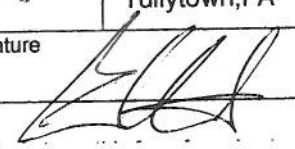


NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 12-02-2013		Name of Building Owner/Operator (2) Renier Valerio							
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 72 E William St. City, State, Zip Code Fords, NJ, 08863 Name of Contact Renier Valerio						
			Telephone Number 732-362-3500						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Private Residency Street Address 72 E William St		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) Fords		Square Feet 2000	# of Floors 2						
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 40						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Indian Arrow Industries Inc.						
Street Address		Street Address 730 Broadway							
City, State, Zip Code		City, State, Zip Code Paterson, NJ, 07514							
Project Manager for Monitoring Firm		Telephone No.	License No. 1183						
Start Date (10) 12-13-13		Scheduled Completion Date (11) 12-23-13							
Name of OSHA Monitor Indian Arrow Industries Inc		Street Address 730 Broadway							
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 Paterson, NJ, 07514							
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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement/First Floor		X		VAT	900 Sf	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085		Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management Inc				
City, State Wayne, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Goran Igev		Title Secretary		Signature 		Date 12-02-2013			

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 12 DEC -6 AM 2:57
 732-362-3500

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) <div style="text-align: center;">12/3/2013</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Sakoutis Brothers Disposal</div>	
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 <div style="text-align: center;">P O Box 84</div> City, State, Zip Code <div style="text-align: center;">Colts Neck, NJ 07722</div>	
		Name of Contact <div style="text-align: center;">John Sakoutis</div>	Telephone Number <div style="text-align: center;">908-618-0689</div>

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DEC-6 AM 3:05
23192

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k-12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <div style="text-align: center;">630 Princeton Avenue</div>			Square feet <div style="text-align: center;">1100 sf</div>		
City <div style="text-align: center;">Brick</div>	County (6) <div style="text-align: center;">Ocean</div>	County Code (7) (STATE USE ONLY)	# of Floors <div style="text-align: center;">1</div>	Bldg. Age <div style="text-align: center;">60</div>	
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>			Current Use (Prior if being demolished) <div style="text-align: center;">Residence</div>		
Street Address			Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
City, State, Zip Code			Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>		
Project Manager for Monitoring Firm			City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Telephone Number			Telephone Number		
Scheduled Start Date (10) <div style="text-align: center;">12/4/13</div>			License Number <div style="text-align: center;">00624</div>		
Scheduled Completion Date (11) <div style="text-align: center;">12/5/13</div>			Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>		
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 <div style="text-align: center;">1056 Stelton Road</div>		
			City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div>		
Scope of Work (Check all that apply)					
[] >3 sf or ≥3 lf		[] Renovation		[] Full Containment with Negative Pressure	
[x] ≥160 sf or ≥260 lf		[x] Demolition		[] 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)			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	1050 sf	X			

Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>		NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>	Cubic Yards of Waste <div style="text-align: center;">3</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>	
City, State <div style="text-align: center;">Toms River, New Jersey</div>		Disposal Date <div style="text-align: center;">12/6/13</div>	City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>		
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>		Title <div style="text-align: center;">Project Manager</div>	Signature 		Date <div style="text-align: center;">12/3/2013</div>

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

Date of Notification (1) December 3, 2013		Name of Building Owner/Operator (2) Home Mark Homes	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	509 Drum Point Road	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Brick, New Jersey 08723	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Dennis McKenna	732-477-7874

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
41 Fisherman's Road					
City	County (6)	County Code (7) (STATE USE ONLY)	Square feet	# of Floors	Bldg. Age
Toms River Twp	Ocean		1100 sf	1	60
Name of Monitoring Firm Hired by Building Owner (8) N/A			Current Use (Prior if being demolished) Residence		
Street Address			Name of Abatement Contractor (9)		
City, State, Zip Code			Guardian Contracting, Inc.		
Project Manager for Monitoring Firm			Street Address		
Telephone Number			1889 Route 9, Unit 61		
Scheduled Start Date (10) 12/4/13			City, State, Zip Code		
Scheduled Completion Date (11) 12/5/13			Toms River, New Jersey 08755-1271		
Occupancy Status During Abatement (Check only one)			Telephone Number		
<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 _____			License Number 00624		
Scope of Work (Check all that apply)			Name of OSHA Monitor		
<input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			E.M.S.L. Analytical		
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			Street Address		
			1056 Stelton Road		
			City, State, Zip Code		
			Piscataway, New Jersey 08854		

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	1000 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 12/6/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 12/3/2013

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

Date of Notification (1) December 3, 2013		Name of Building Owner/Operator (2) Elite Construction Corp.	
Agencies Notified	Type of Notification	Street Address 49 Linden Avenue	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Mantua, NJ 08051	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification Amendment # _____	Name of Contact Nick	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency (including justification)	Telephone Number 609-468-9951	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

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 22 W. Sail Drive			Square feet 1500 sf		
City Little Egg Harbor	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Current Use (Prior if being demolished) Residence		
Street Address			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number			License Number 00624		
Scheduled Start Date (10) 12/5/13	Scheduled Completion Date (11) 12/9/13		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		
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			City, State, Zip Code Piscataway, New Jersey 08854		
<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			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	1300 sf	X			

