

Paragon Job#

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

RECEIVED

2012 DEC 20 PM 2:58

Date of Notification (1) 12/17/12		Name of Building Owner/Operator (2) Ocean County College	
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"/> Amendment Amendment # _____ <input type="checkbox"/> Emergency (include justification) <input type="checkbox"/> Cancellation	
Street Address College Dr. PO Box 2001		City, State, Zip Code Toms River, NJ 08754	
Name of Contact Mike Bruno Director of Facilities		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Ocean County College			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 College Dr.			Square Feet N/A		
City (5) Toms River, NJ 08754			# of Floors N/A		
County (6) Ocean			Bldg. Age N/A		
County Code (7) (State use only)			Current Use (Prior if being demolished) Shopping Center		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Paragon Contracting, Inc.	
Street Address				Street Address 590 River Rd.	
City, State, Zip Code				City, State, Zip Code Clifton, NJ 07014	
Project Manager for Monitoring Firm		Phone Number		Telephone Number (973) 614-1600	
Scheduled Start Date (10) 01/04/2013		Sched. Completion Date (11) 02/11/2013		License Number 00748	
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: Regulated area(s) is on the grounds of the facility				Name of OSHA Monitor Paragon Contracting, Inc.	
				Street Address 590 River Rd.	
				City, State, Zip Code Clifton, NJ 07014	

Scope of Work (check all that apply)

- ☒ Demolition ☐ Renovation ☐ Full Containment w/negative pressure ☐ Glovebag procedure  
☐ >3 sf or >3 lf ☒ ≥160 sf or ≥260 lf ☐ Mini-enclosure ☒ Non-Exempted ( " ) Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Campus Grounds		<input checked="" type="checkbox"/>		Transite Underground Pipe	530 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler TBD or Amendment # 01 / Provided by others	NJDEP Hauler ID# TBD	Cubic Yards of Waste TBD	Name of Registered Landfill TBD
City, State	Disposal Date TBD	City, State	
Completed by (Print or Type) Goran Lazevski	Title President	Signature 	Date 12/17/2012



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

No check

Date of Notification (1) 12 / 12 / 12		Name of Building Owner / Operator (2) NOVARTIS PHARMACEUTICALS CORPORATION	
Agencies Notified		Street Address 1 HEALTH PLAZA	
<input checked="" type="checkbox"/> EPA	Type of Notification	City, State, Zip Code EAST HANOVER, NJ 07936	
<input type="checkbox"/> DOH	<input type="checkbox"/> Initial	Name of Contact KEN PIROZZI	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amended	Telephone Number	
<input type="checkbox"/>	<input type="checkbox"/> Amendment #		
<input type="checkbox"/>	<input type="checkbox"/> Emergency w/ justification		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Cancellation		

**RECEIVED**  
2012 DEC 20 PM 2:56  
ASBESTOS CONTROL  
DIVISION

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) NOVARTIS		Type of Facility (4)	
Street Address 1 HEALTH PLAZA		<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.)	
City (5) EAST HANOVER	County (6) MORRIS	County Code (7)	Building Age 40+
Square Feet 100,000		# Of Floors 2	
Current Use (Prior if being demolished) OFFICE/RESEARCH			
Name of Monitoring Firm Hired by Bldg. Owner (8) HILLMAN ENVIRONMENTAL		Name of Abatement Contractor (9) LVI Environmental Services Inc.	
Street Address 1600 ROUTE 22 EAST		Street Address 462 Getty Avenue	
City, State, Zip Code UNION, NJ 07083		City, State, Zip Code Clifton, NJ 07011	
Project Mngr. For Monitoring Firm MIKE NEHLSSEN		Telephone Number 908-688-7800	
Scheduled Start Date (10) 12 / 26 / 12	Sched. Completion Date (11) 01 / 04 / 13	Telephone Number 973-772-3660	License Number 00117
Occupancy Status During Abatement (Check Only 1)		Name of OSHA Monitor LVI Environmental Services Inc.	
<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 - 11:30PM		Street Address 462 Getty Avenue	
		City, State, Zip Code Clifton, NJ 07011	

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 type="checkbox"/> Mini - Enclosure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<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			
				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
B415 - 1ST FL OFFICE AREA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	FIREPROOFING	325 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"/>

