contractor (9) Synatech, Inc.	
Street Address 35 Columbia Road		Street Address 829 Radio Road	
City, State & Zip Code Branchburg, NJ 08876		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Kathleen Romaine		Telephone Number 609-860-0590	License Number 00817
Scheduled Start Date (10) September 3, 2013	Scheduled Completion Date (11) October 4, 2013	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one)		Street Address 829 Radio Road	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code Little Egg Harbor, NJ 08087	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥ 50 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance 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
Building # 116 - Well Pump House 4			X	C21-Ext. Caulk around Window	50 LF	X			
Building # 116 - Well Pump House 4			X	T23-Tar Sealant between concrete pad & metal wall base	34 LF	X			
Name of Registered Waste Hauler Synatech, Inc.									
NJDEP Waste Hauler ID No. 27429		Cubic Yards of Waste 3		Name of Registered Landfill Grows Landfill					
City, State Little Egg Harbor, NJ 08087		Disposal Date October 5, 2013		City, State Morrisville, PA					
Completed By Rachel Andreala		Title Administrative Assistant		Signature <i>Rachel Andreala</i>		Date August 16, 2013			

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

Check # 8267

Date of Notification (1) August 16, 2013		Name of Building Owner / Operator (2) International Paper Company		<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED AUG 19 2013 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified	Type Notification	Street Address	City, State & Zip Code	
<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"/> Cancellation	6400 Poplar Avenue,	Memphis, TN 38197	
		Name of Contact Brian Jones	Telephone Number	


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Curtis Specialty Papers		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, home, etc.)	
Street Address 404 Frenchtown Road,		Square Feet 150	# of Floors 1
City (5) Millford,		Bldg. Age 80	
County (6) Hunterdon		Current Use (Prior if being demolished) Vacant Building	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Arcadis US Inc.		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.
Street Address 35 Columbia Road		Street Address 829 Radio Road	
City, State & Zip Code Branchburg, NJ 08876		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Kathleen Romaine		Telephone Number 609-860-0590	License Number 00817
Scheduled Start Date (10) September 3, 2013	Scheduled Completion Date (11) October 4, 2013	Name of OSHA Monitor Synatech, 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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 50 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance 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
Building # 115 - Locker House			X	C22-Interior Window Caulk	100 LF	X			
Building # 115 - Locker House			X	C23-Caulk between metal frame & glass block window	100 LF	X			
Building # 115 - Locker House			X	WG25-Interior Window Glaze	100 LF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 3	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date October 5, 2013	City, State Morrisville, PA	
Completed By Rachel Andreala	Title Administrative Assistant	Signature 	Date August 16, 2013

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

Check # 8267

Date of Notification (1) August 16, 2013		Name of Building Owner / Operator (2) International Paper Company	
Agencies Notified	Type Notification	Street Address	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 19 2013 ASBESTOS CONTROL & LICENSING </div>
<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"/> Cancellation	6400 Poplar Avenue,	
		City, State & Zip Code Memphis, TN 38197	
		Name of Contact Brian Jones	Telephone Number _____

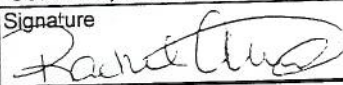
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Curtis Specialty Papers		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, home, etc.)	
Street Address 404 Frenchtown Road,		Square Feet 150	# of Floors 1
City (5) Millford,		Bldg. Age 80	
County (6) Hunterdon		Current Use (Prior if being demolished) Vacant Building	
County Code (7) USE ONLY _____			
Name of Monitoring Firm Hired by Building Owner (8) Arcadis US Inc.		ASCM No. _____	
Street Address 35 Columbia Road		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Branchburg, NJ 08876		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Kathleen Romaine		Telephone Number 609-860-0590	License Number 00817
Scheduled Start Date (10) September 3, 2013	Scheduled Completion Date (11) October 4, 2013	Name of OSHA Monitor Synatech, 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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)


- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 50 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance 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
Building # 114 - Equipment House			x	WG24-Interior Cream Window Glaze	175 LF	X			
Building # 114 - Equipment House Ext. B			X	TP7-Transite Pipe	1 LF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 3	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date October 5, 2013	City, State Morrisville, PA	
Completed By Rachel Andreala	Title Administrative Assistant	Signature 	Date August 16, 2013

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

CK # 22191

Date of Notification (1) 08 / 15 / 13			Name of Building Owner/Operator (2) New Jersey Turnpike Authority								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 581 Main Street							
				City, State, Zip Code Woodbridge, NJ 08863							
		Name of Contact Jon Barger		Telephone Number _____							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Bridge Str. 58.10 over the NJ Turnpike				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 Yardville Allentown Road				Square Feet 20,000							
City (5) Hamilton Township				# of Floors 50+							
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Public Road							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc		ASCM No. 0079		Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation							
Street Address 20-21 Wagaraw Rd. Bldg. 34 A		Street Address 500 East Luzerne Street									
City, State, Zip Code Fairlawn, NJ 07410		City, State, Zip Code Philadelphia, PA 19124									
Project Manager for Monitoring Firm Mark Stern		Telephone No. 973-636-9145		License No. 00646							
Start Date (10) 09 / 05 / 13		Scheduled Completion Date (11) 09 / 24 / 13		Name of OSHA Monitor SAME AS ABOVE							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM/6PM-6AM				Street Address							
				City, State, Zip Code							
Scope of Work (Check all that apply)											
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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) 2,900 LF		Abatement Type			
		Yes	No					N/A	Removal	Repair	Encapsulate
Under Bridge Structure		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Conduit Pipe			<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 Freehold Cartage		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 28		Name of Registered Landfill Grows Landfill					
City, State Freehold, NJ				Disposal Date 09/30/13		City, State North Tullytown, Pa					
Completed By (Print or Type) Charles F. Imbimbo		Title Project Manager		Signature 				Date 08/15/13			

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

No CK

Date of Notification (1) 8/16/13		Name of Building Owner/Operator (2) PSE + G	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 HADLEY ROAD City, State, Zip Code SOUTH PLAINFIELD, NJ 07080 Name of Contact SANDA BRUMARU Telephone Number	
Name of Facility Where Abatement is Taking Place (3) PSE + G		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 981 SPRINGFIELD AVE.		Square Feet 12,320	# of Floors 3
City (5) IRVINGTON		Bldg. Age Appx 50yrs	
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SUB STATION	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA	
Street Address 64 Broad St		Street Address 396 WHITEHEAD AVE	
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882	
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732-290-2217	License No. 01111
Start Date (10) 8/13/13	Scheduled Completion Date (11) 8/13/13		
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 Other - Describe: occupied by necessary operators only as needed.		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure	
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)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BASEMENT		Amount (Specify SF or LF) 15 LF	
Name of Registered Waste Hauler VEOLIA ES TECHNICAL		NJDEP Waste Hauler ID No. 20071	Cubic Yards of Waste less than 1
City, State FLANDERS, NJ		Disposal Date 8/21/13	Name of Registered Landfill CWM CHEMICAL
Completed by CAROL RAIMO		Title Office Mgr.	Signature Carol Raimo
			Date 8/16/13