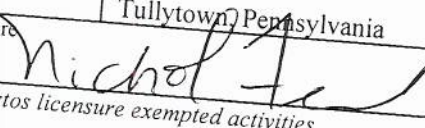
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 12/10/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 12/3/13

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

NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED
2013 DEC 5 AM 3:00
Ch# 23190

Date of Notification (1) <div style="text-align: center;">12/02/2013</div>		Name of Building Owner/Operator (2) Seminole Construction					
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 checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address 40 Marin Lane		City, State, Zip Code West Creek, NJ 08092					
City Beach Haven West.		Name of Contact Joyce Corliss					
County (6) Ocean		Telephone Number 609-296-0700					
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 40 Marin Lane		Square feet 1100 sf					
City Beach Haven West.		# of Floors 1					
County Code (7) (STATE USE ONLY)		Bldg. Age 42					
Name of Monitoring Firm Hired by Building Owner (8) N/A		Current Use (Prior if being demolished) Residence					
Street Address		Name of Abatement Contractor (9) Guardian Contracting, Inc.					
City, State, Zip Code		Street Address 1889 Route 9, Unit 61					
Project Manager for Monitoring Firm		City, State, Zip Code Toms River, New Jersey 08755-1271					
Telephone Number		Telephone Number					
Scheduled Start Date (10) 12/13/2013		License Number 00624					
Scheduled Completion Date (11) 12/17/2013		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					
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Piscataway, New Jersey 08854					
<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) <div style="display: flex; justify-content: space-around;">YESNON/A</div>	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Asbestos siding	X		1100 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.	
State Toms River, New Jersey		Disposal Date 12/18/2013		City, State Tullytown, Pennsylvania			
Project Manager Nicholas Femicola		Signature 		Date 12/02/2013			

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

Ch# 23189
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 12-6 AM 2:12

Date of Notification (1) 12/02/2013		Name of Building Owner/Operator (2) Seminole Construction	
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 checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input 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 Corliss	Telephone Number 609-296-0700

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 44 Jennie Drive					
City Beach Haven West.	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1300 sf	# of Floors 2	Bldg. Age 59
			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		License Number 00624		
Scheduled Start Date (10) 12/13/2013	Scheduled Completion Date (11) 12/17/2013	Name of Consultant E.M.S.L. Analytical			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

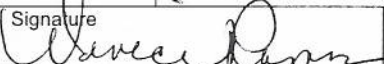
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement 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 12/18/2013	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 12/02/2013

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

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

RECEIVED
2013 DEC -6 AM 3:11
NJ DEPT OF ENVIRONMENT & NATURE

Date of Notification (1) 12/3/2013		Name of Building Owner/Operator (2) THE COLLEGE OF NEW JERSEY							
Agencies Notified	Type Notification	Street Address 2000 PENNINGTON ROAD							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code EWING, NJ 08628							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact TONY GATTONE	Telephone Number 609-771-3234						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) THE COLLEGE OF NEW JERSEY - HOLMAN HALL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2000 PENNINGTON ROAD		Square Feet	# of Floors						
City (5) EWING		Bldg. Age							
County (6) MERCER	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) LANGAN ENGINEERING & ENV. SERVICES		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 989 LENOX DRIVE, SUITE 305		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code LAWRENCVILLE, NJ 08648		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm CHRIS ROCHE		Telephone No. 609-282-8036	License No. 00494						
Start Date (10) 12/18/2013	Scheduled Completion Date (11) 1/31/2014	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED									
PIPE (WRAP & CUT)									
REMAINDER OF MATERIALS									
IS NON-FRIABLE									
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 200 +/-	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 1/31/2013		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature 			Date 12/3/2013			

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2013-09-05 AM 9:11
Langan Engineering and Environmental Services, Inc.

TABLE 1

Material	Location	Survey Results	Estimated Quantities of ACM or Assumed ACM to be Removed	Notes/Comments
Materials identified to be ACM				
Transite panels between concrete ceiling beam spaces	1st Floor - Corridors, Rooms 122, 117, Gallery Storage	ACM	2,500 SF	Panels are constructed of 1/8-inch sheets of 2-side laminated transite board. Panels are approximately 2' x 4' and secured to beams with metal brackets and caulk.
	2nd Floor - Corridors, Room 264		2,400 SF	
	3rd Floor - Scattered Locations		3,700 SF	
	4th Floor - Scattered Locations		3,600 SF	
Mud-pack joint associated with generator exhaust pipe	Mechanical Room 115 and Mezzanine	ACM	10 LF	10 joints
1' x 1' brown, black and	1st Floor - Corridors	ACM	3,250 SF	--