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill IESI
City, State NEWARK, NJ	Disposal Date	City, State BETHLAHEM, PA	
Completed by (Print or Type) STEVEN STILES	Title PROJECT MANAGER	Signature <i>Steven Stiles</i>	Date 12/19/12



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

Date of Notification (1) 12 / 12 / 12		Name of Building Owner / Operator (2) NOVARTIS PHARMACEUTICALS CORPORATION					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation					
Street Address 1 HEALTH PLAZA		City, State, Zip Code EAST HANOVER, NJ 07936 Name of Contact KEN PIROZZI Telephone Number 					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) NOVARTIS		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 1 HEALTH PLAZA		Square Feet 100,000 # Of Floors 2 Building Age 40+					
City (5) EAST HANOVER	County (6) MORRIS	County Code (7)	Current Use (Prior if being demolished) OFFICE/RESEARCH				
Name of Monitoring Firm Hired by Bldg. Owner (8) HILLMAN ENVIRONMENTAL		Name of Abatement Contractor (9) LVI Environmental Services Inc.					
Street Address 1600 ROUTE 22 EAST		Street Address 462 Getty Avenue					
City, State, Zip Code UNION, NJ 07083		City, State, Zip Code Clifton, NJ 07011					
Project Mngr. For Monitoring Firm MIKE NEHLSEN		Telephone Number 908-688-7800					
Sched. Start Date (10) 12 / 26 / 12		Sched. Completion Date (11) 01 / 04 / 13					
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 - 11:30PM		Name of OSHA Monitor LVI Environmental Services Inc. Street Address 462 Getty Avenue City, State, Zip Code Clifton, NJ 07011					
Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
B415 - 1ST FL OFFICE AREA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	FIREPROOFING	325 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<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 IESI			
City, State NEWARK, NJ		Disposal Date	City, State BETHLAHEM, PA				
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER	Signature <i>Steven Stiles</i>		Date 12/12/12		



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

RECHECKED 2822

Date of Notification (1) 12 / 19 / 12		Name of Building Owner / Operator (2) AT&T	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DCA		Street Address 200 North Warner Ave City, State, Zip Code King Of Prussia, PA. 19406 Name of Contact Howard Polnow	
Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Telephone Number 2012 DEC 20 PM 2:58 ASBESTOS CONTROL & LIQUIDATION	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) AT&T		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 801 Asbury Avenue		Square Feet 5,000	
City (5) Ocean City	County (6) Atlantic	County Code (7)	# Of Floors 6
			Building Age 50+
Name of Monitoring Firm Hired by Bldg. Owner (8) Acer Associates Street Address 403 Bloomfield Drive Unit 2 City, State, Zip Code West Berlin, NJ. 08091 Project Mngr. For Monitoring Firm Matt Depalma		Name of Abatement Contractor (9) LVI Environmental Services Inc. Street Address 462 Getty Avenue City, State, Zip Code Clifton, NJ 07011 Telephone Number 973-772-3660 License Number 00117	
Sched. Start Date (10) 01 / 08 / 13		Sched. Completion Date (11) 01 / 10 / 13	
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe: MON-FRI. 7:00AM-3:30PM		Name of OSHA Monitor LVI Environmental Services Inc. Street Address 462 Getty Avenue City, State, Zip Code Clifton, NJ 07011	
Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) 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)
Roof Section 1	<input checked="" type="checkbox"/>	Paint	4SF
Roof Section 2	<input checked="" type="checkbox"/>	Paint	4SF
Roof Section 3	<input checked="" type="checkbox"/>	Paint	4SF
Name of Registered Waste Hauler Service Transport Group 58 Pyles Lane		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste
City, State New Castle, DE.		Disposal Date 1/11/2013	Name of Registered Landfill Minerva Landfill City, State 8955 Minerva Road Waynesburg, OH. 46888
Completed by (Print or Type) Marc Heim		Title Project Manager	Signature Marc Heim Date 12/19/12



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

**RECEIVED**  
2012 DEC 20 PM 2:58

Date of Notification (1) 12 / 17 / 12		Name of Building Owner/Operator (2) AT&T	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 200 North Warner Ave		City, State, Zip Code King Of Prussia, PA. 19406	
Name of Contact Howard Polnow		Telephone Number	


FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) AT&T			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 801 Asbury Avenue			Building Age 50+		
City (5) Ocean City	County (6) Atlantic	County Code (7)	Square Feet 5,000	# Of Floors 6	Current Use (Prior if being demolished) Commercial
Name of Monitoring Firm Hired by Bldg. Owner (8) Acer Associates		ASCM NO.	Name of Abatement Contractor (9) LVI Environmental Services Inc.		
Street Address 403 Bloomfield Drive Unit 2			Street Address 462 Getty Avenue		
City, State, Zip Code West Berlin, NJ. 08091			City, State, Zip Code Clifton, NJ 07011		
Project Mng. For Monitoring Firm Matt Depalma		Telephone Number 856 809-1202	Telephone Number 973-772-3660		
Schedul Start Date (10) 01 / 03 / 13		Sched. Completion Date (11) 01 / 07 / 13	License Number 00117		
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input type="checkbox"/> Other - Describe: MON-FRI. 7:00AM-3:30PM			Name of OSHA Monitor LVI Environmental Services Inc.		
			Street Address 462 Getty Avenue		
			City, State, Zip Code Clifton, NJ 07011		

**Scope of Work (Check All That Apply)**

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥3sf or ≥3lf		<input checked="" type="checkbox"/> Mini - Enclosure
<input type="checkbox"/> ≥160 sf or ≥260 lf		<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) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
Roof Section 1	<input checked="" type="checkbox"/>	Paint	4SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof Section 2	<input checked="" type="checkbox"/>	Paint	4SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof Section 3	<input checked="" type="checkbox"/>	Paint	4SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Group 58 Pyles Lane	NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE.	Disposal Date 1/11/2013	City, State 8955 Minerva Road, Waynesburg, OH. 44688	

Completed by (Print or Type) Marc Heim	Title Project Manager	Signature 	Date 12/17/12
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STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

check # 2821

Date of Notification (1) 12 / 19 / 12		Name of Building Owner / Operator (2) NOVARTIS PHARMACEUTICALS CORPORATION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		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 1 HEALTH PLAZA		City, State, Zip Code EAST HANOVER, NJ 07936	
Name of Contact KEN PIROZZI		Telephone Number 2012 DEC 20 PM 2:58 ASBESTOS CONSULTANTS & LLC	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) NOVARTIS		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 1 HEALTH PLAZA		Building Age N/A	
City (5) EAST HANOVER	County (6) MORRIS	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) HILLMAN ENVIRONMENTAL		Name of Abatement Contractor (9) LVI Environmental Services Inc.	
Street Address 1600 ROUTE 22 EAST		Street Address 462 Getty Avenue	
City, State, Zip Code UNION, NJ 07083		City, State, Zip Code Clifton, NJ 07011	
Project Mngr. For Monitoring Firm MIKE NEHLSEN		Telephone Number 908-688-7800	
Sched. Start Date (10) 12 / 29 / 12		Sched. Completion Date (11) 01 / 01 / 13	
Telephone Number 973-772-3660		License Number 00117	
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: SAT - MON - TUES - 7:00AM - 3:30PM		Name of OSHA Monitor LVI Environmental Services Inc.	
		Street Address 462 Getty Avenue	
		City, State, Zip Code Clifton, NJ 07011	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3sf or >3lf <input type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
EXTERIOR - 403	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	TRANSITE	15 LF
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Name of Registered Landfill IESI
City, State NEWARK, NJ		Disposal Date	City, State BETHLAHEM, PA
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER	Signature <i>Steven Stiles</i> Date 12/19/12