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

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

NGcheck

Date of Notification (1) 7-30-2013		Name of Building Owner/Operator (2) PSE & G							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	4000 HADLEY ROAD City, State, Zip Code SOUTH PLAINFIELD, NJ 07080 Name of Contact SANDA BRUMARU Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE & G		Type of Facility (4)							
Street Address 981 SPRINGFIELD AVE.		<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) IRVINGTON	Square Feet 12,320	# of Floors 3	Bldg. Age APPX 50 YRS						
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SUB STATION							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350						
License No. 01111		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Start Date (10) 8/13/13	Scheduled Completion Date (11) 8/16/13	Street Address 396 WHITEHEAD AVE.							
Occupancy Status During Abatement (Check Only One)		City, State, Zip Code SOUTH RIVER, NJ 08882							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: <i>occupied by necessary operators only if needed</i>									
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) 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
1st FLOOR		X		TRANSITE RELAY PANELS	264 SF	X			
BASEMENT		X		ACM WIRE SOCK	15 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 10	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ			Disposal Date 8/16/13	City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>			Date 7-30-2013			


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

Check

Date of Notification (1) 8/9/13 (Orig. 7/30/13)		Name of Building Owner/Operator (2) PSEG							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 4000 HADLEY ROAD		City, State, Zip Code SOUTH PLAINFIELD, NJ 07080							
Name of Contact SANDA BRUMARU		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG		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 981 SPRINGFIELD AVE.		Square Feet 12,320	# of Floors 3						
City (5) IRVINGTON		Bldg. Age APPR 50 yrs							
County (6) ESSEX		County Code (7) (STATE USE ONLY) ---							
Current Use (Prior if being demolished) SUB STATION									
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350						
License No. 01111									
Start Date (10) 8/13/13		Scheduled Completion Date (11) 8/13/13							
Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA									
Street Address 396 WHITEHEAD AVE.									
City, State, Zip Code SOUTH RIVER, NJ 08882									
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied by recovery operators only as needed									
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) 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		ACM WIRE SOCK	15 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 1	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date 8/14/13		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>			Date 9/9/13			

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

CK# 0252

Date of Notification (1) 8-15-2013		Name of Building Owner/Operator (2) Township of Parsippany / Troy Hills							
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 1001 Parsippany Blvd							
		City, State, Zip Code Parsippany, NJ 07054							
		Name of Contact Joe Giannetti	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House for Demo		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 7 Chesapeake		Square Feet	# of Floors						
City (5) Lake Hiawatha, NJ		Bldg. Age 50+							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House For Demo							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01193						
Start Date (10) 8-24-2013	Scheduled Completion Date (11) 8-27-2013	Name of OSHA Monitor Loznica Management Corporation							
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: 9am - 5pm		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Windows			x	Window Caulking	12 Windows	x			
Name of Registered Waste Hauler Rovic		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Kearny, NJ			Disposal Date TBD	City, State Morrisville PA 19067					
Completed by E. Cirovic		Title Secretary	Signature 			Date 8-15-2013			

New Jersey Department of Health and Senior Services
PO Box 369, 3635 Quakerbridge Road
Trenton, NJ 08625-0369
Telephone: 609-631-6749 Fax: 609-588-7618

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

2013 AUG 13
CIC # 12307

Type of Notification (check one) and Date Submitted

☒ Initial ☐ Amended ☐ Cancellation ☐ Emergency (must include justification) Date of Notification: 8/13/13

Building Information

Name of Building Owner/Operator: DIANE SCALERA & LAWRENCE EVALGELISTA
Street Address: 815 REMMOS AVE City: UNION State: NJ Zip: 07083
Name of Contact: DIANE OR LAWRENCE Telephone No.: [REDACTED]

Facility Information

Name of Facility Where Work Activity is to Take Place: HOUSE
Describe Facility Use: BASEMENT CLOSET
Street Address: 815 REMMOS AVE City: UNION State: NJ Zip: 07083
County Name: UNION County Code (state use only):
Scheduled Start Date: 8/21/13 Scheduled Completion Date: 8/31/13

Occupancy Status During Activity (check only one):

- ☐ Facility Closed/Vacated During Entire Activity
☐ Activity Performed Outside Normal Facility Hours—Describe: _____
☒ Other—Describe: _____

Scope of Work (check all that apply):

<input checked="" type="checkbox"/> Floor Tile	Square Footage: <u>10</u>	Percentage Asbestos: <u>2%</u>
<input type="checkbox"/> Mastic	Square Footage: _____	Percentage Asbestos: _____
<input type="checkbox"/> Other: _____	Square Footage: _____	Percentage Asbestos: _____

Contractor Information

Company Name: ABS ENVIRONMENTAL SERVICES LLC Telephone No.: 973-764-2276
Street Address: 4 E. GATE DR., PO BOX 483 City: GLENWOOD State: NJ Zip: 07418
New Jersey Asbestos License Number (if applicable): 703
Monitoring Firm (if applicable): _____ Telephone No.: _____

Signature

Completed By (type or print legibly): ANDREW HIGGINS Title: owner
Signature: [Signature] Date: 8/13/13

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

No CR

Date of Notification (1) 08/12/13		Name of Building Owner/Operator (2) LCOR Incorporated							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address One Penn Plaza, Suite 1801		City, State, Zip Code New York, NY 10119							
Name of Contact Joseph Casillo		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Centroverde @ Montclair		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 654 Bloomfield Avenue		Square Feet 11,500	# of Floors 1						
City (5) Montclair		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant Building							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Stanmark Contractors, LLC							
Street Address		Street Address 27 Edsall Drive							
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461							
Project Manager for Monitoring Firm		Telephone No. 973-864-2022	License No. 01137						
Start Date (10) 08/15/13	Scheduled Completion Date (11) 08/31/13	Name of OSHA Monitor AmeriSci							
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 117 East 30th Street							
		City, State, Zip Code New York, NY 10016							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room		X		boiler jacket insulation	300 S.F.	X			
Meeting Room		X		wall panel glue	300 S.F.	X			
Roof #3, #4		X		flashing and mastic	2,000 S.F.	X			
Parts Department, Service Area		X		window glazing	240 L.F.	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085		Cubic Yards of Waste 50	Name of Registered Landfill G.R.O.W.S.				
City, State Wayne, NJ		Disposal Date on completion		City, State Morrisville, PA					
Completed by Marko Stankovic		Title President		Signature <i>Marko Stankovic</i>		Date 08/13/13			

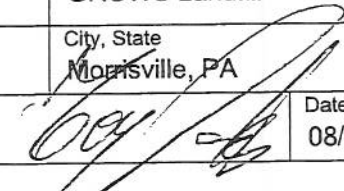
* Do not use this form for asbestos licensure exempted activities.

