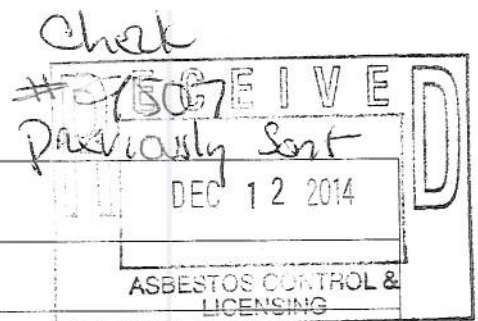


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

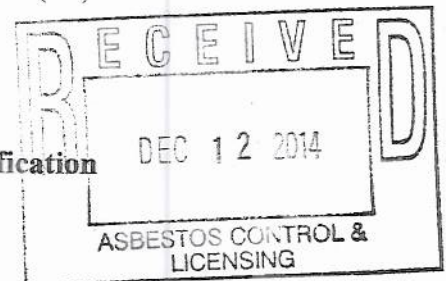


Date of Notification (1) 12 / 11 / 14		Name of Building Owner/Operator (2) Holtec International							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Holtec Drive City, State, Zip Code Marlton NJ 08053 Name of Contact Matt Mockaitis Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Holtec Warehouses - Buildings --WA T5 P6		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2500 Broadway		Square Feet 200,000+	# of Floors 6 Floors Bldg. Age 50+						
City (5) Camden	County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Warehouse						
Name of Monitoring Firm Hired by Building Owner (8) Hatch Mott MacDonald		ASCM No. 00140	Name of Abatement Contractor (9) Controlled Environmental Systems						
Street Address 111 Wood Avenue South		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Iselin, NJ 08830		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm Brian Holbig		Telephone No. 856 448 3404	Telephone No. 215 542 7000 License No. 00847						
Start Date (10) 12 / 22 / 14	Scheduled Completion Date (11) 6 / 17 / 15	Name of OSHA Monitor CES							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM PM- AM		Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
WA- 2 nd flr interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cement Board wall panels	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WA- 2nd flr interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Corr paper pipe insulation	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WA- 2nd flr interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tile and Mastic	1200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEE NEXT PAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEE NEXT PAGE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 3000+	Name of Registered Landfill GROWS					
City, State Fairless Hills, PA		Disposal Date Thru out		City, State Tullytown, PA					
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>		Date 12/16/14			

**Controlled
Environmental
Systems, Inc**

1121 N. Bethlehem Pike, Suite 60 Spring House, Pa. 19477

Additional Quantities not shown on Page 1 of Notification



<u>LOCATION</u>	<u>MATERIAL</u>	<u>QUANTITIES TO BE REMOVED</u>	
Building WA			
Interior second floor	White heater metal covers	2,400	SF
	Residual blk flr tile mastic	1,000	SF
Exterior	Roofing materials	19,800	SF
	Roof flashing	1,300	LF
	Corr. cmt board panels	2,250	SF
Building T-5 (Pump House)			
Exterior	Roofing materials	3,000	SF
	Roof flashing	310	LF
	Roof flashing	600	LF
Buildings P6			
Front interior	White sink basin uc mastic	12	SF
	1'x1' floor tile with black streak	464	SF
	1'x1' white and dark brown	464	SF
	Pipe insulation	5	LF
Interior second floor	1'x1' brown fl tile & mastic	6,000	SF
	Window glazing	2,000	SF
	Mastic applied to sink basin	12	SF
	Corr. paper pipe insulation	6	LF
	Black felt lining-partition walls	100	SF
Interior bathroom and stairwell	Black pipe wrap	20	LF
Interior first floor	Corr. paper pipe insulation	6	LF
Exterior	Roofing materials	9,000	SF
Exterior	Roof flashing	650	LF
Exterior 1 story tenant space	Exterior duct insulation coating	1,300	SF
Exterior	Perimeter window caulking	1,000	LF

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

Handwritten: 2304
DEC 12 2014
CONTROL & LICENSING

Date of Notification (1) 09 / 02 / 14		Name of Building Owner / Operator (2) Mondelez International	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Street Address 2211 Route 208 North City, State, Zip Code Fairlawn, New Jersey, 07410	
Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Name of Contact JOHN LISSY	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Mondelez International			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 2211 Route 208					
City (5) Fairlawn	County (6) Bergen	County Code (7)	Square Feet 1,000,000	# Of Floors 3	Building Age 40 +
			Current Use (Prior if being demolished) Bakery/WAREHOUSE		
Name of Monitoring Firm Hired by Bldg. Owner (8) AET			ASCM NO. NORTHSTAR CONTRACTING GROUP, INC.		
Street Address 907 Doolittle Drive			Street Address 32 Williams Parkway		
City, State, Zip Code Bridgewater, NJ 08807			City, State, Zip Code East Hanover, NJ 07936		
Project Mngr. For Monitoring Firm Eric Houseknecht		Telephone Number 908-218-1108			
Scheduled Start Date (10) 09 / 16 / 14		Sched. Completion Date (11) 01 / 30 / 15	Telephone Number 973-884-8682		License Number 00860
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: 7:00 AM - 3:30PM			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		

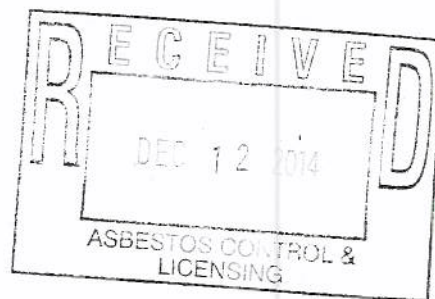
Scope of Work (Check All That Apply)

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

Location of Asbestos Containing <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			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
	YES NO N/A						
SEE ATTACHED	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.
City, State NEWARK, NJ	Disposal Date	City, State BETHLEHEM, PA 18105	
Completed by (Print or Type) Steve Stiles	Title Project Manager	Signature <i>Steve Stiles</i>	Date 12/11/14

Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Main- tenance/ Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
BAKERY - 2ND FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DUCT INSULATION	1,025 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY - 2ND FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GASKET	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY - 2ND FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TRANSITE	80 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY - 2ND FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WIRING	3,000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY - 2ND FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING INSULATION	4,265 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY - 1ST FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING INSULATION	175 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STAIRWELL #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING INSULATION	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STAIRWELL #2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING INSULATION	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR PAINT SHOP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT & MASTIC	1050 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1ST FLOOR SHOP AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DUCT INSULATION	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1ST FLOOR SHOP AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING INSULATION	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY - 2ND FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING INSULATION	2 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY COLUMN M-5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING INSULATION	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY COLUMN M-7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING INSULATION	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LADIES ANNEX	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT & MASTIC	2400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COLUMN P-23	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING INSULATION	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY DRAIN LINES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING INSULATION	130 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY RACK CORRIDOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING INSULATION	270 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPIRAL COOLER AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING INSULATION	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY WATER LINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING INSULATION	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY DRAIN LINES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING INSULATION	190 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR SUGAR WAFER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VIBRATION CLOTHES	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR LOCKER ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DUCT INSULATION	3000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR OREO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING INSULATION	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR ICING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING INSULATION	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR LOCKER ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING INSULATION	85 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1ST FLOOR WATER PIPING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING INSULATION	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