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

CK 96114

Date of Notification (1) 12/19/12		Name of Building Owner/Operator (2) PSE&G Fossil LLC Mercer Generating Station							
Agencies Notified	Type Notification	Street Address 2512 Lamberton Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hamilton, New Jersey 08611							
		Name of Contact Mark Schwartzkopf	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PSE&G Fossil Mercer Generating Station		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 2512 Lamberton Road		Square Feet 150,000	# of Floors 10						
City (5) Hamilton, NJ 08611		Bldg. Age 51							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies		ASC No. 0021	Name of Abatement Contractor (9) Brand Energy Services, LLC						
Street Address 28 Pennell Road		Street Address 740 Veterans Drive							
City, State, Zip Code Media, PA 19063		City, State, Zip Code Swedesboro, NJ 08085							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. 908-218-1108	Telephone No. 856-467-2850						
Start Date (10) 1/4/2013		Scheduled Completion Date (11) 12/31/2013	License No. 01009						
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: Active Electric Power Plant		Name of OSHA Monitor Accredited Environmental Technologies							
		Street Address 28 Pennell Road							
		City, State, Zip Code Media, PA 19063							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Unit #1 & #2 Powerhouse	X			Thermal System Insul	1,000 LF	x			
Unit #1 & #2 Powerhouse	X			Thermal System Insul	2,000 SF	x			
Name of Registered Waste Hauler Waste Management of NJ		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 40 CY	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Trenton, NJ		Disposal Date *		City, State Tullytown, PA 19097					
Completed by Gary Fedor		Title Area Multi-Service Manager	Signature			Date 12/19/12			

\*To support scheduled and unscheduled plant shutdown, revised notification will be submitted for each project. \* Do not use this form for asbestos licensure exempted activities.



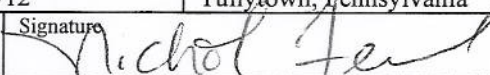
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>September 10, 2012</b>		Name of Building Owner/Operator (2) <b>Lynx Waste &amp; Recycling, Inc.</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>P O Box 188</b>	City, State, Zip Code <b>Spring Lake, NJ 07762</b>
		Name of Contact <b>Richard Hyde</b>	Telephone Number _____

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>285 Pine Avenue</b>			Square feet <b>1500sf</b>		
City <b>Manasquan</b>	County (6) <b>Monmouth</b>	County Code (7) (STATE USE ONLY)	# of Floors <b>1</b>	Bldg. Age <b>60</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>
Scheduled Start Date (10) <b>12/17/12</b>		Scheduled Completion Date (11) <b>12/18/12</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
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 <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

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


Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>	Disposal Date <b>12/19/12</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>12/17/2012</b>

\*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)

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Date of Notification (1) 12/17/12		Name of Building Owner/Operator (2) Donald Hoffman/ Residence							
Agencies Notified	Type Notification	Street Address 1510 Paul Blvd							
<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 Manahawkin NJ 08050							
		Name of Contact Donald	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Donald Hoffman / Residence		Type of Facility (4)							
Street Address 1510 Paul Blvd		<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) Manahawkin NJ 08050		Square Feet 1000+	# of Floors 2						
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Bldg. Age 35+							
Name of Monitoring Firm Hired by Building Owner (8) N/A		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) 12/26/12	Scheduled Completion Date (11) 1/3/12	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<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							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Exterior Siding			X	Exterior Siding	1800 Sf	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 1/3/12		City, State Morrisville Pa 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 12/17/12			



WAIVER OK'D BY DIANE

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

RECEIVED  
2012 DEC 20 PM 2:58  
NJ DEPT OF ENVIRONMENT & LICENSING

Date of Notification (1) <b>12-14-12</b>		Name of Building Owner/Operator (2) <b>SEA SHORE DAY CARE</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>345 SECOND AVE</b> City, State, Zip Code <b>LONG BRANCH NJ, 07740</b>	
		Name of Contact <b>Sohn</b>	Telephone Number <b>[REDACTED]</b>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>345 SECOND AVE</b>		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 <b>345 SECOND AVE</b>	City (5) <b>LONG BRANCH</b>	Square Feet <b>5000</b>	# of Floors <b>2</b>
County (6) <b>MONMOUTH</b>	County Code (7) (STATE USE ONLY)	Bldg. Age <b>80</b>	
Current Use (Prior if being demolished) <b>DAY CARE</b>			
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <b>ACE INSULATION CO INC</b>	
Street Address		Street Address <b>95 MONTROSE RD</b>	
City, State, Zip Code		City, State, Zip Code <b>COLTS NECK NJ 07722</b>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>732 214 1757</b>	License No. <b>00029</b>
Start Date (10) <b>12-14-12</b>	Scheduled Completion Date (11) <b>12-18-12</b>	Name of OSHA Monitor <b>ACE INSULATION CO INC</b>	
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: <b>7AM - 7PM</b>		Street Address <b>95 MONTROSE RD</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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		City, State, Zip Code <b>COLTS NECK NJ 07722</b>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <b>Boiler Rm</b>	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) <b>Pipe</b>
			Amount (Specify SF or LF) <b>9 LF</b>
			Abatement Type Removal Repair Encapsulate Enclosure <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Registered Waste Hauler <b>ACE INSULATION CO INC</b>	RIJEP Waste Hauler ID No. <b>17086</b>	Cubic Yards of Waste	Name of Registered Landfill <b>IGSI</b>
City, State <b>COLTS NECK NJ 07722</b>	Disposal Date	City, State <b>BETHLEHEM PA</b>	
Completed By <b>Jack GALL</b>	Title <b>OPS mgr</b>	Signature <b>Jack GALL</b>	Date