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

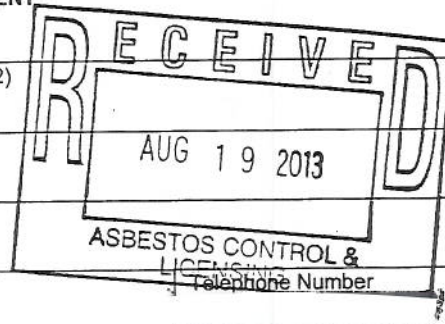
Date of Notification (1) 08/12/13		Name of Building Owner/Operator (2) LCOR Incorporated							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address One Penn Plaza, Suite 1801							
		City, State, Zip Code New York, NY 10119							
		Name of Contact Joseph Casillo							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Centroverde @ Montclair		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 34 Valley Road		Square Feet 11,500	# of Floors 1						
City (5) Montclair		Bldg. Age 50+-							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant Building							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Stanmark Contractors, LLC						
Street Address		Street Address 27 Edsall Drive							
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461							
Project Manager for Monitoring Firm		Telephone No. 973-864-2022	License No. 01137						
Start Date (10) 08/15/13	Scheduled Completion Date (11) 08/31/13	Name of OSHA Monitor AmeriSci							
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 117 East 30th Street							
		City, State, Zip Code New York, NY 10016							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
1st Fl., Mezzanine Fl.		x		floor tiles	2,200 S.F.	x			
Roof #1, #2, #3		x		flashing & mastic	2,690 S.F.	x			
Roof #2a		x		pitch pocket flashing	15 L.F.	x			
Roof #2c				HVAC duct mastic	70 S.F.	x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085		Cubic Yards of Waste 60	Name of Registered Landfill G.R.O.W.S.				
City, State Wayne, NJ				Disposal Date on completion	City, State Morrisville, PA				
Completed by Marko Stankovic		Title President		Signature <i>Marko Stankovic</i>	Date 08/13/13				

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

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

Date of Notification (1) 08/13/2013		Name of Building Owner/Operator (2) Shakib Shayegh		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED AUG 19 2013 ASBESTOS CONTROL </div>					
Agencies Notified	Type Notification	Street Address 34 Oakdene Terrace							
<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 Edgewater, NJ 07020 Name of Contact Shakig Shayegh							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Edgewater 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 34 Oakdene Terrace - Basement				Square Feet # of Floors Bldg. Age					
City (5) Edgewater, NJ				Current Use (Prior if being demolished)					
County (6) Bergen		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) J&S Environmental Lab, LLC		ASCM No. _____		Name of Abatement Contractor (9) SUPER, LLC					
Street Address 2333 Route 22 West				Street Address 168 Arundel Rd					
City, State, Zip Code Union, NJ 07083				City, State, Zip Code Paramus, NJ 07652					
Project Manager for Monitoring Firm J&S Environmental		Telephone No. (908)206-0073		Telephone No. (201)336-0477 License No. 001195					
Start Date (10) 08/26/2013		Scheduled Completion Date (11) 09/03/2013		Name of OSHA Monitor J&S Environmental Lab, LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 2333 Route 22 West City, State, Zip Code Union, NJ 07083					
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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	60 LF	X			
Name of Registered Waste Hauler SUPER, LLC		NJDEP Waste Hauler ID No. 034893		Cubic Yards of Waste		Name of Registered Landfill GROWS Landfill			
City, State Paramus, NJ				Disposal Date TBD		City, State Morrisville, PA			
Completed by Tailor Dominguez		Title Project Manager		Signature 		Date 08/13/13			

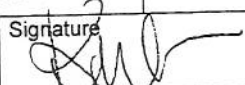
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 08/13/2013		Name of Building Owner/Operator (2) Carol Sprague							
Agencies Notified	Type Notification	Street Address 176 Trotta Drive							
<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 New Milford, NJ 07646							
		Name of Contact Carol Sprague							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) New Milford Residence		Type of Facility (4)							
Street Address 176 Trotta Drive, Basement		<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) New Milford, NJ 07646		Square Feet	# of Floors						
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) CA Environmental		ASCM No.	Name of Abatement Contractor (9) SUPER, LLC						
Street Address 2200 Paterson Plank Rd # 7		Street Address 168 Arundel Rd							
City, State, Zip Code North Bergen, NJ 07047		City, State, Zip Code Paramus, NJ 07652							
Project Manager for Monitoring Firm Carmelo Almonte		Telephone No. (201)864-6583	License No. 001195						
Start Date (10) 08/23/2013	Scheduled Completion Date (11) 09/03/2013	Name of OSHA Monitor Testor Tech							
Occupancy Status During Abatement (Check Only One)		Street Address 10-59 Jackson Ave							
<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 LIC, 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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	VAT / Mastic	220 SF	X			
Name of Registered Waste Hauler SUPER, LLC		NJDEP Waste Hauler ID No. 034893	Cubic Yards of Waste	Name of Registered Landfill GROWS Landfill					
City, State Paramus, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Tailor Dominguez		Title Project Manager		Signature 				Date 08/13/13	

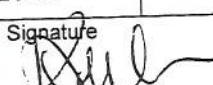
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)


ON HOLD

Date of Notification (1) 8 / 1 / 13		Name of Building Owner/Operator (2) Brixmor Old Bridge, LLC		Job #1308-1790: Chk. #NA					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address One Fayette Street, Suite 100		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 19 2013 </div>					
		City, State, Zip Code Conshohocken, PA 19428							
		Name of Contact Mr. Jerry McMullen		Telephone Number ASBESTOS LICEN					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Old Bridge Gateway Shopping Center - Space 1016				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 100-1074 Route 9				Square Feet 235,995	# of Floors 1				
City (5) Old Bridge				Bldg. Age 1950					
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant					
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies		ASCM No. 00021	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 28 North Pennel Road			Street Address 3859 Sylon Boulevard						
City, State, Zip Code Media, PA 19063			City, State, Zip Code Hainesport, NJ 08036						
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-891-0114	Telephone No. 609-702-0400		License No. 00862				
Start Date (10) 8 / 14 / 13		Scheduled Completion Date (11) 8 / 22 / 13		Name of OSHA Monitor EMSL Analytical, 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 200 U.S. Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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
Rear Storage & Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and mastic	2,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Store	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and mastic	1,600 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 Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 8	Name of Registered Landfill GROWS Landfill				
City, State Freehold, NJ				Disposal Date 8/23/13	City, State Morrisville, PA 19067				
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 8-14-13			

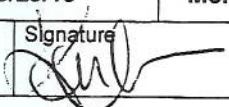
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

No check

Date of Notification (1) <u>7</u> / <u>17</u> / <u>13</u>		Name of Building Owner/Operator (2) 48 North Broad Street Urban Renewal LLC Job # 1307-1785: Chk. #NA							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 48 North Broad Street	<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED AUG 19 2013 </div>						
		City, State, Zip Code Woodbury, NJ 08096							
		Name of Contact Mr. Scott Corley, Guild Builders							
		Telephone Number ASBESTOS CONTROL LICENSING							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Old Masonic Temple		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 48 North Broad Street		Square Feet 13,200	# of Floors 3						
City (5) Woodbury		Bldg. Age 1926							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant Building							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address P.O. Box 316		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Dave or Steve Flanigan		Telephone No. 856-848-0800	License No. 00862						
Start Date (10) <u>7</u> / <u>31</u> / <u>13</u>	Scheduled Completion Date (11) <u>8</u> / <u>21</u> / <u>13</u>	Name of OSHA Monitor EMSL Analytical, 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 200 U.S. Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement & Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flooring Mastic	3,757 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room & Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	400 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Insulation & Boiler Breeching	155 SF & 20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Fl Area, Bathroom & 1 st Fl Bath	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	553 SF & 3 box	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste 8	Name of Registered Landfill GROWS Landfill					
City, State Freehold, NJ		Disposal Date 8/21/13	City, State Morrisville, PA 19067						
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator	Signature 				Date 8-13-13		