Check # 2302

Date of Notification (1) 12 / 11 / 14		Name of Building Owner / Operator (2) HOFFMAN LAROCHE, INC.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 340 KINGSLAND AVENUE		City, State, Zip Code NUTLEY, NJ 07110	
Name of Contact TOM AIELLO		Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) HOFFMAN LAROCHE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 340 KINGSLAND AVENUE			Building Age		
City (5) NUTLEY	County (6) ESSEX	County Code (7)	Square Feet N/A	# Of Floors N/A	Current Use (Prior if being demolished) N/A
Name of Monitoring Firm Hired by Bldg. Owner (8) EMILCOTT ASSOCIATES, INC.		ASCM NO. N/A	Name of Abatement Contractor (9) NORTHSTAR CONTRACTING GROUP, INC.		
Street Address 190 PARK AVE		Street Address 32 WILLIAMS PARKWAY			
City, State, Zip Code MORRISTOWN, NJ 07960		City, State, Zip Code EAST HANOVER, NJ 07936			
Project Mngr. For Monitoring Firm DAVID TOMSEY		Telephone Number 973-538-1110	Telephone Number 973-772-3660		
Sched. Completion Date (11) 12 / 22 / 14 03 / 31 / 15		License Number 00860			
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: MON-FRI 7:00AM-3:00PM			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
			Street Address 32 WILLIAMS PARKWAY		
			City, State, Zip Code EAST HANOVER, NJ 07936		

Scope of Work (Check All That Apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Demolition | <input checked="" 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)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
	YES NO N/A						
EXTERIOR FORMER B-30	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	ACM SOIL	2,400 C.Y.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

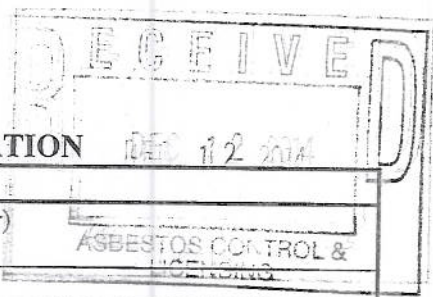
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC.	NJDEP Waste Hauler ID No. NJ-750	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT
City, State EAST HANOVER, NJ	Disposal Date	City, State TULLYTOWN, PA	

Completed by (Print or Type) STEVEN STILES	Title PROJECT MANAGER	Signature <i>Steven Stiles</i>	Date 12/11/14
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

2	11	14
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NOCK



NOTIFICATION OF DEMOLITION AND RENOVATION

DATE (mo/day/yr): December 8, 2014

I. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

AGENCIES NOTIFIED: (X) EPA () DEP (X) DOL (X) DOH () DCA

OWNER: MERCK SHARP & DOHME CORP.

Address: 126 EAST LINCOLN AVENUE, P.O. Box 2000, RY28-414

City: RAHWAY State: NJ Zip: 07065

Contact: Mike Latronica Tel:

II. REMOVAL CONTRACTOR: PAR Environmental Corporation

License Number: 01101

Address: 313 Spook Rock Road

City: Suffern State: New York Zip: 10901

Contact: William E. Wittler Tel:

OTHER OPERATOR:

Address:

City: State: Zip:

Contact: Tel:

III. TYPE OF NOTIFICATION (O = Original/R = Revised/C = Cancelled): Original

IV. TYPE OF OPERATION (D = Demolition/R = Renovation/O = Ordered Demo/E = Emergency Renovation):

() Large [>160 SF or >260 LF] (D) Small [< 160, > 25 SF or <260, >10 LF] () Minor [<25 SF or <10 LF]
 () Full Containment / Neg. Press. () Mini-Enclosure () Glovebag Procedure (D) Non-exempted and non-friable procedures

V. IS ASBESTOS PRESENT? YES (Yes/No)

VI. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Occupancy Status During Abatement (X) Facility Closed/Vacated () Abatement Performed Outside of Normal Hours

Describe: Bldg. 97 Complex - Tank farm - piping - flange gaskets

Address: SAME AS ABOVE

City: State: County: UNION

Site location:

Building size Sq. Meter: Sq. Ft: # of Floors: 1 Age in Years: 46

Present Use: Vacant Prior Use: Pharmaceutical Manufacturing

VII. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

The Asbestos present at the site was identified with the procedures described in 40 CFR 763.

VIII. APPROXIMATE AMOUNT OF RACM TO BE REMOVED AND NONFRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW.

	RACM To Be Removed	Description	Type (Rem/Rep/ Encap/Enclose)	Custodial Use? (Y/N)	Non-friable Asbestos Not to Be Removed	
					Cat I	Cat II
B97 tank farm pipe flange gaskets	75	Gaskets	Removal	YES	N/A	N/A

IX. SCHEDULED DATES OF ASBESTOS REMOVAL (MM/DD/YY) Start: 12/22/14 Completion: 2/28/15

X. SCHEDULED DATES OF DEMO/RENOVATION (MM/DD/YY) Start: 3/13/15 Completion: 12/1/15 Demolition

Xa. DATE AND TIME OF DISPOSAL (Quantity of waste to be disposed is the same as RACM to be removed as indicated in VIII) Date: on or after 12/22/2014 Time: Between 7:00am & 3:00pm

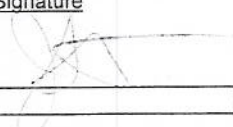
XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Demolition and removal of entire building, including concrete slab and all foundations.

