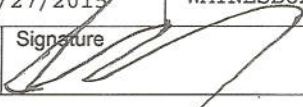


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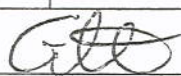
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 08/25/2015		Name of Building Owner/Operator (2) JPMORGAN CHASE BANK							
Agencies Notified <input checked="" type="checkbox"/> EPA <input 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 24 Park Avenue							
		City, State, Zip Code Rutherford NJ							
		Name of Contact silquia Patel	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		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 24 Park Avenue		Square Feet 5,000	# of Floors 1						
City (5) Rutherford		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) BANK							
Name of Monitoring Firm Hired by Building Owner (8) Arcadis US Inc		ASCM No.	Name of Abatement Contractor (9) PAL ENVIRONMENTAL SERVICES						
Street Address 35 Columbia Road		Street Address 11-02 QUEENS PLAZA SOUTH							
City, State, Zip Code Branchburg, NJ 08876		City, State, Zip Code LONG ISLAND CITY, NY 11101							
Project Manager for Monitoring Firm David Hilinski		Telephone No. 908 526-1000	License No.						
Start Date (10) 9/1/2015	Scheduled Completion Date (11) 9/2/2015	Name of OSHA Monitor MARTIN MCREA							
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 714 KENNEDY BLVD							
		City, State, Zip Code BAYONNE, NJ 07002							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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				Thermal Systems Insulation	5	X	x		
		X							
Name of Registered Waste Hauler ATC/TST		NJDEP Waste Hauler ID No. 24310/19551	Cubic Yards of Waste 30	Name of Registered Landfill MINERVA ENTERPRISES					
City, State SHIRLEY, NY 11967/BRONX, NY 10464			Disposal Date 08/27/2015	City, State WAYNESBURG, OH 44688					
Completed by Joseph Catalfamo		Title PM	Signature 	Date 8/25/15					

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

Print Form

CH # 3754

Date of Notification (1) 08/24/2015		Name of Building Owner/Operator (2) Linda Maguire Librizzi							
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 9 Pershing Ave							
		City, State, Zip Code Califon, NJ 07830							
		Name of Contact Linda Maguire Librizzi	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 9 Pershing Ave									
City (5) Califon, NJ 07830		Square Feet	# of Floors						
County (6) Hunterdon		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 5434 King Avenue, Suite 101		Street Address 606 McBride Avenue							
City, State, Zip Code Pennsauken, New Jersey 08109		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Tom Pruno		Telephone No. 888-306-4545	License No. 01104						
Start Date (10) 09/03/15	Scheduled Completion Date (11) 09/04/15	Name of OSHA Monitor J&S Environmental Labs, 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 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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	Removal of asbestos ceiling tiles	240	x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, NJ 07424			Disposal Date	City, State Morrisville, Pennsylvania					
Completed by Momo Glavatovic		Title Vice President	Signature 	Date 08/24/2015					

CK 4355

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

Date of Notification (1) 8/25/15		Name of Building Owner/Operator (2) Nat Abramowitz AUG 23 2015							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	393 Melrose Place							
		City, State, Zip Code S. Orange NJ							
		Name of Contact Wayne Miller							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address 393 Melrose Place		<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) S. Orange		Square Feet	# of Floors 2						
County (6) Essex		Bldg. Age							
County Code (7) Essex		Current Use (Prior if being demolished) not occupied							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.							
Telephone No.		License No.							
Start Date (10) 9-3-15		Scheduled Completion Date (11) 9-14-15							
Name of OSHA Monitor Benin Velez		Street Address							
Occupancy Status During Abatement (Check Only One)		City, State, Zip Code							
<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: home not occupied		1380 Mt Cobb Rd							
		City, State, Zip Code Lake Ariel PA 18436							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
garage + basement		X		pipe wrap	65 LF	X			
Name of Registered Waste Hauler Cycle Chem - Clean Venture		NJDEP Waste Hauler ID No. 05811		Cubic Yards of Waste 1	Name of Registered Landfill				
City, State Elizabeth NJ		Disposal Date		City, State					
Completed by MARIAH wheeler		Title PMA		Signature <i>[Signature]</i>		Date 8/25/15			