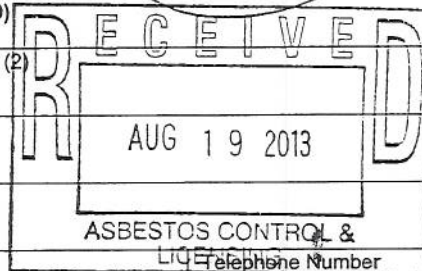
Date of Notification (1) 1/28/13		Name of Building Owner / Operator (2) Johns Manville		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED AUG 19 2013 </div>						
Agencies Notified		Type Notification				Street Address 717 17th Street				
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #14 off hold <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation				City, State & Zip Code Denver, CO 80202				
						Name of Contact Janet Waring, Sourcing Manager				
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Johns Manville- Penbryn Plant				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 437 North Grove Street				Square Feet NA						
City (5) Berlin		County (6) GLE		# of Floors NA						
				Bldg. Age NA						
Name of Monitoring Firm Hired by Building Owner (8) One Source Safety & Health				Current Use (Prior if being demolished) Plant						
Street Address 140 South Village Avenue-Suite 130				Name of Abatement Contractor (9) Asbestos & Mold Services, Corp.						
City, State & Zip Code Exton, PA 19341				Street Address 3859 Sylon Boulevard						
Project Manager for Monitoring Firm Brian Hovendon		Telephone Number 610-524-5525		City, State & Zip Code Hainesport, NJ 08036						
Scheduled Start Date (10) 11/19/12		Scheduled Completion Date (11) 9/18/13		Telephone Number 609-702-0400						
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 Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement				License Number 00862						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf				<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
"H" Roof		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Deck Panels	2,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"H" Roof		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Field	17,400 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"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Horizon Disposal		NJDEP Waste Hauler ID No. 22612		Cubic Yards of Waste 30	Name of Registered Landfill GROWS Landfill					
City, State Trenton, NJ		Disposal Date 9/18/13		City, State Morrisville, PA						
Completed By (Print or Type) Kim Trumbetti		Title Admin.		Signature 				Date 8/13/13		

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

Date of Notification (1) <div style="text-align: center;">8 / 14 / 13</div>		Name of Building Owner/Operator (2) Mr. Jeff Willey		1308-1793 / Job # 1307-2135 Chk #3295					
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 111 Metcalfe Street		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold;">RECEIVED</div> AUG 19 2013					
		City, State, Zip Code Bay Head, NJ 08742							
		Name of Contact Jeff Willey							
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bay Head Yacht Club				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 111 Metcalfe Street									
City (5) Bay Head				Square Feet 62,300	# of Floors 3				
County (6) Ocean				County Code (7)(STATE USE ONLY)	Bldg. Age 1928				
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 16 West Elizabeth Avenue				Street Address 3859 Sylon Boulevard					
City, State, Zip Code Linden, NJ 07036				City, State, Zip Code Hainesport, NJ 08036					
Project Manager for Monitoring Firm Kelly Walton		Telephone No. 908-862-4301		Telephone No. 609-702-0400	License No. 00862				
Start Date (10) <div style="text-align: center;">8 / 28 / 13</div>	Scheduled Completion Date (11) <div style="text-align: center;">8 / 29 / 13</div>		Name of OSHA Monitor EMSL Analytical, 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 200 U.S. Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
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 <i>ENCLOSURE</i> <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
Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	90 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 Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfill				
City, State Freehold, NJ		Disposal Date 8/29/13		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 8/14/13			

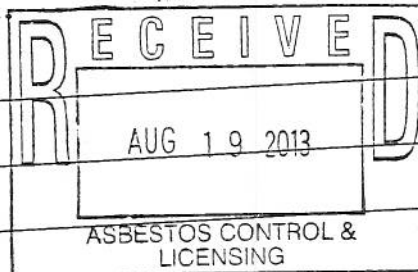
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHECK #0250



Date of Notification (1) 8-15-2013		Name of Building Owner/Operator (2) Clyde Goffe							
Agencies Notified	Type Notification	Street Address 194 Stone Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Maywood NJ							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Clyde Goffe							
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 194 Stone Street		Square Feet 1500	# of Floors 2						
City (5) Maywood		Bldg. Age 50+							
County (6) Bergen	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 Corporation						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. 973-706-7950	License No. 01193						
Start Date (10) 8-24-2013	Scheduled Completion Date (11) 8-25-2013	Name of OSHA Monitor Loznica Management Corporation							
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 - 5pm		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
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) 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			<input checked="" type="checkbox"/>	VAT no Mastic	450 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 33137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Lincoln Park, NJ 07035			Disposal Date TBD	City, State Morrisville PA 19067					
Completed by E. Cirovic		Title Secretary	Signature <i>E. Cirovic</i>			Date 8-15-2013			

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



Date of Notification (1) 8/14/2013 Check # 2483		Name of Building Owner/Operator (2) St Augustine Church							
Agencies Notified <input 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 type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 3900 New York Avenue		City, State, Zip Code Union City, NJ 07087							
Name of Contact Damian De Armas		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St Augustine 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 3900 New York Avenue		Square Feet	Bldg. Age						
City (5) Union City, NJ 07087		Current Use (Prior if being demolished) School							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Name of Abatement Contractor (9) EA Services Corporation							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Street Address 426 69th Street						
Street Address		City, State, Zip Code Guttenberg, NJ 07093							
City, State, Zip Code		Telephone No. 201-295-1700	License No. 01074						
Project Manager for Monitoring Firm		Name of OSHA Monitor EA Services Corporation							
Start Date (10) 8/15/2013		Scheduled Completion Date (11) 8/16/2013							
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 Other - Describe: Starting -5:00 PM		Street Address same as above							
City, State, Zip Code		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Kitchen Area		X		Pipe Insulation	8 LF	X			
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste tbd	Name of Registered Landfill Waste Management				
City, State PO Box 5010		Disposal Date tbd		City, State Tullytown Landfill					
Completed by Gina Salvador		Title Office Manager		Signature <i>[Signature]</i>			Date 8/14/2013		

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


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

Date of Notification (1) August 14, 2013		Name of Building Owner/Operator (2) T & H Homes	
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 70 East Water Street Unit 5B	
		City, State, Zip Code Toms River, New Jersey 08753	
		Name of Contact Bill Hoermann	Telephone Number AS- _____