Material	Location	Survey Results	Estimated Quantities of ACM or Assumed ACM to be Removed	Notes/Comments
tan mottled pattern floor tile	2nd Floor - Corridors, Room 264B		5,200 SF	
	3rd Floor - Corridors		5,400 SF	
	4th - Floor Corridors, Rooms 421, 427, 430, 433, 435, 436, 437, 440, 444, and 445		4,350 SF	
Linoleum with cream and brown streaks	Rooms 374A, 374B, 375, 376, 377, 378 and 379	ACM	2,950 SF	---
12" square mottled beige with brown stripes floor tile	1st Floor - Vestibule Room by Mechanical Room	ACM	150 SF	---
Air handler caulking	Room 205	ACM	10 LF	Caulk was observed at seams of metal HVAC handling unit.
Window glazing putty	Room 264	ACM	60 LF	Glazing putty is associated with a window located in the audio/video booth.
Fire glove	Room 429	ACM	5 SF	Fire gloves are located in the storage cabinet.
Cementitious panels on side and back walls of carrels	Room 429	ACM	250 SF	---
Black sink coating	Rooms 377, 423, 423A, 426, 428A, 428B, 434, 435, 435A, 435B, 435C, 435D, 435E, 439, 442, and 446	ACM	80 SF	20 sink units were observed.
Transite pipe (Observed)	Room 115 - Mechanical Room	ACM	3 LF	Three linear feet of 2' diameter pipe was observed associated with Air Handler #5. An allowance had been provided for concealed pipe in adjacent space.
Transite pipe (Assumed concealed within adjacent spaces)			50 LF	
Kiln exhaust hood transite	Room 425	ACM	4 SF	Transite panel is installed in the north western exhaust hood.
Gray cementitious panel (Transite)	Room 429	ACM	6 SF	--
Loose fire brick	Room 429	Assumed ACM	10 SF	--

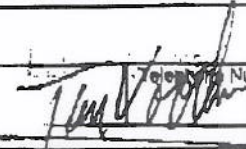
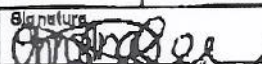
Material	Location	Survey Results	Estimated Quantities of ACM or Assumed ACM to be Removed	Notes/Comments
Floor covering materials (Tiles, Linoleum, Mastic, etc.)	Spaces Inaccessible for Survey	Assumed ACM	2,900 SF	--
Fire doors	Throughout Building	Assumed ACM	5,000 SF	250 doors.
Elevator fire doors	Floors 1 to 4	Assumed ACM	160 SF	8 doors.
Electric panel boards	Throughout Building	Assumed ACM	450 SF	--
Waterproofing materials behind brick façade	Exterior	Assumed ACM	15,000 SF	Waterproofing materials may exist concealed behind the brick façade.
Waterproofing materials associated with buried walls	Area of Mechanical Room 115, Electrical Room, Staircase	Assumed ACM	5,500 SF	Waterproofing vapor barrier materials may exist concealed on buried space foundation walls
Waterproofing vapor barrier materials which may exist concealed under concrete flooring	Floor 1	Assumed ACM	25,000 SF	---
Blackboard and associated adhesive	1st Floor - Rooms 105, 106, 107, 128, 126-127, 122	Assumed ACM	1,620 SF	---
	2nd Floor - Rooms 204, 207, 235, 236, 243, 244, 256, 253		1,180 SF	
	3rd Floor - Rooms 315, 317, 377		380 SF	
	4th Floor - Room 446		50 SF	
Adhesive associated with whiteboards	3rd Floor - Rooms 317, 370, 372	Assumed ACM	350 SF	---
Bedding mortar / waterproofing under quarry/ceramic tile	1st Floor - Restrooms	Assumed ACM	1,375 SF	---
	2nd Floor - Restrooms		1,375 SF	
	3rd Floor - Restrooms		1,375 SF	
	4th Floor - Restrooms		1,375 SF	

Material	Location	Survey Results	Estimated Quantities of ACM or Assumed ACM to be Removed	Notes/Comments
Mirror glue daubs	1st Floor - Restrooms	Assumed ACM	25 SF	---
	2nd Floor - Restrooms		25 SF	
	3rd Floor - Restrooms		25 SF	
	4th Floor - Restrooms		25 SF	
Pipe flange gaskets	Mechanical Room 115	Assumed ACM	50 SF	---

12/03/2013 12:43

NO.652 8002

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

Date of Notification (1) December 3, 2013		Name of Building Owner/Operator (2) George R. Orr Check # 8228							
Agencies Notified	Type Notification	Street Address 11 Pond Lane	DOL - 10 DAY 						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> OCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Willingboro, NJ 08046							
		Name of Contact George R. Orr							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		WAIVER APPROVED <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 11 Pond Lane		Square Feet 1,500	# of Floors 2						
City (5) Willingboro		Bldg. Age 100							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address P.O. Box 341		Street Address 823 Cutler Ave.							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weigand		Telephone No. 808-288-4070	License No. 00642						
Start Date (10) December 8, 2013	Scheduled Completion Date (11) December 9, 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 checked="" type="checkbox"/> 22 sf or less <input checked="" type="checkbox"/> 226 sf or less <input type="checkbox"/> 2260 sf or less		<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"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)	Is Location Normally Used Solely by Maintenance/ Custodial Staff (13)		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
Attic			XXX	Vermiculite	824 SF	X			
Name of Registered Waste Hauler Froehold		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 1	Name of Registered Landfill Grows Landfill					
City, State Mount Holly, New Jersey 08060		Disposal Date 12-8-13		City, State Tullytown, PA.					
Completed by Christina Lynch		Title Office Manager		Signature 		Date 12/3/2013			