CK 3788

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

AUG 28 2015

Date of Notification (1) 8-25-15		Name of Building Owner/Operator (2) EARTHTECH CONTRACTING					
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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 155 RT. 50					
		City, State, Zip Code GREENFIELD, N.J. 08230					
		Name of Contact BRUCE BREUNIG	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address 1940 CENTRAL AVE		Square Feet 1000	# of Floors 2				
City (5) OCEAN CITY		Bldg. Age 40+					
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLEMMO INC.				
Street Address		Street Address 369 S. SPRUCE AVE					
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J. 08052					
Project Manager for Monitoring Firm		Telephone No. 856-779-0472	License No. 00444				
Start Date (10) 9-14-15	Scheduled Completion Date (11) 9-14-15	Name of OSHA Monitor JOSEPH KLEMM JR					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 369 S. SPRUCE AVE					
		City, State, Zip Code MAPLE SHADE N.J. 08052					
Scope of Work (Check all that apply)							
<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) SIDING	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) TRANSITE	Amount (Specify SF or LF) 2000 SF	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
				<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Klemco Inc.		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5	Name of Registered Landfill C.M.C.M.U.A			
City, State MAPLE SHADE N.J.		Disposal Date	City, State WOODBINE N.J.				
Completed By MICHAEL KLEMM		Title VICE PRESIDENT	Signature <i>[Signature]</i>		Date 8-25-15		

CK 3788

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

Date of Notification (1) <u>8-25-15</u>		Name of Building Owner/Operator (2) <u>HANSAUGH DEVELOPERS</u>	
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	<u>318 GLASSBORO ROAD</u>	
		City, State, Zip Code <u>WOODBURY HEIGHTS, N.J. 08097</u>	
		Name of Contact <u>same</u>	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4)	
Street Address <u>3501 OCEAN DR</u>		<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.)	
City (5) <u>AVALON</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
County (6) <u>CAPE MAY</u>		Bldg Age <u>40+</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>
Street Address		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
City, State, Zip Code		Street Address <u>369 S. SPRUCE AVE.</u>	
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Telephone No.		Telephone No. <u>856-779-0422</u>	
Start Date (10) <u>9/12/15</u>		License No. <u>00444</u>	
Scheduled Completion Date (11) <u>9/17/15</u>		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one)		Street Address <u>369 S. SPRUCE AVE.</u>	
<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 <u>MAPLE SHADE, N.J. 08052</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> > 3 sf or > 3 ft <input checked="" type="checkbox"/> > 160 sf or > 260 ft		<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 ("I") and Non-Frable 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>1700 SF X</u>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17907</u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>
City, State <u>MAPLE SHADE, N.J. 08052</u>		Cubic Yards of Waste <u>5</u>	City, State <u>WOODBINE, N.J.</u>
Disposal Date		Signature <u>Joseph Klemm</u>	Date <u>8-25-15</u>
Completed By <u>JOSEPH KLEMM</u>		Title <u>OWNER</u>	

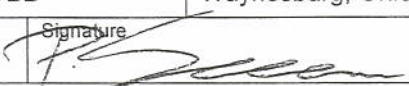
CK 3188

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

Date of Notification (1) <u>8/25/15</u>		Name of Building Owner/Operator (2) <u>HANNAUGH DEVELOPERS</u>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>318 GLASSBORO ROAD</u>			
		City, State, Zip Code <u>WOODBURY HEIGHTS, N.J. 08097</u>			
		Name of Contact <u>SONIE</u>	Telephone Number _____		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)			
Street Address <u>338 93RD ST</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>		
City (5) <u>STONE HARBOR</u>		Bldg Age <u>40 Y</u>			
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>			
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No. _____	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>			
Street Address _____		Street Address <u>369 S. SPRUCE AVE.</u>			
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>			
Project Manager for Monitoring Firm _____	Telephone No. _____	Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>		
Start Date (10) <u>9/12/15</u>	Scheduled Completion Date (11) <u>9/19/15</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>			
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>			
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 ll <input checked="" type="checkbox"/> ≥ 150 sf or ≥ 260 ll		<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			
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>1500 SF</u>
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>8-25-15</u>		