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 217 Mallard Lane					
City Toms River Twp.	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1000 sf	# of Floors 1	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 8/14/13		Scheduled Completion Date (11) 8/15/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

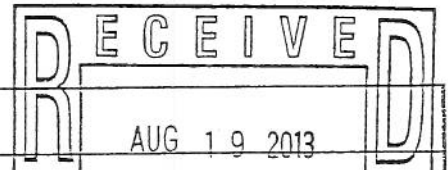
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type					
	R	R	E			E	N	N	C	C	
Exterior		X		Asbestos siding	800 sf	X					

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 8/16/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 8/14/2013

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

Check # 8231

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



Date of Notification (1) 8/13/13		Name of Building Owner/Operator (2) CHOA KUN YU		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 19 2013 ASBESTOS CONTROL & LICENSING </div>					
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 518 ELM AVE. City, State, Zip Code RIVER EDGE, NJ 07661 Name of Contact TERRY MURPHY Telephone Number _____			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) YU				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 518 ELM AVE				Square Feet 1650 # of Floors 2 Bldg. Age 60					
City (5) RIVER EDGE		County (6) BERGEN		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) RES					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.					
Street Address		Street Address 105 Lowell Road							
City, State, Zip Code		City, State, Zip Code Glen Rock, N.J. 07452							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-262-5841 License No. 00156					
Start Date (10) 8/22/13		Scheduled Completion Date (11) 8/23/13		Name of OSHA Monitor Omega Environmental Services Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 280 Huyler Street City, State, Zip Code Hackensack, NJ 07606					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	VAT	252 SF	X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 1		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.			
City, State Riverdale, New Jersey 07457				Disposal Date 8/22/13		City, State Bethlehem, PA 18015			
Completed by R. McDonald		Title President		Signature <i>R. McDonald</i>		Date 8/13/13			

08/14/2013 18:34

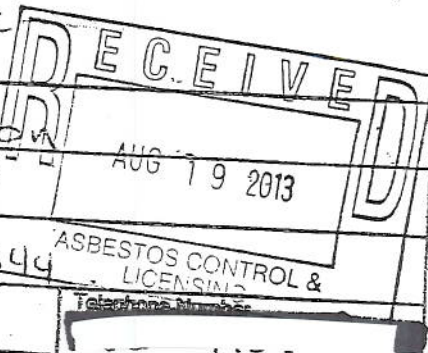
NO. 887 0002

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

DOL - 10 DAY

Date of Notification (1) August 14, 2013		Name of Building Owner/Operator (2) Margaret Borden		Check #5968	
Agencies Notified		Type Notification		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
<input checked="" type="checkbox"/> FPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 912 Broad Street City, State, Zip Code Shrewsbury, NJ 07702 Name of Contact Margaret Borden		RECEIVED AUG 19 2013 APPROVED	
FACILITY INFORMATION ASBESTOS CONTROL & LICENSING					
Name of Facility Where Abatement is Taking Place (3) Borden Residence				<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 912 Broad Street				Square Feet 3,500	# of Floors 2
City (6) Shrewsbury				Bldg. Age 120	
County (8) Monmouth		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Para Environmental		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 500 Horizon Drive, Suite 540		Street Address 623 Cutler Ave.			
City, State, Zip Code Robbinsville, NJ 08691		City, State, Zip Code Maple Shade, NJ 08062			
Project Manager for Monitoring Firm Firoz Jan		Telephone No. 609-890-7277		Telephone No. 856-755-0088	Licensee No. 00842
Start Date (10) August 17, 2013		Scheduled Completion Date (11) August 20, 2013		Name of OSHA Monitor EMSL	
Occupancy Status During Abatement (Check Only One)				Street Address 107 Haddon Ave	
<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 Westmont, New Jersey 08108	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> < 100 sq ft <input checked="" type="checkbox"/> > 100 sq ft or > 200 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 Safely 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		
Throughout		X		Tile	470 SF
Basement		X		Pipe Insulation and Fittings	380 LF
Name of Registered Waste Hauler Freehold		NJDEP Waste Hauler ID No. 22253		Cubic Yards of Waste 3	Name of Registered Landfill Grows Landfill
City, State Mount Holly, New Jersey 08060		Disposal Date 8/20/2013		City, State Tullytown, PA.	
Completed by Christina Lynch		Title Operations Manager		Signature <i>Christina Lynch</i>	Date August 14, 2013

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:26 and 12:120)



Date of Notification (1) 08-14-2013		Name of Building Owner/Operator (2) BLair Demolition	
Agencies Notified	Type Notification	Street Address 86 Rte. 46 E.	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lodi, N.J. 07644	
		Name of Contact Michael Bonanno	
Name of Facility Where Abatement is Taking Place (3) PRIVATE			
Street Address 8 Shrewsbury way		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter B (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Sea Bright, N.J.		Square Feet	# of Floors
County (6)		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) YES	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCA No.	Name of Abatement Contractor (9) SHARON QUALITY CO LLC
Street Address		Street Address 22-VAN ORDEN PL	
City, State, Zip Code		City, State, Zip Code HACKENSACK N.J. 07601	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-708-4270
Start Date (10) 08-23-2013		Scheduled Completion Date (11) 08-24-2013	Licenses No. 01135
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Name of OSHA Monitor FMSL Laboratory	
		Street Address 307 webster N.Y. N.Y.	
		City, State, Zip Code New York	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 100 sf or ≥ 250 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)
Exterior Siding	Yes No N/A <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Shingles Siding	960.sf
Name of Registered Waste Hauler Sharon Quality Construct	NJDEP Waste Hauler ID No. 0033967	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprise INC
City, State Hackensack N.J.	Disposal Date TBD	City, State Waynesburg OH	
Completed by CARLOS ESQUEVEL	Title SAFETY MANAGER	Signature 	Date

Aug 12 2013 02:04pm

P002/002

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

Ch# 0240

Date of Notification (1) 8-12-2012		Name of Building Owner/Operator (2) Township of Parsippany Troy Hills		<div style="border: 1px solid black; padding: 5px;"> APPROVED NJ Department of Health & Senior Services <i>[Signature]</i> Date: 8/12/13 Time: 1:23 PM </div>					
Agencies Notified	Type Notification	Street Address 1001 Parsippany Blvd		City, State, Zip Code Parsippany, NJ 07054					
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Joe Giannetti		Telephone Number ASBESTOS CONSULTING					
FACILITY INFORMATION									
Name of Facility Where Abatement Is Taking Place (3) House for Demo				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 200 River Road				Square Feet	# of Floors				
City (5) Lake Hiawatha, NJ				Bldg. Age 50+					
County (6) Morris		County Code (7) STATE USE ONLY		Current Use (Prior if being demolished) House For Demo					
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Loznica Management Corporation					
Street Address n/a		Street Address 22 Troy Lane		City, State, Zip Code Lincoln Park, NJ 07035					
City, State, Zip Code n/a		Telephone No. n/a		Telephone No. 973-706-7950	License No. 01193				
Project Manager for Monitoring Firm n/a		Start Date (10) 8-13-2013		Scheduled Completion Date (11) 8-14-2013					
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: 9am - 5pm				Name of OSHA Monitor Loznica Management Corporation					
Street Address 22 Troy Lane				City, State, Zip Code Lincoln Park, NJ 07035					
Scope of Work (Check All That Apply) <input type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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	9x9 VAT & Mastic	300 SF	X			
Name of Registered Waste Hauler Rovic		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Kearny, NJ		Disposal Date TBD		City, State Morrisville PA 19067					
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>			Date 8-12-2013		