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

NO CK

RECEIVED
DEC 12 AM 12:21
ASBESTOS
& LICENSING

Date of Notification (1) December 9, 2014		Name of Building Owner/Operator (2) Hess Corporation	
Agencies Notified (x) EPA () DEP (x) DOL (x) DOH () DCA	Notification Type () Initial Notification (x) Amended Certification () Cancelled	Street Address 1 Hess Plaza	
		City, State, Zip Code Woodbridge, NJ 07095	
		Name of Contact David Dolnick	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Hess Corporation Refinery		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (x) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 750 Cliff Road		Sq. Feet 520,222 # of Floors NA	
City (5) Port Reading	County (6) Middlesex	County Code (7) (State Use Only)	
		Bldg. Age 55 years Current Use (prior if being demolished) Refinery	
Name of Monitoring Firm Hired by Bldg. Owner (8) Bureau Veritas		ASCM No.	Name of Contractor (9) Brandenburg Industrial Service Company
Street Address 110 Fieldcrest Avenue		Street Address 2217 Spillman Dr.	
City, State, Zip Code Edison, New Jersey 08837		City, State, Zip Code Bethlehem, PA 18015	
Project Manager for Monitoring Firm Kirit H. Vora	Telephone Number 732-225-6040	Telephone Number (610) 691 - 1800	License Number 00721
Scheduled Start Date (10) Demolition - February 4, 2014 Asbestos - July 7, 2014	Scheduled Completion Date (11) Demolition - February 28, 2015 Asbestos - October 31, 2014	Name of OSHA Monitor	
Occupancy Status During Abatement (Check only one) (x) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		Street Address	
Describe - Removal of ACM in closed/shutdown refinery		City, State, Zip Code	
Other - Work Hours will be Mon - Fri 7:00 am - 5:30 pm, Sat 7:00 - 3:30			
Source of Work (Check all that apply) (x) Demolition () Renovation (x) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure (x) Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
			Abatement Type Rem. Rep. Encap. Enclose
FCC/Gas Comp	X	Transite	9,900 SF
Utility	X	Transite	5,750 SF
Utility	X	Pipe Insulation	10 LF
Utility	X	Floor Tile	275 LF
Fuel Gas Comp.	X	Drum Insulation	150 SF
Millwright Shop	X	Floor Tile	1,000 SF
Warehouse	X	Floor Tile	320 SF
Warehouse	X	Tape and Joint Compound	48 SF
Warehouse	X	Window Caulk	300 LF
Warehouse	X	Transite	6,000 SF
I&E Shop	X	Floor Tile	384 SF
I&E Shop	X	Tape and Joint Compound	120 SF
I&E Shop	X	Window Caulk	102 LF
I&E Shop	X	Pipe Insulation	90 LF
Firehouse/Locker Room	X	Floor Tile	3,954 SF
Firehouse/Locker Room	X	Black Roof Flashing	20 SF
Firehouse/Locker Room	X	Black Roof Material	4,050 SF
Firehouse/Locker Room	X	Black Mastic Material	2,000 SF

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA		Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
					Rem.	Rep.	Encap	Enclose
Laboratory		X	Countertops	2,700 SF	X			
Laboratory		X	Fume Hoods	660 SF	X			
Laboratory		X	Floor Tile & Mastic	5,750 SF	X			
Laboratory		X	Mastic Only	7,800 SF	X			
Laboratory		X	Black Roof Flashing	600 LF	X			
Laboratory		X	Black Tar Sealant	2,200 SF	X			
Canning Bldg.		X	Roofing Material	4751 SF	X			
Canning Bldg.		X	Transite	421 SF	X			
Canning Bldg.		X	Black Roof Flashing	50 SF	X			
Name of Reg. Waste Hauler Brandenburg Industrial Service Co.		NJDEP Waste Hauler ID #		Cubic Yards of Waste 325 NT		Name of Reg. Landfill IESI		
City, State Bethlehem, PA		Disp. Date July 9, 2014					City, State Bethlehem, PA	
Completed by (Print or Type) Jennifer Strobel		Title Contract Manager		Signature 		Date 12/09/14		

Mail to: NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

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9/18/00

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

D&S Proj. #: 2014-499

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ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 12/10/14		Name of Building Owner/Operator (2) FANWOOD PRESBYTERIAN CHURCH	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 74 SO. MARTINE AVENUE	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code FANWOOD, NJ 07023	
		Name of Contact JAY GOETZ	Telephone Number 908 353 7333

FACILITY INFORMATION

Name of facility where abatement is taking place (3) FANWOOD PRESBYTERIAN CHURCH			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 SO. MARTINE AVENUE			Square Feet		
City (5) FANWOOD			County (6) UNION	County Code (7) (State use only)	# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 12/09/14		Sched. Completion Date (11) 12/30/14	Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

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 w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
---	--	--	--	---	--	--	--	---	--	--	--

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	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 FITTING INSULATION	8 ELBOWS	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 12/10/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 12/08/14

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

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DEC 12 11:12:19
ASBESTOS & LICENSING

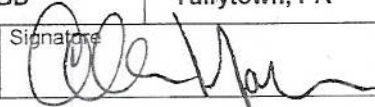
Date of Notification (1) 12/10/2014			Name of Building Owner/Operator (2) BARRY & CHERI CHALOFISKY					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 29 PINE KNOLL DRIVE					
			City, State, Zip Code LAWRENCEVILLE, NJ 08648					
			Name of Contact DAVID J. D'ANDREA		Telephone Number			
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PRIVATE RESIDENCE (HERBERT YOUNG ESTATE)				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)				
Street Address 85 PHILIPS AVENUE				Square Feet				
City (5) HAMILTON, NJ 08610				# of Floors Bldg. Age				
County Mercer		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) CREAM RIDGE ENVIRONMENTAL INC.					
Street Address		Street Address 15 BLACK FOREST ROAD						
		City, State, Zip Code HAMILTON, NJ 08691						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-890-7110		License No. 00676				
Start Date (10) 12/11/2014	Scheduled Completion Date (11) 12/11/2014	Name of OSHA Monitor N/A						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours 5PM-2 AM ESSENTIAL PERSONNEL ONLY		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"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & 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
BASEMENT		<input checked="" type="checkbox"/>	PIPE INSULATION	150 L.F.	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler CARNEVALE DISPOSAL CO., INC.			NJDEP Waste Hauler ID No. 17297	Cubic Yards of Waste 1 YDS	Name of Registered Landfill GROWS			
City, State HAMILTON, NJ 08691			Disposal Date 12/12/2014	City, State MORRISVILLE, PA				
Completed By DAVID D'ANDREA ASB-41		Title PRESIDENT	Signature 27-Mar <i>David D'Andrea</i>			Date 12/10/2014		

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

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Date of Notification (1) 12 / 09 / 14		Name of Building Owner/Operator (2) Jersey Central Power & Light Corp							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box 1911							
		City, State, Zip Code Morristown, NJ 07962							
		Name of Contact Frank Lawson	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Garage		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 5 Carrol Street									
City (5) Rockaway Twp		Square Feet	# of Floors						
		Bldg. Age							
County (6) Morris	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 1188						
Start Date (10) 12 / 18 / 14	Scheduled Completion Date (11) 01 / 22 / 15		Name of OSHA Monitor ALL PRO MANAGEMENT LLC						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM- _____ PM- _____ AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing/Flashing	5,073 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kitchen, Office #1, 2, 3 & 5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	1,459 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Future Sanatation, Inc.		NJDEP Waste Hauler ID No. 22051	Cubic Yards of Waste As Needed	Name of Registered Landfill Grows					
City, State Farmingdale, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature 			Date 12/7/14		