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

RECEIVED
DEC-6 AM 3:00
ASBESTOS CONTROL

Date of Notification (1) <u>12/4/13</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 77 TH ST.</u>			
		City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u>			
		Name of Contact <u>FRANK EDUARDI</u>	Telephone Number <u>609-425-617</u>		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)			
Street Address <u>122 42ND ST.</u>		Square Feet	# of Floors		
City (5) <u>SEA ISLE CITY</u>		Bldg Age			
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>			
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>		
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>			
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>			
Project Manager for Monitoring Firm		Telephone No.	License No. <u>00444</u>		
Start Date (10) <u>12/14/13</u>	Scheduled Completion Date (11) <u>12/21/13</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>			
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>			
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	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>28000</u>	Abater Typ	
				Removal	Repair
				<u>X</u>	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.V.A.</u>	
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date	City, State <u>WOODBURG, N.J.</u>		
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>12/4/13</u>		

CK No 10169 RECEIVED
MAILED-6 AM 3-13

Date of Notification (1) 12-3-13		Name of Building Owner/Operator (2) Fanny Orellana	
Agencies Notified	Type Notification	Street Address 141 Joralemon Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Belleville, NJ, 07109	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Fanny Orellana	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> EMERGENCY	Telephone Number (973) 454-4288	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			


Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet 1900	# of Floors 2	Bldg. Age 65
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number	License Number 00371	
Scheduled Start Date (10) 12-3-13	Sched. Completion Date (11) 12-4-13 Month Day Year	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

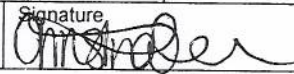
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked=""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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement			X	Pipe insulation	20	X			


Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 12-5-13		City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian	Title President	Signature 		Date 12-3-13	

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

RECEIVED
DEC-6 AM 3:12
OFFICE OF THE ATTORNEY GENERAL

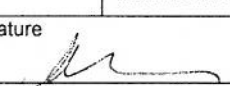
Date of Notification (1) December 3, 2013		Name of Building Owner/Operator (2) Delran Board of Education Check # 6225							
Agencies Notified	Type Notification	Street Address 22 Hartford Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Delran, NJ 08075							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Mike DiGiovanni	Telephone Number 856-461-1553						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Millbridge Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 282 Conrow Road		Square Feet 5,000	# of Floors 2						
City (5) Delran		Bldg. Age 100							
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental		ASCM No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 167		Street Address 623 Cutler Ave.							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Cathy Ledden		Telephone No. 609-820-9312	License No. 00842						
Start Date (10) December 20, 2013	Scheduled Completion Date (11) December 22, 2013	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 107 Haddon Ave							
		City, State, Zip Code Westmont, New Jersey 08108							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Front Foyer/Lobby Area Main Office		XXX		Transite Panels	40 SF	X			
Name of Registered Waste Hauler Freehold		NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste 1	Name of Registered Landfill Grows Landfill					
City, State Mount Holly, New Jersey 08060				Disposal Date 12-22-13	City, State Tullytown, PA.				
Completed by Christina Lynch		Title Office Manager	Signature 			Date 12/3/2013			

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

Date of Notification (1) 12/3/13		Name of Building Owner/Operator (2) City of Pleasantville							
Agencies Notified	Type Notification	Street Address 18 North 1st 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 Pleasantville NJ 08232							
		Name of Contact Kevin Cane	Telephone Number 609-484-3614						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant 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 12 East Washington Ave		Square Feet 1000+	# of Floors 2						
City (5) Pleasantville NJ 08232		Bldg. Age 35+							
County (6) atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) apartments							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	License No. 00727						
Start Date (10) 12/16/13	Scheduled Completion Date (11) 12/20/13	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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
throughout			x	floor tile	unknown	x			
boiler room			x	Transite	50 sf	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 12/20/30		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 12/3/13			


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

RECEIVED
CHECKED
12/29
12/29
AM 3:16
27109 CONTROL

Date of Notification (1) 12/3/13		Name of Building Owner/Operator (2) Canoe Brook Country Club							
Agencies Notified	Type Notification	Street Address 1108 Morris Turnpike							
<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 Summit, NJ 07901							
		Name of Contact Albert Constantini	Telephone Number 908-277-0100						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Canoe Brook Country 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 & commercial buildings, homes, etc.)							
Street Address 1108 Morris Turnpike		Square Feet	# of Floors						
City (5) Summit		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	License No. 703						
Start Date (10) 1/2/14	Scheduled Completion Date (11) 3/1/14	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		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 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 storage			x	pipe fitting	15 LF	x			
attic over kitchen			x	transite	25 SF	x			
attic over dining room			x	pipe insulation & debris	160 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S.					
City, State Freehold, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Andrew Scott Higgins		Title President	Signature 			Date 12/3/13			

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

CR 376
RECEIVED
DEC -6 AM 3:15
NJ DEPT OF ENVIRONMENT & NATURE

Date of Notification (1) 12/3/13		Name of Building Owner/Operator (2) Robert Krone 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 75 Joshua							
		City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Robert	Telephone Number 973-615-6323						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Robert Krone Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 75 Joshua		Square Feet 1000+	# of Floors 2						
City (5) Manahawkin NJ 08050		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. License No. 20727						
Start Date (10) 12/4/13	Scheduled Completion Date (11) 12/5/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If <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
back of house			X	Exterior Siding	200 SF	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 12/5/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature- 			Date 12/3/13			