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

CK# 0241

Date of Notification (1) 8-12-2012		Name of Building Owner/Operator (2) Township of Parsippany / Troy Hills		APPROVED NJ Dept. of Health & Senior Services [Signature] AUG 19 2013 Date: 8/19/13 Time: 1:03 PM					
Agencies Notified	Type Notification	Street Address 1001 Parsippany Blvd.		City, State, Zip Code Parsippany, NJ 07054					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Joe Giannetti		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House for Demo			Type of Facility (4)						
Street Address 40 Lake Shore Drive			<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) Lake Hiawatha, NJ			Square Feet	# of Floors	Bldg. Age 50+				
County (6) Morris		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House For Demo						
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950	License No. 01193					
Start Date (10) 8-14-2013		Scheduled Completion Date (11) 8-21-2013		Name of OSHA Monitor Loznica Management Corporation					
Occupancy Status During Abatement (Check Only One)			Street Address 22 Troy Lane						
<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: 9am - 5pm			City, State, Zip Code Lincoln Park, NJ 07035						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 2160 sf or 2280 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Transite Shingles	1000 SF	X			
Living Room			X	White Joint Compound	400 SF	X			
Name of Registered Waste Hauler Rovic		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Kearny, NJ				Disposal Date TBD	City, State Morrisville PA 19067				
Completed by E. Girovic		Title Secretary		Signature E. Girovic		Date 8-12-2013			

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

Check # 7213

No check

Date of Notification (1) 8/13/13		Name of Building Owner/Operator (2) New Jersey Department of Military Affairs	
Agencies Notified	Type of Notification	Street Address 101 Eggerts Crossing Road	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification Amendment #1 <input type="checkbox"/> Cancellation	City, State, Zip Code Lawrenceville, NJ 08648	
		Name of Contact William McBride	

RECEIVED
 AUG 19 2013
 Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) West Orange Armory – CSMS Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 1315 Pleasant Valley Road			Square Feet 20000	# of Floors 1	Bldg. Age ~65
City (5) West Orange	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) armory		
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.			Name of Abatement Contractor (9) Jupiter Environmental Services, Inc..		
Street Address 7 Pleasant Hill Road			Street Address 3 Lynn Court		
City, State, Zip Code Cranbury, NJ 08512			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Lovely			Telephone Number 732-390-5858		License Number 00852
Scheduled Start Date (10) 7/22/13		Sched. Completion Date (11) 9/20/13			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacant</u>			Name of OSHA Monitor J & S Environmental Laboratories, LLC		
			Street Address 2333 Route 22W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

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

☐ Renovation

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

Location of Asbestos – Containing Material (ACM) <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	R	E	E
Throughout (including boilerroom)		x		Pipe insulation –removal and “wrap & cut”	2500 LF	x			
Boiler room	x			Boiler and breeching insulation	1000 SF	x			

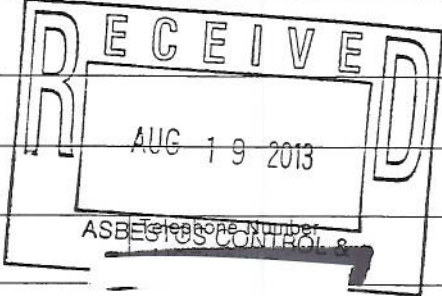
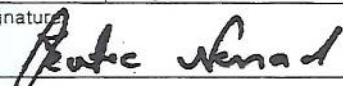
Name of Registered Waste Hauler Jupiter Environmental Services	NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 60	Name of Registered Landfill Minerva Landfill
City, State Lincoln Park, NJ	Disposal Date 9/20/13	City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic	Title General Manager	Signature 	Date 8/13/13

ASB-41
JUN 95

8/13/13: Amendment #1 – Completion date has moved to the 9/20/13 for the boilerroom portion of the work.

MO#20613941550

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

Date of Notification (1) 08 / 14 / 13		Name of Building Owner/Operator (2) Melisa Sullivan							
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 21 Eastwood Place City, State, Zip Code Cedar Grove, NJ 07009 Name of Contact Melisa Sullivan							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address 21 Eastwood Place City (5) Cedar Grove, NJ 07009 County (6) Essex		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.) 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		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. License No. 973-638-1777 01127						
Project Manager for Monitoring Firm Telephone No.		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35 E City, State, Zip Code Fair Lawn, NJ 07410							
Start Date (10) 08 / 23 / 13		Scheduled Completion Date (11) 08 / 24 / 13							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM									
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 <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	100 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 			Date 08/14/2013			

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 8:26 and 8:27)

MO#20613941337

Date of Notification (1) 08 / 13 / 13		Name of Building Owner/Operator (2) Eleanor Rizzo	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DMSS <input type="checkbox"/> DCA (NJAC 8:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 2-12 29th Street		City, State, Zip Code Fair Lawn, NJ 07410	
Name of Contact John Bressor		Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house Street Address 2-12 29th Street City (5) Fair Lawn, NJ 07410 County (5) 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 and commercial buildings, homes, etc.) Square Feet _____ # of Floors _____ Bldg. Age _____ Current Use (Prior if being demolished) _____	
Name of Monitoring Firm Hired by Building Owner (6) 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	
Project Manager for Monitoring Firm Telephone No. _____		Telephone No. _____ License No. _____	
Start Date (10) 08 / 14 / 13		Scheduled Completion Date (11) 08 / 15 / 13	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM _____ 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)
☒ >3 sf or >3 lf
☐ > 160 sf or >260 lf

☒ Renovation
☐ Demolition

☐ Clean up and decontamination
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Tent with Negative Pressure
☐ Non-Exempted (*) and Non-Frillable 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	85 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 08/13/2013	

ASS-41
MAY 11

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

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

CK# 2503

Date of Notification (1) 8/16/13		Name of Building Owner/Operator (2) Rick Schuck Private Home							
Agencies Notified	Type Notification	Street Address 9 West 13th 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 North Beach Haven NJ 08008							
		Name of Contact Rick	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rick Schuck Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 9 West 13th Street		Square Feet 1000+	# of Floors 1+ Bldg. Age 35+						
City (5) North Beach Haven NJ 08008		Current Use (Prior if being demolished) Home							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. 856-753-9800 License No. 00727						
Start Date (10) 8/30/13	Scheduled Completion Date (11) 9/6/13	Name of OSHA Monitor same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____ City, State, Zip Code _____							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/6/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/16/13		