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

CHECK #
1668

Date of Notification (1) 8/19/2015		Name of Building Owner/Operator (2) Accurate Box Company, Inc.							
Agencies Notified	Type Notification	Street Address 86 5th Avenue							
<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"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paterson, NJ 07524							
		Name of Contact Mr. Zaf Zafar	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Glue Room Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2 Waite Street		Square Feet 28,000	# of Floors 2						
City (5) Paterson		Bldg. Age 90							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. (973) 928-5040						
		License No. 00874							
Start Date (10) 9/03/2015	Scheduled Completion Date (11) 11/01/2015	Name of OSHA Monitor Sky Contracting, 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 1385 Valley Road, Suite K							
		City, State, Zip Code Wayne, New Jersey 07470							
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached		x			LF & SF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 500	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio					
Completed by Predrag Sarcev		Title Vice President		Signature 			Date 8/19/2015		

Asbestos-Containing Materials (ACM)

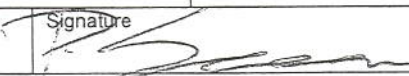
CONFIRMED AND ASSUMED ACM	Survey Results	Estimated Quantity of ACM/ Assumed ACM	
GLUE ROOM BUILDING			
Built-up roofing material	ACM	28,000	SF
Roof flashing and mastic	ACM	3,150	SF
Skylight mastic	ACM	400	SF
Terracotta seam mastic	ACM	500	LF
Interior window caulking (glass type windows)	ACM	440	LF

CONFIRMED AND ASSUMED ACM	Survey Results	Estimated Quantity of ACM/ Assumed ACM	
Expansion joint caulking on concrete floor seams	ACM	900	LF
Elevator brake pads	Assumed ACM	5	SF
Elevator switch board panel	Assumed ACM	10	SF
Electric wires associated with switch panel board	Assumed ACM	100	LF
Elevator door core insulation	Assumed ACM	360	SF

AUG 23 2015

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

CHECK
#1669

Date of Notification (1) 8/19/2015		Name of Building Owner/Operator (2) Accurate Box Company, Inc.							
Agencies Notified	Type Notification	Street Address 86 5th Avenue							
<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"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paterson, NJ 07524							
		Name of Contact Mr. Zaf Zafar	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) "L" Shape Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2 Waite Street		Square Feet 23,500	# of Floors 2						
City (5) Paterson		Bldg. Age 90							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm		Telephone No. (973) 928-5040	License No. 00874						
Start Date (10) 9/03/2015	Scheduled Completion Date (11) 11/01/2015	Name of OSHA Monitor Sky Contracting, 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 1385 Valley Road, Suite K							
		City, State, Zip Code Wayne, New Jersey 07470							
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached		X			LF & SF	X			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 500	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio					
Completed by Predrag Sarcev		Title Vice President		Signature 			Date 8/19/2015		

L-SHAPE WAITE STREET BUILDING

Pipe insulation	ACM	170	LF
9" square brown floor tile	ACM	100	SF
Mastic associated with floor tiles	ACM		
Built-up roofing material	ACM	23,000	SF
Roof flashing and mastic	ACM	5,000	SF
Window glazing putty (wood framed windows)	ACM	24,700	LF
Transite associated with old electric panel	Assumed ACM	30	SF
Electric wire insulation associated with old electric panel and conduits	Assumed ACM	3,200	SF


AUG 23 2015

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

check 5770

Date of Notification (1) 8-25-2015		Name of Building Owner/Operator (2) J. GOODMAN					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1036 WILSON AVENUE City, State, Zip Code TEANECK, NJ 07666 Name of Contact J. GOODMAN Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) J. GOODMAN		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 1036 WILSON AVENUE		Square Feet 2900..	# of Floors 2				
City (5) TEANECK		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)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc					
Street Address		Street Address 450 South River St					
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601					
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 9-3-2015	Scheduled Completion Date (11) 9-4-2015	Name of OSHA Monitor Omega Environmental					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8AM - 5PM		Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 07606					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
BASEMENT			X	THERMAL INSULATION	90 SF	X	
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 yds	Name of Registered Landfill Minerva Enterprises, LLC			
City, State Hackensack, N.J. 07601		Disposal Date 9-4-2015	City, State Waynesburg, Oh, 44688				
Completed by R. Veldran	Title Estimator	Signature R. Veldran	Date 8-25-2015				