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

Date of Notification (1) 12-2-2013		Name of Building Owner/Operator (2) Aponte Development Corp.							
Agencies Notified	Type Notification	Street Address 105 Jacksonville Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lincoln Park, NJ 07035							
		Name of Contact Carlos Aponte	Telephone Number 201-638-2673						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		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 183 E. Main Street		Square Feet 1500	# of Floors 2						
City (5) Ramsey, NJ 07446		Bldg. Age 70+							
County (6) Bergen	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) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey city, NJ 07304							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. License No. 01174						
Start Date (10) 12-3-2013	Scheduled Completion Date (11) 12-3-2013	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		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
Front facade		x		Shingle siding	720 SF	x			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. North Landfill.					
City, State Coraopolis, PA		Disposal Date 12-3-2013		City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office manager		Signature			Date 12-2-2013		

Project #

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

Check # 2286

Date of Notification (1)
12/02/2013

Name of Building Owner/Operator (2)
Hackensack BOE

Agencies Notified

☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification

☐ Initial
☐ Amended
Amendment # _____
☐ Emergency (including
justification)
☐ Cancellation

Street Address

191 Second St

City, State, Zip Code

Hackensack, NJ 07601

Name of Contact

Joe Trause

Telephone Number

(201)646-0295

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

High School

Street Address

131 1st Street

City (5)

Hackensack, NJ

County (6)

Bergen

County Code (7)

(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)

Whitman

ASCM No.

Name of Abatement Contractor (9)

Nick Restoration LLC

Street Address

7 Pleasant Hill Rd

Street Address

72 Brookside Rd

City, State, Zip Code

Cranbury, NJ 08512

City, State, Zip Code

Randolph NJ 07869

Project Manager for Monitoring Firm

Kevin t. Lovely

Telephone No.

(732)390-5858

Telephone No.

License No.

01133

Start Date (10)

12/11/2013

Scheduled Completion Date (11)

12/13/2013

Name of OSHA Monitor

J&S Environmental

Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: 4 pm

Street Address

2333 RT 22

City, State, Zip Code

Union, NJ 07083

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☐ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of
Asbestos-Containing Material (ACM)
TO BE ABATED
In Facility
(13)

Is Location
Normally
Used Solely by
Maintenance/
Custodial Staff?
(12)

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

Enclosure

Crawl Space Area

X

TSI- Wrap and cure

200 LF

X

Crawl Space Area

X

TSI

7 LF

X

Name of Registered Waste Hauler

Nick Restoration LLC

NJDEP Waste
Hauler ID No.

0033782

Cubic Yards
of Waste

TBD

Name of Registered Landfill

G.R.O.W.S

City, State

Randolph, NJ

Disposal Date

TBD

City, State

Tullytown, PA

Completed by

Elvira Mrda

Title

President

Signature

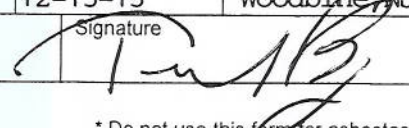
Elvira Mrda

Date

12/02/2013

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

Check # 10054
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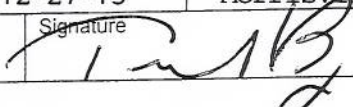
Date of Notification (1) 12-3-13		Name of Building Owner/Operator (2) NJ T.A.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 581 Main Street City, State, Zip Code Woodbridge, NJ 07095 Name of Contact Erika Vargas-Garrison Telephone Number 732-750-5300x8680						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) Oceanview Travel Plaza Street Address Garden State Pkwy. MP 18 City (5) Ocean View County (6) Cape May		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 16,000 # of Floors 2 Bldg. Age 60+ yrs. County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Travel Plaza						
Name of Monitoring Firm Hired by Building Owner (8) West Chester Environmental Street Address 307 N. Walnut Street City, State, Zip Code West Chester, PA 19380 Project Manager for Monitoring Firm Matt Abraham Telephone No. 610-431-7545		Name of Abatement Contractor (9) Plymouth Environmental Co., Inc. Street Address 923 Haws Avenue City, State, Zip Code Norristown, PA 19401 Telephone No. License No. 00398							
Start Date (10) 11-18-13 Scheduled Completion Date (11) 12-13-13		Name of OSHA Monitor Plymouth Environmental Co., Inc. Street Address 923 Haws Avenue City, State, Zip Code Norristown, PA 19401							
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: _____									
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) 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	Enclosure			
basement & 1st floor			x	vapor seal	450 SF	x			
basement			x	window glazing	32 SF	x			
basement			x	fire doors	250 SF	x			
1st floor			x	pipe insulation	247 LF	x			
Name of Registered Waste Hauler Robinson Waste City, State Bellmawr, NJ		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 10 Disposal Date 12-13-13	Name of Registered Landfill Cape May County Landfill City, State Woodbine, NJ					
Completed by Timothy E. Bryan		Title Vice-President		Signature 		Date 12-3-13			