CHECK#
2881

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

Date of Notification (1) <u>8/16/13</u>		Name of Building Owner/Operator (2) <u>EMTECH CONTRACTING</u>	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 RT. 50</u>	
		City, State, Zip Code <u>GREENFIELD, N.J. 08230</u>	
		Name of Contact <u>BRUCE BREUNIG</u>	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>20 BROOKDALE ROAD</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>TOWN BARK</u>		Bldg Age <u>40+</u>	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>
Start Date (10) <u>9/3/13</u>	Scheduled Completion Date (11) <u>9/10/13</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>	
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> 23 sq ft or 23 lb <input type="checkbox"/> 2160 sq ft or 2260 lb		<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) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) YES NO N/A <u>X</u>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>1000 LF</u>
			Abatement Type Removal <input checked="" type="checkbox"/> X Encapsulation <input type="checkbox"/> Partial Removal <input type="checkbox"/>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>	NJDEP Waste Hauler ID No. <u>17907</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C.M.U.A.</u>
City, State <u>MAPLE SHADE, N.J. 08052</u>	Disposal Date	City, State <u>WOODBINE, N.J.</u>	
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>8/16/13</u>

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

2014

Date of Notification (1) 8-15-13		Name of Building Owner/Operator (2) Colter	
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 32 Hickory Dr City, State, Zip Code Maplewood NJ 07040	
		Name of Contact B.H.	Telephone Number [REDACTED]
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Colter		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 32 Hickory Dr		Square Feet 2000	# of Floors 2
City (5) Maplewood		Bldg. Age 100	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8)	ASC # No.	Name of Abatement Contractor (9) Ace Insulation Co. Inc.	
Street Address		Street Address 95 Montrose Rd	
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-294-1757	License No. 00029
Start Date (10) 8-27-13	Scheduled Completion Date (11) 8-31-13	Name of OSHA Monitor Ace Insulation Co. Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM - 7PM		Street Address 95 Montrose Rd	
		City, State, Zip Code Colts Neck, N.J. 07722	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 280 ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Coverbag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Basement	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) PIPE COVERING
			Amount (Specify SF or LF) 180 LF
Name of Registered Waste Hauler Ace Insulation Co. Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 2
City, State Colts Neck N.J.		Name of Registered Landfill IESI	
		Disposal Date 8-31-13	City, State Bethlehem PA
Completed by George G. West	Title PRESIDENT	Signature George G. West	Date 8-15-13

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

RECEIVED

Check # 8232

Date of Notification (1) 8/14/13		Name of Building Owner/Operator (2) MICHAEL CETRULO		APPROVED N.J. Dept. of Health & Senior Services Date: 8/14/13 Time: 7:22 AM	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 72 MAIN STREET City, State, Zip Code MADISON, NJ 07940 Name of Contact MIKE Telephone Number	
Name of Facility Where Abatement Is Taking Place (3) CETRULO				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 72 MAIN ST				Square Feet 3000	
City (5) MADISON				# of Floors 2	
County (6) MORRIS				Bldg. Age 60	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESTAURANT			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
Street Address		Street Address 105 Lowell Road		City, State, Zip Code Glen Rock, N.J. 07452	
City, State, Zip Code		Telephone No. 201-262-5841		License No. 00156	
Project Manager for Monitoring Firm		Name of OSHA Monitor Omega Environmental Services Inc.			
Start Date (10) 8/14/13		Scheduled Completion Date (11) 8/16/13		Street Address 280 Huyler Street	
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:		City, State, Zip Code Hackensack, NJ 07606			
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥200 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BASEMENT		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) PIPE	
Amount (Specify SF or LF) 80 LF		Abatement Type Removal Repair Encapsulate Enclosure X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 1	
City, State Riverdale, New Jersey 07457		Disposal Date 8/14/13		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State Bethlehem, PA 18015		Signature R. McDonald		Date 8/14/13	
Completed by R. McDonald		Title President			

Check # 8231

APPROVED NJ Dept. of Health & Senior Services <i>Paul C. [Signature]</i> 8/14/13 (signature) 7:19 AM Date of Notification (1) Time: 8/13/13		State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)		RECEIVED AUG - 19 2013 ASBESTOS CONTROL & LICENSING Telephone Number	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Building Owner/Operator (2) EXXON MOBIL ENVIRONMENTAL SERVICES CO. Street Address 1 AVENUE J City, State, Zip Code BRIDGE, NJ 01002 Name of Contact RAY VAUGHAN	
Name of Facility Where Abatement is Taking Place (3) EXXON FACILITY #39784 Street Address RT 17 AND MEADOW ROAD City (5) PLUMMERFORD County (6) BERGEN			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.) Square Feet 2000 # of Floors 1 Bldg. Age 60 Current Use (Prior if being demolished) GARAGE/GAS		
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. Name of Abatement Contractor (9) A. Mac Contracting Inc. Street Address 105 Lowell Road City, State, Zip Code Glen Rock, N.J. 07452		Telephone No. 201-262-5841 License No. 00156	
Project Manager for Monitoring Firm Telephone No.		Name of OSHA Monitor Omega Environmental Services Inc. Street Address 280 Huyler Street City, State, Zip Code Hackensack, NJ 07606		Start Date (10) 8/14/13 Scheduled Completion Date (11) 8/16/13	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:			Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
Location of Asbestos-Containing Material (ACM) in Facility (13) CANOPY ROOF		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) CAULK FLASHING	
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Amount (Specify SF or LF) 3 SF	
City, State Riverdale, New Jersey 07457		Cubic Yards of Waste 3		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
Completed by R. McDonald		Title President		Disposal Date 8/14/13 City, State Bethlehem, PA 18015	
Signature <i>[Signature]</i>		Date 8/13/13			

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

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

Date of Notification (1) August 15, 2013		Name of Building Owner/Operator (2) Aggressive Contracting 2013 Aug 14 22268	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [] Initial Notification [] Amended Notification Amendment # _____ [x] Emergency (including justification) [] Cancellation	Street Address P O Box 712 City, State, Zip Code Point Pleasant, NJ 08742 Name of Contact Jim Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (K-12) [] Subchapter 8 (other than K12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 1631 Mayfair Court			Square feet 1000 sf	# of Floors 1	Bldg. Age 60
City Point Pleasant	County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 8/15/13		Scheduled Completion Date (11) 8/16/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Street Address 1056 Stelton Road		
Scope of Work (Check all that apply) [] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf			City, State, Zip Code Piscataway, New Jersey 08854		
[] Renovation [x] Demolition			[] Full Containment with Negative Pressure [] Mini-Enclosure [] Glovebag Procedure [x] 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	850 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 8/19/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 8/15/2013

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

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

Date of Notification (1) 8/15/2013		Name of Building Owner/Operator (2) Seminole Construction 22270	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 128 Bartlett Avenue		City, State, Zip Code West Creek, NJ 08092	
Name of Contact Joyce		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 914 Shore Avenue			Square feet 1200 sf		
City Ship Bottom			# of Floors 2		
County (6) Ocean			Bldg. Age 60		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm			Telephone Number 732-349-9932		
Telephone Number			License Number 00624		
Scheduled Start Date (10) 8/16/13			Name of OSHA Monitor E.M.S.L. Analytical		
Scheduled Completion Date (11) 8/19/13			Street Address 1056 Stelton Road		
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 _____			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	