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

Date of Notification (1) 8/25/15		Name of Building Owner/Operator (2) Mike Duncan Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2116 West Ave							
		City, State, Zip Code Ocean City NJ 08226							
		Name of Contact Mike	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mike Duncan 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 2116 West Ave		Square Feet 1000+	# of Floors 2						
City (5) Ocean City NJ 08226		Bldg. Age 35+							
County (6) Cape May	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) 9/8/15	Scheduled Completion Date (11) 9/14/15	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	2200 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/14/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/25/15		

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

CK 5769

Date of Notification (1) 8/25/15		Name of Building Owner/Operator (2) MR DANIEL KERMAN	
Agency 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 344 MAGNOLIA PLACE	
		City, State, Zip Code LEONIA, NJ, 07605	
		Name of Contact MR. KERMAN	
Telephone Number			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MR. KERMAN		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 344 MAGNOLIA PLACE		Square Feet 2000	# of Floors 2
City (5) LEONIA		Bldg. Age 85 YEARS	
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc	
Street Address		Street Address 450 South River St	
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388
Start Date (10) 9/4/15	Scheduled Completion Date (11) 9/5/15	Name of OSHA Monitor Omega Environmental	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:		Street Address 280 Huyler St	
		City, State, Zip Code S. Hackensack, N.J. 07606	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input 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) 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) THERMAL INSULATION
			Amount (Specify SF or LF) 10 LF
			Abatement Type Removal Encapsulate Repair
			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1 CY
City, State Hackensack, N.J. 07601		Name of Registered Landfill Minerva Enterprises, LLC	
Disposal Date 9/5/15		City, State Waynesburg, Oh, 44688	
Completed by J. Maiorano	Title Estimator	Signature <i>[Signature]</i>	Date 8/25/15

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

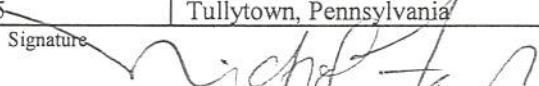
AUG 27 5 76

Date of Notification (1) August 25, 2015		Name of Building Owner/Operator (2) LBI House Raising	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	P O Box 1182	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____	City, State, Zip Code	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Beach Haven, NJ 08008	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
		David Leonetti	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 107 South Ocean Avenue			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Surf City			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 2000 sf	# of Floors 2	Bldg. Age 60	
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm		Telephone Number 732-349-9932		License Number 00624	
Scheduled Start Date (10) 8/26/15		Scheduled Completion Date (11) 8/27/15		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____		Street Address 1056 Stelton Road			
		City, State, Zip Code Piscataway, New Jersey 08854			
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V E A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	2080 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 4	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey		Disposal Date 8/28/15	City, State Tullytown, Pennsylvania
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 8/25/2015

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

CK 3151

Print Form

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

Date of Notification (1) 08/24/15		Name of Building Owner/Operator (2) 6010 BUCHANAN ASSOCIATES LLC							
Agencies Notified	Type Notification	Street Address 6010 BUCHANAN PLACE							
<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 WEST NEW YORK, NJ 07093							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 6010 BUCHANAN PLACE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) WEST NEW YORK, NJ		Square Feet 2,500	# of Floors 3 Bldg. Age						
County (6) HUDSON COUNTY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOME							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 09/04/15	Scheduled Completion Date (11) 09/07/15	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
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 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				PIPE INSULATION	170 LF	X			
INTERIOR				ACM TILES	150 SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5 yards	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 09/07/15	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 08/24/15			

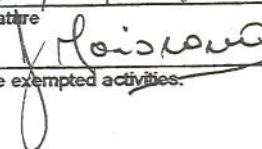
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 5767