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JAN 2 1965
F. ACM

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

Check # 10053
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JAN 6 2013

Date of Notification (1) 12-3-13		Name of Building Owner/Operator (2) SRI International							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 333 Ravenswood Avenue							
		City, State, Zip Code Menlo Park, CA 94025							
		Name of Contact John Rude	Telephone Number 609-734-2108						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) SRI		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 201 Washington Road		Square Feet 50,000	# of Floors 3						
City (5) Princeton		Bldg. Age 43yrs.							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) labs & offices							
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental		ASCM No. -	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address 411 Southgate Court, Suite E		Street Address 923 Haws Avenue							
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080	Telephone No. _____ License No. 00398						
Start Date (10) 12-20-13	Scheduled Completion Date (11) 12-27-13	Name of OSHA Monitor Plymouth Environmental Co., Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>work areas isolated</u>		Street Address 923 Haws Avenue							
		City, State, Zip Code Norristown, PA 19401							
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
West Wing 1st Floor		<input checked="" type="checkbox"/>		VAT & mastic	1,400 SF	<input checked="" type="checkbox"/>			
West Wing 2nd Floor		<input checked="" type="checkbox"/>		VAT & mastic	1,200 SF	<input checked="" type="checkbox"/>			
West Wing 3rd Floor		<input checked="" type="checkbox"/>		VAT & mastic	1,200 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 20	Name of Registered Landfill GROWS, Inc.					
City, State Newark, NJ		Disposal Date 12-27-13		City, State Morrisville, PA					
Completed by Timothy E. Bryan		Title Vice-President		Signature 		Date 12-3-13			

3089

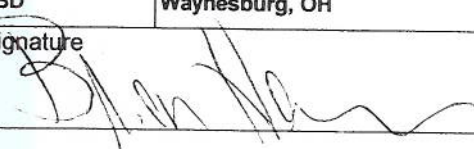
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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JAN 21 2013

Date of Notification (1) <u>12/3/13</u>		Name of Building Owner/Operator (2) <u>EMERTECH CONTRACTING</u>	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input 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>155 RT. 50</u>	
		City, State, Zip Code <u>GREENFIELD, N.J. 08230</u>	
		Name of Contact <u>BRUCE BREUNIG</u>	Telephone Number <u>609.390-2127</u>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4)	
Street Address <u>836 1ST STREET</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>OCEAN CITY</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
County (6) <u>CAPE MAY</u>		Bldg Age <u>40+</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>		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.	License No. <u>00444</u>
Start Date (10) <u>12/13/13</u>	Scheduled Completion Date (11) <u>12/20/13</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"/> 23.51 or 23.11 <input type="checkbox"/> 2.160.11 or 2.260.11		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
<u>SIDING</u>	YES NO N/A <u>X</u>	<u>TRANSITE</u>	<u>3000</u>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NUDEP Waste Hauler ID No. <u>17907</u>	Cubic Yards of Waste <u>5</u>
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date	Name of Registered Landfill <u>C.M.C.M.U.A.</u>
Completed By <u>JOSEPH KLEMM</u>		Title <u>OWNER</u>	City, State <u>WOODBINE, N.J.</u>
Signature <u>Joseph Klemm</u>		Date <u>12/3/13</u>	

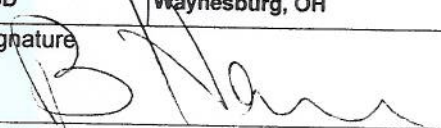
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

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2013-03-06 AM 12:27
NJDEP-6
ASBESTOS CENTER

Date of Notification (1) 12-03-2013-Page 2-Scope Continued		Name of Building Owner / Operator (2) Universal Wrecking Corp.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 170 Double Trouble Road City, State & Zip Code Bayville, NJ 08721 Name of Contact Michael Kennedy Telephone Number 917-439-0808							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Main Building & Warehouse		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 437 Ridge Road		Square Feet	# of Floors						
City (5) Dayton	County (6) Middlesex	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) Commercial building							
Name of Monitoring Firm Hired by Building Owner (8) Indoor Environmental Concepts, LLC		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address 286 Sunset Road		Street Address 2115 Hamilton Ave, Ste 202							
City, State & Zip Code Barrington, NJ 08007		City, State & Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Michael Menz		Telephone Number 856-628-6020	License Number 01185						
Scheduled Start Date (10) 12/16/2013	Scheduled Completion Date (11) 01/16/2013		Name of OSHA Monitor J&S Environmental Laboratories 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 2333 Route 22 West City, State & Zip Code Union, NJ 07083							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Roof of Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar Sealant	200 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"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State New Castle, DE 19720		Disposal Date TBD		City, State Waynesburg, OH					
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature 			Date 12/03/2013			

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

RECEIVED
2013-03-06 AM 3:25
ASBESTOS CONTROL

Date of Notification (1) 12-03-2013		Name of Building Owner / Operator (2) Bloomberg LP							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 431 Ridge Road							
		City, State & Zip Code Dayton, NJ 08810							
		Name of Contact Michael Kennedy							
		Telephone Number 917-439-0808							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 437 Ridge Road		Square Feet 25,000	# of Floors 1						
City (5) Dayton	County (6) Middlesex	Bldg. Age 45							
Current Use (Prior if being demolished) Commercial building									
Name of Monitoring Firm Hired by Building Owner (8) Indoor Environmental Concepts, LLC		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address 286 Sunset Road		Street Address 2115 Hamilton Ave, Ste 202							
City, State & Zip Code Barrington, NJ 08007		City, State & Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Michael Menz	Telephone Number 856-628-6020	Telephone Number	License Number 01185						
Scheduled Start Date (10) 12/16/2013	Scheduled Completion Date (11) 01/16/2013	Name of OSHA Monitor J&S Environmental Laboratories, 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 2333 Route 22 West							
		City, State & Zip Code Union, NJ 07083							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Throughout the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fittings associated w/ pipe insulation	170 Each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement boiler room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Gasket Material	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & mastic (beneath carpet	23,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement wall(between stairs & elevator)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glue Dots(associated w/ glass block insulation)	70 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Façade & Overhang	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Curd Edge by South basement egress	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar coating	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State New Castle, DE 19720		Disposal Date TBD		City, State Waynesburg, OH					
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature 			Date 12/03/2013			