OK 17600

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

RECEIVED
2014 DEC 12 AM 12:45

Date of Notification (1) <u>12/2/14</u>		Name of Building Owner/Operator (2) <u>Jim T. H. S. Co.</u>	
Agencies Notified <input type="checkbox"/> SPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>58 Stockton Lake Blvd</u> City, State, Zip Code <u>Manasquan, NJ 08736</u>	
		Name of Contact <u>Eric Plankis</u>	Telephone Number <u>732-899-7499</u>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>58 Stockton Lake Blvd</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>58 Stockton Lake Blvd</u>		Square Feet <u>1618</u>	# of Floors <u>2</u>
City (5) <u>Manasquan</u>		Bldg. Age <u>43</u>	
County (6) <u>Monmouth</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>None</u>	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <u>Brick Industries Inc.</u>	
Street Address		Street Address <u>P.O. Box 915</u>	
City, State, Zip Code		City, State, Zip Code <u>Brick, NJ 08723</u>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>732-899-7499</u>	License No. <u>01196</u>
Start Date (10) <u>12/10/14</u>	Scheduled Completion Date (11) <u>12/12/14</u>	Name of OSHA Monitor	
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 type="checkbox"/> ≥ 180 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
			Amount (Specify SF or LF)
			Abatement Type
			Removal
			Repair
			Encapsulate
			Enclosure
Name of Registered Waste Hauler <u>Brick Industries Inc.</u>		NJDEP Waste Hauler ID No. <u>21602</u>	Cubic Yards of Waste <u>4</u>
City, State <u>Brick, NJ</u>		Disposal Date <u>12/15/14</u>	Name of Registered Landfill <u>GROW'S</u>
City, State <u>PA</u>			
Completed By <u>Eric Plankis</u>	Title <u>President</u>	Signature <u>Eric</u>	Date <u>12/2/14</u>

ASB-41
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

check 5403 LIVE

Date of Notification (1) 12-9-14		Name of Building Owner/Operator (2) S. HIRSCHHEY							
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 53 IDAHO STREET							
		City, State, Zip Code PASSAIC, NJ 07055							
		Name of Contact S. HIRSCHHEY							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) S. HIRSCHHEY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 53 IDAHO		Square Feet 2200..	# of Floors 2						
City (5) PASSAIC		Bldg. Age 81 YRS							
County (6) PASSAIC		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENT						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc						
Street Address		Street Address 450 South River St							
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 12-22-14	Scheduled Completion Date (11) 12-24-14	Name of OSHA Monitor Omega Environmental							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM 5 PM		Street Address 280 Huyler St							
		City, State, Zip Code S. Hackensack, N.J. 07606							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	VAT	325 SF X				
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2405	Name of Registered Landfill Minerva Enterprises, LLC					
City, State Hackensack, N.J. 07601		Disposal Date 12-24-14	City, State Waynesburg, Oh, 44688						
Completed by R. Veldran	Title Estimator	Signature R. Veldran				Date 12-9-14			

ASB-41

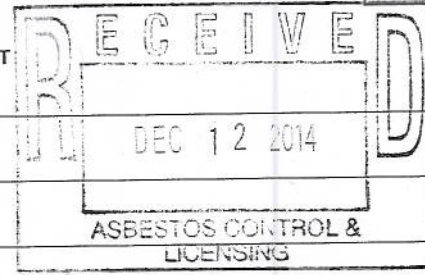
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Print Form

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



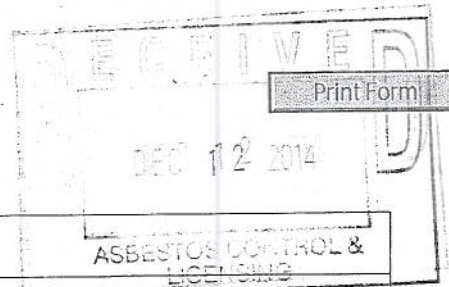
Date of Notification (1) 12/8/14		Name of Building Owner/Operator (2) Hess Corporation							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 615 River Rd							
		City, State, Zip Code Edgewater, NJ 07603							
		Name of Contact Paul Marino	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hess Corporation - Various Buildings		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 615 River Rd		Square Feet Various	# of Floors Various						
City (5) Edgewater		Bldg. Age 1959							
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Bureau Veritas		ASCM No.	Name of Abatement Contractor (9) SCE Environmental Group						
Street Address 110 Fieldcrest Ave		Street Address 1380 Mt Cobb Rd							
City, State, Zip Code Edison NJ 08837		City, State, Zip Code Lake Ariel PA 18436							
Project Manager for Monitoring Firm TBD		Telephone No. 732-225-6040	Telephone No. 570-383-4151						
		License No. 01216							
Start Date (10) 12-19-14		Scheduled Completion Date (11) 12-19-15	Name of OSHA Monitor Dale Nate						
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 1380 Mt Cobb Rd							
		City, State, Zip Code Lake Ariel, PA 18436							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room		X		transite Roofing	1500SF	X			
Main Building		X		roof tar	4000SF	X			
Dispatch bldg		X		roof tar	120sf	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 80	Name of Registered Landfill IESI Bethlehem Landfill					
City, State Newark, NJ		Disposal Date Various		City, State Morrisville PA					
Completed by <i>[Signature]</i>		Title PMA		Signature <i>[Signature]</i>		Date 12/8/14			

Second -
Notification
via mail

200.00
to send

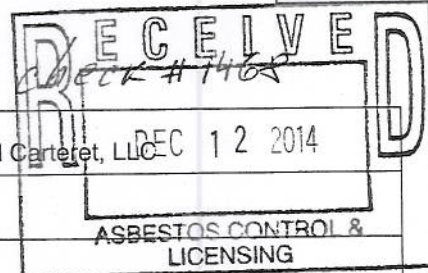
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/10/14		Name of Building Owner/Operator (2) Hess Corporation							
Agencies Notified	Type Notification	Street Address 615 River Rd							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Edgewater, NJ 07603							
		Name of Contact Paul Marin0	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hess Corporation		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 238 West Fort Lee Rd		Square Feet 18 acres	# of Floors various						
City (5) Bogata		Bldg. Age 54							
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) SCE Environmental Group						
Street Address		Street Address 1380 Mt Cobb Rd							
City, State, Zip Code		City, State, Zip Code Lake Ariel, PA 18436							
Project Manager for Monitoring Firm		Telephone No. 570-383-4151	License No. 01216						
Start Date (10) 12-15-14	Scheduled Completion Date (11) 12-15-15	Name of OSHA Monitor							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Please see attached				Please see attached		X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill IESI Bethlehem					
City, State Newark, NJ			Disposal Date various	City, State Morrisville, PA					
Completed by Mariah Wheeler		Title PMA	Signature 			Date 11/10/14			