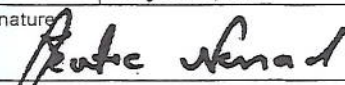
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or 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	
Exterior		X		Asbestos siding	1200 sf	X				

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3		Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 8/20/13		City, State Tullytown, Pennsylvania		Date 8/2/2013	
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>			

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

MO#21208157223

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

Date of Notification (1) 08 / 15 / 13		Name of Building Owner/Operator (2) Theresa Barone							
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 7701 4th Avenue							
		City, State, Zip Code North Bergen, NJ 07047							
		Name of Contact Theresa Barone	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house		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 7701 4th Avenue		Square Feet	# of Floors						
City (5) North Bergen, NJ 07047		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)	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	License No. 01127						
Start Date (10) 08 / 24 / 13	Scheduled Completion Date (11) 08 / 25 / 13	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							
		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 <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		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 08/15/2013				

ASB-41

MAY 11

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

08/14/2013 13:01 2013297448

BEST

PAGE 03/04

EMERGENCY
REQUEST FOR WAIVER
OF 10 DAY NOTICE

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 17:28 and 17:29)

DOL - 10 DAY

4610

AUG 14 2013

WAIVER APPROVED

Date of Notification (1) 8-14-2013		Name of Building Owner/Operator (2) M. GABRIEL	
Agency Requested <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DOA	Type of Building <input type="checkbox"/> School <input type="checkbox"/> Assembly <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Other (Specify)	Street Address 53 ELMWOOD AVENUE City, State, Zip Code BOGOTA, NJ 07603 Name of Contact M. GABRIEL	
FACILITY INFORMATION			
Name of Facility (Name of Building & Trailing Floor) (3) M. GABRIEL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Non-school (Other than K-12) <input type="checkbox"/> Other (A. private & commercial buildings, hotels, etc.)	
Street Address 53 ELMWOOD AVENUE		System Size 1800	Est. Age 73 YRS
City (5) BOGOTA		County (6) (STATE USE ONLY) BERGEN	
Name of Building Firm (Name of Building Owner) (7) M. GABRIEL		Name of Abatement Contractor (8) Best Removal Inc	
Street Address 450 S. River St.		City, State, Zip Code Hackensack, N.J. 07601	
Telephone No. 201-329-7444		License No. 00388	
Start Date (9) 8-17-2013	Anticipated Completion Date (10) 8-19-2013	Name of OSHA Monitor Omega Environmental Inc	
Compliance Status During Abatement (11) (check only one) <input type="checkbox"/> Fully Compliant During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Hours (Facility Hours) <input type="checkbox"/> Other - Complete 8AM 5PM		Street Address 280 Bayler St City, State, Zip Code South Hackensack, N.J. 07606	
Scope of Work (Check all that apply) <input type="checkbox"/> Full Building <input type="checkbox"/> Partial Building <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Full Containment <input type="checkbox"/> Cleaning Procedure <input type="checkbox"/> Other (Specify) (12) and Air-Phase Procedure			
Location of Asbestos Containing Material (ACM) (13) TO BE ABATED In Facility - (14)	To Location Where Moved by Maintenance/Controlled (15) Yes No OTH	Description of Asbestos Containing Material (ACM) (16) (A. Thermal system insulation, pipe, VAC, or other miscellaneous)	Amount (Quantity) (17) 80 LF
BASEMENT	X	THERMAL INSULATION	80 LF
Name of Registered Waste Handler Best Removal Inc		N.J. DEP Waste Handler ID No. 17X09	Name of Registered Landfill Minerva Enterprises
City, State Hackensack, N.J. 07601		Waste Date 8-19-13	City, State Waynesburg, Oh
Completed by R. VELDRAN	Estimator R. VELDRAN	Signature R. VELDRAN	Date 8-14-2013

*In all cases this form for asbestos abatement completed on-site.


**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:58 and 12:120)**

4618

Date of Notification (1) 8-14-2013		Name of Building Owner/Operator (2) N. SMYTH					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 84 HILLSIDE AVENUE					
		City, State, Zip Code CRESSKILL, NJ 07626					
		Name of Contact N. SMYTH	Telephone Number _____				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) N. SMYTH		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 84 HILLSIDE AVENUE		Square Feet 2300	# of Floors 2				
City (5) CRESSKILL		Bldg. Age 82 YRS					
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc					
Street Address		Street Address 450 S. River St					
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601					
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 8-26-2013	Scheduled Completion Date (11) 8-27-2013	Name of OSHA Monitor Omega Environmental Inc					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM - 5 PM		Street Address 280 Huyler St					
		City, State, Zip Code South Hackensack, N.J. 07606					
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 100 sf or ≥ 250 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Hot-Work <input type="checkbox"/> Grinding Procedure <input type="checkbox"/> Non-Encapsulated (?) and Non-Fixable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Construction Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, gaskets, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
ATTIC	X	THERMAL INSULATION	20 LF	X			
Name of Registered Waste Hauler Best Removal Inc		N.J. DEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1/4 YD	Name of Registered Landfill Minerva Enterprises			
City, State Hackensack, N.J. 07601		Disposed Date 8-27-13	City, State Waynesburg, Oh				
Completed by R. VELDORAN	Title Estimator	Signature <i>R. Veldoran</i>	Date 8-14-13				


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

OK # 35010

Date of Notification (1) 8/16/13		Name of Building Owner/Operator (2) Barbar Rex Private Home							
Agencies Notified	Type Notification	Street Address 1064 Mill Creek							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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 Manahawkin NJ 08050							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Barbar	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Barbar Rex Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1064 Mill Creek		Square Feet 1000+	# of Floors 1						
City (5) Manahawkin NJ 08050		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/29/13	Scheduled Completion Date (11) 9/6/13	Name of OSHA Monitor same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/6/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/16/13		


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

OK # 3505

Date of Notification (1) 8/16/13		Name of Building Owner/Operator (2) Rodger Papale Private Home							
Agencies Notified	Type Notification	Street Address 126 East Navasink							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code little Egg Harbor NJ 08087							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Roger	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rodger Papale Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 126 East Navasink		Square Feet 1000+	# of Floors 2						
City (5) little Egg Harbor NJ 08087		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address _____		Street Address PO Box 329							
City, State, Zip Code _____		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm _____	Telephone No. _____	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/29/13	Scheduled Completion Date (11) 9/6/13	Name of OSHA Monitor same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____							
		City, State, Zip Code _____							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/6/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/16/13		

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

CK# 3504

Date of Notification (1) 8/16/13		Name of Building Owner/Operator (2) Amy & Michael Stivala Private Home							
Agencies Notified	Type Notification	Street Address 40 West Alabama ave							
<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 Long Beach Twp NJ 08008							
		Name of Contact Michael	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Amy & Michael Stivala Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 40 West Alabama ave		Square Feet 1000+	# of Floors 2						
City (5) Long Beach Twp NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. _____	License No. _____						
Start Date (10) 8/29/13		Scheduled Completion Date (11) 9/6/13	Name of OSHA Monitor same						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1800 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ			Disposal Date 9/6/13	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 8/16/13			