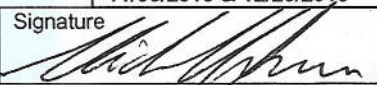
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Check # 1601

Date of Notification (1) 01 / 21 / 13		Name of Building Owner / Operator (2) HOFFMAN LAROCHE		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 5 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		
Street Address 340 KINGS LAND AVENUE		City, State, Zip Code NUTLEY, NJ 07110		
Name of Contact BEHRAM IRANI		Telephone Number 973-235-2327		
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) HOFFMAN LAROCHE - BLDG 85		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 340 KINGS LAND AVENUE		Square Feet 155,000		
City (5) NUTLEY		County (6) ESSEX	County Code (7)	
Current Use (Prior if being demolished) OFFICE/RESEARCH		Building Age 40+		
Name of Monitoring Firm Hired by Bldg. Owner (8) TRC		ASCM NO		
Street Address 1430 BROADWAY		Name of Abatement Contractor (9) LVI Environmental Services Inc.		
City, State, Zip Code NEW YORK, NY 10018		Street Address 462 Getty Avenue		
Project Mngr. For Monitoring Firm EDWARD GERDTS		City, State, Zip Code Clifton, NJ 07011		
Telephone Number 212-221-8014		License Number 00117		
Sched. Completion Date (11) 03 / 19 / 13		Telephone Number		
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON-FRI 7:00AM-3:00PM		Name of USHA monitor LVI Environmental Services Inc.		
Street Address 462 Getty Avenue		City, State, Zip Code Clifton, NJ 07011		
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) 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 N C L O S U R
BUILDING 85	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	WATERPROOFING TAR	45.66 CF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8TH FLOOR	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE FITTINGS	10 LF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
BASEMENT	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	FOUNDATION MASTIC	9,120 SF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Registered Waste Hauler EPIC TRANSPORTATION CLEAN HARBORS	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill LONE MOUNTAIN WASTE MANAGEMENT	
City, State 319 AVE P NEWARK, NJ 07105-4800	Disposal Date	City, State WAYNOKA, OK 73860 MODERN, PA		
Completed by (Print or Type) STEVE STILES	Title PROJECT MANAGER	Signature Steve Stiles	Date 12/04/13	

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

Amendment No.1: Change to Phase II Start Date from 12/09/13 to 12/18/13 and Completion Date from 12/11/13 to 12/20/13.

Date of Notification (1) 10/24/2013		Name of Building Owner/Operator (2) St Joseph's Healthcare Systems	
Agencies Notified () EPA (X) DOL (X) DOH () DCA	Notification Type () Initial Notification (X) Amended Notification No.1 () Cancelled	Street Address 703 Main Street City, State, Zip Code Paterson, NJ 07505 Name of Contact James Corueil Phone (973) 956-3591	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) St. Joseph's Wayne Hospital		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 224 Hamburg Turnpike		Sq. 300,000SF No. of Floors: 9	
City (5) Wayne	County (6) Passaic	County Code (7) (State Use Only)	Bldg. Age 43 yrs Current Use (prior if being demolished) Hospital
Name of Monitoring Firm Hired by Bldg. Owner (8) Health & Safety Services		ASCM No. 00117	Name of Contractor (9) Superior Abatement, Inc.
Street Address 318 12th Street		Street Address 2 Henderson Drive, Ste A	
City, State, Zip Code Hammonton, NJ 08037		City State, Zip Code West Caldwell, NJ 07006	
Project Manager for Monitoring Firm Jim Proctor	Telephone Number (609) 704-8850	Tel	License Number 00411
Scheduled Start Date (10) Phase I - 11/04/2013 Phase 2 - 12/18/2013	Scheduled Completion Date (11) Phase 1 - 11/06/2013 Phase 2 - 12/20/2013	Name of OSHA Monitor Superior Abatement, Inc.	
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: <u>work will be performed on non-occupied area</u>		Street Address 2 Henderson Drive, Ste. A City, State, Zip Code West Caldwell, NJ 07006	
Source of Work (Check all that apply) () Demolition (X) Renovation () Large Proj. (>160 SF or >260 LF ACM) (X) SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure (X) Mini-Enclosure () Glovebag Procedure () Non-friable Procedure for Asbestos Transite Siding Removal.			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) NA YES NO	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) 60 SF
Rooftop Boiler Room	X	Breeching	60 SF
Name of Reg. Waste Hauler Service Transport, Inc	NJDEP Waste Hauler ID # PA-317	Cubic Yards of Waste 10	Name of Reg. Landfill Minerva Enterprises
City, State New Castle, DE	Disp. Date 11/06/2013 & 12/20/2013	City, State Waynesburgh, OH	
Completed by (Print or Type) Nick Petrovski	Title President	Signature 	Date 12/02/2013

DATE RECEIVED
DEC -6 AM 5:55

12/10/13

Name of Building Owner/Operator (2)
Rachel Kruskal

Street Address
42 Oakwood Road

City, State, Zip Code
Maplewood, NJ 07040

Name of Contact
Sussanna Palmaffy

Telephone Number
973-885-7804

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

Type Notification
☒ Initial
☐ Amendment
☐ Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Rachel Kruskal

Street Address
42 Oakland Road

City (5)
Maplewood

County (6)
Essex

County Code (7)
(State use only)

Type of Facility (4)
☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet
of Floors
Bldg. Age

Current Use (Prior if being demolished)
residential

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

ASCM No.