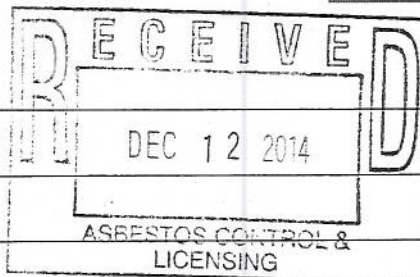
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 12/08/14		Name of Building Owner/Operator (2) Meridia Cosmopolitan Urban Renewal Carteret, LLC						
Agencies Notified	Type Notification	Street Address 6035 Park Avenue						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West New York, NJ 07093						
		Name of Contact Richard Osica	Telephone Number					
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 139 High Street		Square Feet 1,500	# of Floors 2					
City (5) Carteret		Bldg. Age 50+-						
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential						
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Stanmark Contractors, LLC						
Street Address		Street Address 27 Edsall Drive						
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461						
Project Manager for Monitoring Firm		Telephone No. 973-864-2022	License No. 01137					
Start Date (10) 12/09/14	Scheduled Completion Date (11) 12/17/14	Name of OSHA Monitor AmeriSci						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 117 East 30th Street						
		City, State, Zip Code New York, NY 10016						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input 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			
		No			N/A	Removal	Repair	Encapsulate
Wall siding		x		caulking	54 L.F.	x		
Attic Windows		x		caulking	2 units	x		
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 190713	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.				
City, State Wayne, NJ		Disposal Date on completion		City, State Morrisville, PA				
Completed by Marko Stankovic		Title President	Signature <i>Marko Stankovic</i>		Date 12/08/14			

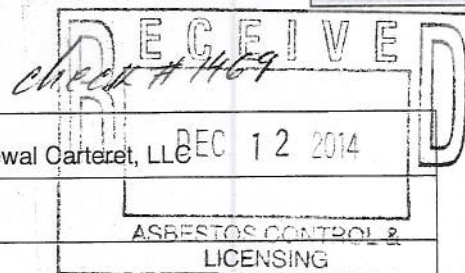
CK 1339

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



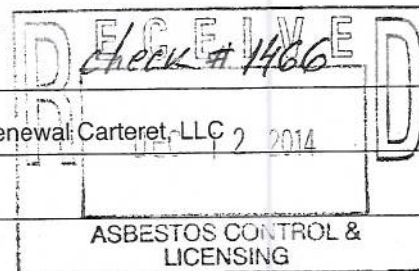
Date of Notification (1) 12/5/14		Name of Building Owner/Operator (2) Bill Maurer							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 63 East Gouverner Avenue		City, State, Zip Code Rutherford							
Name of Contact Bill Maurer		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NA		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 63 East Gouverner		Square Feet 1600 SF	# of Floors 2						
City (5) Rutherford		Bldg. Age 65							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Divine Environmental		ASCM No.	Name of Abatement Contractor (9) Turningpoint Contracting Corporation						
Street Address 358 Broadway		Street Address 51 Berkeley Terrace							
City, State, Zip Code Newark NJ		City, State, Zip Code Irvington NJ 07111							
Project Manager for Monitoring Firm Chinyelu Oraegbunam		Telephone No. 201-483-9788	Telephone No. 973-372-2177						
License No. 01238									
Start Date (10) 12/16/14	Scheduled Completion Date (11) 12/18/14	Name of OSHA Monitor JLC Environmental, Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 30 West 25th Street							
City, State, Zip Code NYC, NY 10007									
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) 10 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Piple Insulation		X			
Name of Registered Waste Hauler Newark Carter Inc		NJDEP Waste Hauler ID No. 4506	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Refacility					
City, State Newark NJ 07102			Disposal Date	City, State Tully Town PA					
Completed by Emeka Okeke		Title President	Signature 	Date 12/5/14					

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



Date of Notification (1) 12/08/14		Name of Building Owner/Operator (2) Meridia Cosmopolitan Urban Renewal Carteret, LLC						
Agencies Notified	Type Notification	Street Address 6035 Park Avenue						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West New York, NJ 07093						
		Name of Contact Richard Osica	Telephone Number					
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 147 High Street		Square Feet 1,500	# of Floors 2					
City (5) Carteret		Bldg. Age 50+-						
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Stanmark Contractors, LLC					
Street Address		Street Address 27 Edsall Drive						
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461						
Project Manager for Monitoring Firm		Telephone No. 973-864-2022	License No. 01137					
Start Date (10) 12/09/14	Scheduled Completion Date (11) 12/17/14	Name of OSHA Monitor AmeriSci						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 117 East 30th Street						
		City, State, Zip Code New York, NY 10016						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	x		pipe insulation	98 L.F.	x			
Basement floor	x		pipe debris	100 S.F.	x			
Bilco door - stairs	x		siding	60 S.F.	x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 190713	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.				
City, State Wayne, NJ		Disposal Date on completion		City, State Morrisville, PA				
Completed by Marko Stankovic	Title President	Signature <i>Marko Stankovic</i>			Date 12/08/14			

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



Date of Notification (1) 12/08/14		Name of Building Owner/Operator (2) Meridia Cosmopolitan Urban Renewal Carteret-LLC 2 2014						
Agencies Notified	Type Notification	Street Address 6035 Park Avenue						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 West New York, NJ 07093						
		Name of Contact Richard Osica	Telephone Number					
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 135 High Street		Square Feet 1,500	# of Floors 2					
City (5) Carteret		Bldg. Age 50+-						
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Stanmark Contractors, LLC					
Street Address		Street Address 27 Edsall Drive						
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461						
Project Manager for Monitoring Firm		Telephone No. 973-864-2022	License No. 01137					
Start Date (10) 12/09/14	Scheduled Completion Date (11) 12/17/14	Name of OSHA Monitor AmeriSci						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 117 East 30th Street						
		City, State, Zip Code New York, NY 10016						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input 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			
	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor Kitchen	x		floor tiles, linoleum	829 S.F.	x			
1st floor Kitchen	x		mastic	829 S.F.	x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 190713	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.				
City, State Wayne, NJ			Disposal Date on completion	City, State Morrisville, PA				
Completed by Marko Stankovic	Title President	Signature <i>Marko Stankovic</i>	Date 12/08/14					