Date of Notification (1) 8/24/15		Name of Building Owner/Operator (2) MS. SHARON LOCARRO				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 323 JEFFERSON ST				
		City, State, Zip Code CARLSTADT - NJ - 07072				
		Name of Contact MS. LOCARRO				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MS. LOCARRO		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 323 JEFFERSON ST		Square Feet 2000	# of Floors 2			
City (5) CARLSTADT		Bldg. Age 85 years				
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)				
Street Address		Street Address 450 South River St				
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601				
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388			
Start Date (10) 9/9/15	Scheduled Completion Date (11) 9/10/15	Name of OSHA Monitor Omega Environmental				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM		Street Address 280 Huyler St				
		City, State, Zip Code S. Hackensack, N.J. 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 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	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) VAT	Amount (Specify SF or LF) 550 SF	Abatement Type		
				Removal	Repair	Encapsulate
				<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3 CY	Name of Registered Landfill Minerva Enterprises, LLC		
City, State Hackensack, N.J. 07601		Disposal Date 9/10/15	City, State Waynesburg, Oh, 44688			
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>	Date 8/24/15			

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

CK 5772

Date of Notification (1) 8/25/15		Name of Building Owner/Operator (2) ADELA VARGONA / LIDIA FERNANDEZ					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1200 SALEM AVE					
		City, State, Zip Code HILLSIDE NJ 07205					
		Name of Contact MR. RAY TOMASSO	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) ADELA VARGONA / LIDIA FERNANDEZ		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 1200 SALEM AVE		Square Feet 2100	# of Floors 2				
City (5) HILLSIDE		Bldg. Age 75 years					
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE					
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc					
Street Address		Street Address 450 South River St					
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601					
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 9/10/15	Scheduled Completion Date (11) 9/11/15	Name of OSHA Monitor Omega Environmental					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM		Street Address 280 Huyler St					
		City, State, Zip Code S. Hackensack, N.J. 07606					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
BASEMENT			THERMAL SYSTEM INSULATION	25 LF	<input checked="" type="checkbox"/>		
BASEMENT			THERMAL SURFACING	45 SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2/209	Name of Registered Landfill Minerva Enterprises, LLC			
City, State Hackensack, N.J. 07601			Disposal Date 9/11/15	City, State Waynesburg, Oh, 44688			
Completed by J. Maiorano	Title Estimator		Signature 	Date 8/25/15			

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


CK 5771

Date of Notification (1) 8/25/15		Name of Building Owner/Operator (2) HOLLY FAMILY PARISH				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 118 DIVISION AVE				
		City, State, Zip Code ELIZABETH, NJ 07207				
		Name of Contact RAY TOMASSO				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) HOLLY FAMILY PARISH		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 118 DIVISION AVE		Square Feet 4300	# of Floors 1			
City (5) ELIZABETH		Bldg. Age 1960				
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) CHURCH				
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc				
Street Address		Street Address 450 South River St				
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601				
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388			
Start Date (10) 9/4/15	Scheduled Completion Date (11) 9/15/15	Name of OSHA Monitor Omega Environmental				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 AM TO 5 PM		Street Address 280 Huyler St				
		City, State, Zip Code S. Hackensack, N.J. 07606				
Scope of Work (Check all that apply)						
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
2 Floor Boiler Room	X	THERMAL SYSTEM INSULATION	38 SF	X		
2 Floor Boiler Room	X	THERMAL SYSTEM INSULATION	10 LF	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1.124	Name of Registered Landfill Minerva Enterprises, LLC		
City, State Hackensack, N.J. 07601		Disposal Date 9/15/15	City, State Waynesburg, Oh, 44688			
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>		Date 8/25/15		

Emergency

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

CK 5048

Date of Notification (1) 8/25/15		Name of Building Owner/Operator (2) Regina Hencoski Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2 Benton Ave. City, State, Zip Code Leonardo NJ 07737 Name of Contact Danielle Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Regina Hencoski 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 2 Benton Ave.				Square Feet 1000+	# of Floors 2				
City (5) Leonardo NJ 07737				Bldg. Age 35+					
County (6) Monmouth		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) 8/26/15		Scheduled Completion Date (11) 8/28/15		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) 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	2500 SF	x			
2nd floor			x	Floor tile	800 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 7	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ				Disposal Date 8/28/15	City, State Morrisville PA 19067				
Completed by Anthony T Perna		Title President		Signature 		Date 8/25/15			