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
License Number
0378

Project Manager for Monitoring Firm
Phone Number

Scheduled Start Date (10)
12/16/2013

Sched. Completion Date (11)
12/17/2013

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Occupancy Status During Abatement (Check only one)
☒ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours- Describe:
☐ Other-Describe:

Scope of Work (check all that apply)
☐ Demolition
☒ Renovation
☐ >3 sf or >3 lf
☒ ≥160 sf or ≥260 lf
☐ Full Containment w/negative pressure
☒ Mini-enclosure
☐ wrap & cut
☒ Glovebag procedure
☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Main room/boiler room			X	pipe insulation	140 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sump pump room			X	pipe insulation	96 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
laundry room			X	pipe insulation	33 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
small storage room			X	pipe insulation	27 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
3 1/2 yards

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Tullytown, PA

Disposal Date
12/18/2013

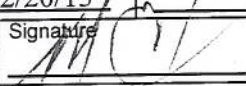
Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature
Gordana Luna

Date
12/02/2013

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

Date of Notification (1) <u>12/4/13</u>		Name of Building Owner/Operator (2) <u>Bonnie Bassler</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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>39 Pine Street</u>						
		City, State, Zip Code <u>Princeton, NJ 08542</u>						
		Name of Contact <u>B. Bassler</u>	Telephone Number <u>(609) 203-6129</u>					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>39 Pine Street</u>		Square Feet <u>1800 SF</u>	# of Floors <u>2</u>					
City (5) <u>Princeton, NJ</u>		Bldg. Age <u>80</u>						
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>residence</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>					
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>Bill Weigarber</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No.	License No. <u>00493</u>					
Start Date (10) <u>12/16/13</u>	Scheduled Completion Date (11) <u>12/20/13</u>	Name of Contractor <u>DB Environmental</u>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8 am-4:30 pm</u>		Street Address <u>4 Berkeley Place</u>						
		City, State, Zip Code <u>Freehold, NJ 07728</u>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
<u>Basement</u>			<u>Thermal Pipe insulation</u>	<u>25 lf</u>	<input checked="" type="checkbox"/>			
<u>Basement</u>			<u>Thermal Duct Insulation</u>	<u>1 sf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>G.R.O.W.S. Inc.</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>12/20/13</u>	City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>12/4/13</u>					

B & G proj. #: 2013-231

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:126-7)

Check #6292

Date of Notification (1) 12/10/2013		Name of Building Owner/Operator (2) Marcantonio Revocable Trust	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 74 Rector Street			
City, State, Zip Code Millburn, NJ 07041			
Name of Contact Carl Marcantonio		Telephone Number 908-591-3964	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Marcantonio Revocable Trust			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 74 Rector Street			Square Feet		
City (5) Millburn			County (6) Essex		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm			Telephone Number		
Phone Number			License Number 0378		
Scheduled Start Date (10) 12/13/2013			Sched. Completion Date (11) 12/14/2013		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____					
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					

Scope of Work (check all that apply)

- ☐ Demolition
☒ >3 sf or >3 lf
☒ Renovation
☐ ≥160 sf or ≥260 lf
☐ Full Containment w/negative pressure
☒ Mini-enclosure
☐ wrap & cut
☒ Glovebag procedure
☐ Non-friable procedure


Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	pipe insulation	190 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2 1/2 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 12/15/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 12/02/2013

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

CC# 25371

RECEIVED
DEC-6 AM 5:17

Date of Notification (1) <u>12/4/13</u>		Name of Building Owner/Operator (2) <u>EMR Schlumberger Co.</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>20 Wallace Road</u>							
		City, State, Zip Code <u>Princeton Junction, NJ 08550</u>							
		Name of Contact <u>Russ Harle</u>	Telephone Number <u>(609) 516-5899</u>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>EMR Photoelectric-A Schlumberger Co.</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>54 Princeton Hightstown Rd.</u>		Square Feet <u>6,000</u>	# of Floors <u>3</u>						
City (5) <u>Princeton Junction, NJ</u>		Bldg. Age <u>60</u>							
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>manufacturing</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u> </u>	License No. <u>00493</u>						
Start Date (10) <u>12/16/13</u>	Scheduled Completion Date (11) <u>1/3/14</u>	Name of OSHA Monitor <u>MECS</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>PO Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
<u>1st floor</u>		<input checked="" type="checkbox"/>		<u>VAT</u>	<u>1525 SF</u>	<input checked="" type="checkbox"/>			
<u>3rd floor</u>		<input checked="" type="checkbox"/>		<u>VAT</u>	<u>375 SF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>5 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>1/3/14</u>		City/State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature 		Date <u>12/4/13</u>			