CIC # 5398

12/08/2014 13:56

2013297440

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

DEC 12 2014

Date of Notification (1) 12/8/14		Name of Building Owner/Operator (2) MS. TOMASSO	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> NJDOH <input type="checkbox"/> NJDOA	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 36 EAST RIVERSIDE DRIVE	
		City, State, Zip Code BRICK, NJ, 08723	
		Name of Contact MS. TOMASSO	
		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MS. TOMASSO		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 36 EAST RIVERSIDE DRIVE		Square Feet 1800	# of Floors 2
City (5) BRICK		Block Age 60 years	
County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) 12/10/14		Scheduled Completion Date (11) 12/11/14	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 AM TO 5 PM		Name of OSHA Monitor Omega Environmental	
		Street Address 280 Huyler St	
		City, State, Zip Code S. Hackensack, N.J. 07606	
Scope of Work (Check all that apply)			
<input type="checkbox"/> 23 ft or less <input type="checkbox"/> 24 ft or more		<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"/> Gloving Procedure <input type="checkbox"/> Non-Encapsulated and Non-Fixing Procedure	
Location of Asbestos-Containing Material (ACM) (12) 10 BEAMER	Is Location Normally Used Solely for Maintenance/Construction? (13) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, surfacing, VST, or other miscellaneous)	Amount (Specify SF or LF)
2nd FLOOR BEAMER	Yes No N/A	VAT	192 LF
Name of Registered Waste Handler Best Removal Inc		NJCEP Waste Handler ID No. 17109	Name of Registered Landfill Minerva Enterprises, LLC
City, State Hackensack, N.J. 07601		Disposal Date 12/11/14	City, State Waynesburg, Oh, 44688
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>	Date 12/8/14

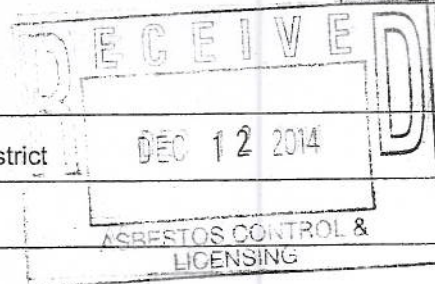
ASB-01

* Do not use this form for asbestos removal exempt activities.

CK 3405

Print Form

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

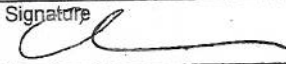


Date of Notification (1) 12/08/14 CK#3405 \$200		Name of Building Owner/Operator (2) Woodbridge Township School District							
Agencies Notified	Type Notification	Street Address PO Box 428 School Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Woodbridge, New Jersey 08608							
		Name of Contact Anthony D'orsi	Telephone Number 732-602-8551						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Woodbridge High 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 25 Samuel Lupo Place		Square Feet 15,000	# of Floors 2						
City (5) Woodbridge, New Jersey 07095		Bldg. Age 55+							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 120 North Warren Street		Street Address 606 McBride Avenue							
City, State, Zip Code Trenton, New Jersey 08608		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Dominick Dercole		Telephone No. 609-392-4200	License No. 01104						
Start Date (10) 12/29/14	Scheduled Completion Date (11) 12/30/14	Name of OSHA Monitor J&S Environmental Labs.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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
Mezzanine Level, Auditorium		X		Mudded Pipe Fittings Wrap&Cut	4 LF	X			
Mezzanine Level, Auditorium		X		Mudded Pipe Fittings	12 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey		Disposal Date 12/31/14		City, State Morrisville, Pennsylvania					
Completed by Momo Glavatovic		Title Vice President	Signature 			Date 12/08/14			

Emergency

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

CA 4542

Date of Notification (1) 12/10/14		Name of Building Owner/Operator (2) Charlene & Cory Vergilio 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 18 Adrain Rd		City, State, Zip Code High Bar Harbor NJ 08008							
Name of Contact Charlene		DEC 12 PM 10:55 ASBESTOS & LICENSING 1-800-222-2000							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Charlene & Cory Vergilio 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 18 Adrain Rd		Square Feet 1000+	# of Floors 1.5						
City (5) High Bar Harbor NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House & shed							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 12/11/14	Scheduled Completion Date (11) 12/15/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1400 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 12/15/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 12/10/14		

CK# 2522

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

Date of Notification (1) 12/10/14		Name of Building Owner/Operator (2) Alice Schauer		RECEIVED DEC 12 PM 10:51					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 53 main st					
		City, State, Zip Code Farmingdale, New Jersey 02727		Name of Contact Henry					
				Telephone Number 401/1111					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Schauer Residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 53 main st				Square Feet 200					
City (5) Farmingdale				# of Floors 2					
County (6) Monmouth				Bldg. Age 60+					
County Code (7) STATE USE ONLY		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Ace Insulation Co., Inc.					
Street Address				Street Address 95 Montrose Road					
City, State, Zip Code				City, State, Zip Code Colts Neck, N.J. 07722					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-294-1757					
				License No. 00029					
Start Date (10) 12/11/14		Scheduled Completion Date (11) 12/16/14		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 Other - Describe: 7am-7pm				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
indoor			X	pipe wrap	170 LF	X			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 2		Name of Registered Landfill IESI			
City, State Colts Neck, New Jersey				Disposal Date 12/16/14		City, State Easton, PA			
Completed by Bree McGuire		Title Secretary Treasurer		Signature Bree		Date 12/10/14			

CK# 2521

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

RECEIVED

Date of Notification (1) 12/10/14		Name of Building Owner/Operator (2) Victoria Young		DEC 12 PM 10:52					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 503 Sussex Ave					
		City, State, Zip Code Spring Lake, New Jersey		ASBESTOS ABATEMENT LICENSING					
		Name of Contact Robert		Telephone Number 5					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Young 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 503 Sussex Ave			Square Feet 120						
City (5) Spring Lake			# of Floors 1		Bldg. Age 94 years				
County (6) Monmouth			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence				
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Name of Abatement Contractor (9) Ace Insulation Co., Inc.				
Street Address			Street Address 95 Montrose Road						
City, State, Zip Code			City, State, Zip Code Colts Neck, N.J. 07722						
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 732-294-1757				
					License No. 00029				
Start Date (10) 12/19/14		Scheduled Completion Date (11) 12/23/14		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-4pm				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen				X linoleum flooring	120 lf	X			
basement				X pipe wrap covering	150 LF	X			
Name of Registered Waste Hauler Ace Insulation Co., Inc.			NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 2	Name of Registered Landfill IESI				
City, State Colts Neck, New Jersey				Disposal Date 12/23/14	City, State Easton, PA				
Completed by Bree McGuire			Title Secretary Treasurer	Signature Bree McGuire	Date 12/10/14				

NOTIFICATION OF ASBESTOS ABATEMENT

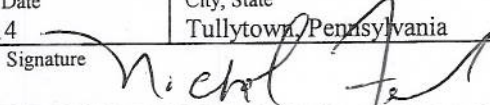
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) December 9, 2014		Name of Building Owner/Operator (2) Messercola Enterprises	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	P O Box 2290	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____	City, State, Zip Code	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Matawan, NJ 07747	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
		Fernando	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 21 Adair Drive			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
Brick			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1500 sf	# of Floors 1	Bldg. Age 60	
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 732-349-9932	License Number 00624		
Scheduled Start Date (10) 12/10/14	Scheduled Completion Date (11) 12/12/14	Name of OSHA Monitor E.M.S.L. Analytical			
Occupancy Status During Abatement (Check only one)		Street Address 1056 Stelton Road			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Piscataway, New Jersey 08854			
<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"/> 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			
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation			
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition			

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	F I N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1400 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 12/15/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 12/9/2014

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

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

CH
1678

DEC 12 PM 10:50

Date of Notification (1) 12/1/2014		Name of Building Owner / Operator (2) Tom Sahol	
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 711 Broad Street	
		City, State & Zip Code Florence NJ	
		Name of Contact Tom Sahol	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 1042 Potts Mill Road			Square Feet 2000		
City (5) Florence			County (6) Burlington		County Code (7)
			# of Floors 1		Bldg. Age 50
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		
Street Address			Name of Abatement Contractor (9) Alpha Environmental Services		
City, State & Zip Code			Street Address 2129 Route 33		
Project Manager for Monitoring Firm			Telephone Number		License Number 01222
Scheduled Start Date (10) 12/11/2014		Scheduled Completion Date (11) 12/15/2014		Name of OSHA Monitor EMSL 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 Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address 107 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

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 ≥260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glove Bag Procedures |
| | | <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawlspace	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	100ft (wrap and Cut)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 00033330	Cubic Yards of Waste 1	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ		Disposal Date various		City, State Morrisville, PA	
Completed By (Print or Type) Rod Richardson		Title Project Manager	Signature <i>Rod Richardson</i>		Date 12/1/2014

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

RECEIVED

Date of Notification (1) 04/01/14		Name of Building Owner/Operator (2) BNS CONSTRUCTION							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address PO BOX 8655		City, State, Zip Code WOODCLIFF LAKE, NJ 07677							
Name of Contact		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 54 JEAN DRIVE		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) ENGLEWOOD CLIFFS, NJ		Square Feet 2000	# of Floors 2						
County (6) BERGEN COUNTY		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOME						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 12/19/14	Scheduled Completion Date (11) 12/19/14		Name of OSHA Monitor AAA LEAD PROFESSIONALS						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply) <input 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
INTERIOR				ACM FLOOR TILE	700 SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 12/19/14		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 12/09/14			

CK 3015


Print Form

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

RECEIVED

Date of Notification (1) 04/01/14		Name of Building Owner/Operator (2) EASTERN PROPERTIES		2014 DEC 12 PM 10:49					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4A CEDAR BROOK DRIVE City, State, Zip Code CRANBURY, NJ 08512 Name of Contact ZEV STERN Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BRIARWOOD CARE AND REHAB CENTER				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 901 ERNSTON ROAD				Square Feet 40,000					
City (5) SAYREVILLE, NJ				# of Floors 1					
County (6) MIDDLESEX COUNTY				Bldg. Age					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) REHABILITATION CENTER					
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS				
Street Address			Street Address 6 WHITE DOVE COURT						
City, State, Zip Code			City, State, Zip Code LAKEWOOD, NJ 08701						
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 732-668-9078				
Start Date (10) 12/31/14			Scheduled Completion Date (11) 01/15/15		License No. 1200				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Name of OSHA Monitor AAA LEAD PROFESSIONALS					
				Street Address 6 WHITE DOVE COURT					
				City, State, Zip Code LAKEWOOD, NJ 08701					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input checked="" 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 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
FLOORING				ACM 9X9 TILE	41,500 SF	X			
BASEMENT				JOINT COMPOUND	645 SF	X			
ATTIC				PIPE INSULATION	3,800 LF	X			
Name of Registered Waste Hauler NEWARK CARTING			NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 200 YARDS	Name of Registered Landfill IESI			
City, State NEWARK, NJ			Disposal Date 01/15/15		City, State BETHLEHEM PA				
Completed by JOSEPH PERLSTEIN			Title OWNER		Signature		Date 12/10/14		

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

Date of Notification (1) 12-6-2014		Name of Building Owner/Operator (2) Joseph E. Letizia							
Agencies Notified	Type Notification	Street Address 502 Lareine Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bradley Beach, NJ 07720							
		Name of Contact Joseph E. Letizia	Telephone Number						
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 502 Lareine Avenue		Square Feet 1241	# of Floors 1						
City (5) Bradley Beach, NJ 07720		Bldg. Age 100+							
County (6) Monmouth	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. 201-333-8855	License No. 01174						
Start Date (10) 12-16-2014	Scheduled Completion Date (11) 12-16-2014	Name of OSHA Monitor Same as 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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	140 LF	X			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S. North Landfill					
City, State Jersey City, NJ			Disposal Date 12-16-2014	City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager	Signature 			Date 12-6-2014			

NO CK

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) 12/4/14		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#1-12/8/14 <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 15 MONTGOMERY PLACE City, State & Zip Code PITTSBURGH, PA 15212 Name of Contact ANTHONY PORTA	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) LAKEWOOD CENTRAL OFFICE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 216 E. LEXINGTON AVE		Square Feet 20000	# of Floors 3
City (5) LAKEWOOD	County (6) OCEAN	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) COMMUNICATIONS	
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC	
Street Address 8436 ENTERPRISE AVE		Street Address 1123 BEAVER STREET	
City, State & Zip Code PHILADELPHIA PA 19153		City, State & Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm MARK JENKINS		Telephone Number 215-365-5810	License Number 00509
Scheduled Start Date (10) 12/10/14	Scheduled Completion Date (11) 12/10/14	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5:00 PM – 1:30 AM <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET	
		City, State & Zip Code BRISTOL, PA 19007	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
BASEMENT DIESEL ROOM		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	VAT AND MASTIC
			Amount (Specify SF or LF) 36 SF
			Abatement Type
			<input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE 19720		Disposal Date	City, State WAYNESBURG, OH 44688
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro</i>
			Date 12/8/14

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

APPROVED: *CINDY MITCHELL*
NJDOH

CR# 2741

Date of Notification (1) 12/4/14		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS	
Agencies Notified	Type Notification	Street Address 15 MONTGOMERY PLACE	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code PITTSBURGH, PA 15212	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact ANTHONY PORTA	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) LAKEWOOD CENTRAL OFFICE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 216 E. LEXINGTON AVE			Square Feet 20000	# of Floors 3	Bldg. Age
City (5) LAKEWOOD	County (6) OCEAN	County Code (7)	Current Use (Prior if being demolished) COMMUNICATIONS		

Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC	
Street Address 8436 ENTERPRISE AVE			Street Address 1123 BEAVER STREET	
City, State & Zip Code PHILADELPHIA PA 19153			City, State & Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm MARK JENKINS	Telephone Number 215-365-5810	Telephone Number 215-788-6040	License Number 00509	

Scheduled Start Date (10) 12/10/14	Scheduled Completion Date (11) 12/10/14	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 8:00 AM – 5:00 PM <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET	
		City, State & Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glove Bag Procedures	
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT DIESEL ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT AND MASTIC	36 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE 19720	Disposal Date	City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) PATRICK T. DeCARO	Title Estimator	Signature <i>Patrick T. DeCaro/jl</i>	Date 12/4/14

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

RECEIVED

Date of Notification (1) 12/08/14		Name of Building Owner/Operator (2) Meridia Cosmopolitan Urban Renewal Carteret, LLC					
Agencies Notified	Type Notification	Street Address 6035 Park Avenue					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West New York, NJ 07093					
		Name of Contact Richard Osica	Telephone Number				
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 137 High Street		Square Feet 1,500	# of Floors 2				
City (5) Carteret		Bldg. Age 50+-					
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Stanmark Contractors, LLC				
Street Address		Street Address 27 Edsall Drive					
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461					
Project Manager for Monitoring Firm		Telephone No. 973-864-2022	License No. 01137				
Start Date (10) 12/09/14	Scheduled Completion Date (11) 12/17/14	Name of OSHA Monitor AmeriSci					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 117 East 30th Street					
		City, State, Zip Code New York, NY 10016					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					
		<input 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			
				Removal	Repair	Encapsulate	Enclosure
Kitchen, bedroom #1,2,3	No	linoleum	750 S.F.	x			
Exterior walls	x	transite siding	2,000 S.F.	x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 190713	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S.			
City, State Wayne, NJ		Disposal Date on completion		City, State Morrisville, PA			
Completed by Marko Stankovic	Title President	Signature <i>Marko Stankovic</i>		Date 12/08/14			

Dec 9 2014 03:19pm

P001/001

CIC 5405

RECEIVED

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

NJ Dept. of Health & Senior Services

(signature)

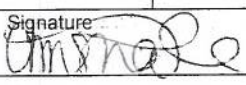
Date: 12/9/14 Time: 3:20

Date of Notification (1) 12/9/14		Name of Building Owner/Operator (2) MR. STEVE WACHOL	
Agency Notified EPA DEP DOL DOH DCA		Type Notification Initial Amended Amendment # Emergency (including justification) Cancellation	
Street Address 645 SUMMIT AVE		City, State, Zip Code HACKENSACK, NJ, 07601	
Name of Contact MR. WACHOL		Telephone Number	
FACILITY INFORMATION			
Name of Facility Whose Abatement is Taking Place (3) MR. WACHOL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 645 SUMMIT AVE		Square Feet 3200	
City (5) HACKENSACK		# of Floors 2	
County (6) BERGEN		Bldg. Age 95 years	
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Best Removal Inc	
City, State, Zip Code		Street Address 450 South River St	
Project Manager for Monitoring Firm		City, State, Zip Code Hackensack, N.J. 07601	
Telephone No.		Telephone No. 201-329-7444	
Start Date (10) 12/10/14		License No. 00388	
Scheduled Completion Date (11) 12/11/14		Name of OSHA Monitor Omega Environmental	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM		Street Address 280 Huyler St	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 2 3 sf or 2 3 lf <input type="checkbox"/> 2 160 sf or 2 260 lf		City, State, Zip Code S. Hackensack, N.J. 07606	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BASEMENT		Amount (Specify SF or LF) 30 LF	
Abatement Type Removal Repair Enclosure		Abatement Type Removal Repair Enclosure	
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	
City, State Hackensack, N.J. 07601		Cubic Yards of Waste 11/20	
Disposal Date 12/11/14		Name of Registered Landfill Minerva Enterprises, LLC	
City, State Waynesburg, Oh, 44688		Signature J. Maiorano	
Completed by J. Maiorano		Title Estimator	
Date 12/9/14		Date 12/9/14	

ASR-61

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

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

Date of Notification (1) December 8, 2014		Name of Building Owner/Operator (2) Daystar Construction		Check # 1712 RECEIVED DEC 12 PM 10:44					
Agencies Notified		Type Notification		Street Address 432 Kelly Drive					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code West Berlin, NJ 08091					
		Name of Contact Harry Pizzico		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4)					
Street Address 453 Westminster Avenue				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Deptford Township				Square Feet 1,500	# of Floors 2				
				Bldg. Age 100					
County (6) Gloucester		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 PO Box 341				Street Address 623 Cutler Avenue					
City, State, Zip Code Chesterfield, NJ 08515				City, State, Zip Code Maple Shade, NJ 08052					
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070		Telephone No. 856-755-0099	License No. 00842				
Start Date (10) December 17, 2014		Scheduled Completion Date (11) December 18, 2014		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 200 Route 130 North					
<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 Cinnaminson, NJ 08077					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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
Exterior			XXX	Pipe Insulation	120 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 5	Name of Registered Landfill Western Berks Community Landfill				
City, State Freehold, NJ				Disposal Date 12/18/2014	City, State Birdsboro, PA				
Completed by Christina Lynch		Title Operations Manager		Signature 		Date 12/8/2014			

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

Date of Notification (1) 12/9/14		Name of Building Owner/Operator (2) John Morgan	
Agencies Notified	Type Notification	Street Address 318 19th Avenue	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lake Como, NJ 07424	
		Name of Contact Eric Plachis	Telephone Number 201-210-2100
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 318 19th Avenue		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) Lake Como		Square Feet	# of Floors
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Brick Industries Inc.	
Street Address		Street Address P.O. Box 915	
City, State, Zip Code		City, State, Zip Code Brick, NJ 08124	
Project Manager for Monitoring Firm		Telephone No. 732-899-7599	License No. 01196
Start Date (10) 12/10/14	Scheduled Completion Date (11) 12/12/14	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 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)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
			Thermal pipe insulation
Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 2
City, State Brick, NJ		Disposal Date 12/15/14	Name of Registered Landfill GROWS
City, State PA.			
Completed by Eric	Title President	Signature Eric	Date 12/9/14