ATTN CHRIS

CK #  
1709State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>12-12-12</b>		Name of Building Owner/Operator (2) <b>HYDE &amp; ASSOCIATES</b>						
Agencies Notified <input checked="" 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 <b>1604 MAIN ST</b> City, State, Zip Code <b>LAKE COMO NJ</b>	Telephone Number <b>609-666-1234</b>					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>HYDE &amp; ASSOCIATES</b>		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 <b>1604 MAIN ST</b>		Square Feet <b>3500</b>	# of Floors <b>1</b>					
City (5) <b>LAKE COMO</b>		Bldg. Age <b>86+</b>						
County (6) <b>MONMOUTH</b>		County Code (7) (STATE USE ONLY) <b>0003AR</b>						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>ACE INSULATION CO INC</b>						
Street Address		Street Address <b>95 MONTROSE RD</b>						
City, State, Zip Code		City, State, Zip Code <b>COLTS NECK NJ 07722</b>						
Project Manager for Monitoring Firm		Telephone No. <b>732-214-1757</b>	License No. <b>00029</b>					
Start Date (10) <b>12-18-12</b>	Scheduled Completion Date (11) <b>12-20-12</b>	Name of OSHA Monitor <b>ACE INSULATION CO INC</b>						
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: <b>7 AM - 7 PM</b>		Street Address <b>95 MONTROSE RD</b>						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code <b>COLTS NECK NJ 07722</b>						
<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) <b>50 SF</b>	Abatement Type			
	Yes	No			N/A	Remove	Repair	Encapsulate
<b>BATH ROOM</b>			<b>FLOOR TILE</b>		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>ACE INSULATION CO</b>		NJDEP Waste Hauler ID No. <b>12086</b>	Cubic Yards of Waste <b>5-BAGS</b>	Name of Registered Landfill <b>GROWS</b>				
City, State <b>COLTS NECK NJ 07722</b>		Disposal Date <b>12-18-12</b>	City, State <b>TULLYTOWN PA</b>					
Completed By <b>Jack GALL</b>	Title <b>OPS MGR</b>	Signature <b>Jack GALL</b>	Date <b>12-12-12</b>					

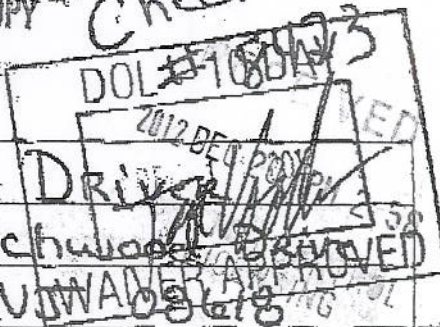


Emergency

REMEMBER - MAIL IN HARD COPY

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



Date of Notification (1) <b>12-11-12</b>		Name of Building Owner/Operator (2) <b>Debra Driver</b>						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>318 Beechwood</b> City, State, Zip Code <b>Ewing NJ 08618</b> Name of Contact <b>Debra Driver</b>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Single Family Dwelling</b>		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 <b>318 Beechwood AVE</b>		Square Foot	# of Floors <b>2</b>					
City (5) <b>Ewing NJ 08618</b>		Bldg. Age <b>100+</b>						
County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies, Inc</b>					
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>						
City, State, Zip Code <b>New Egypt NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>						
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609-758-3365</b>	License No. <b>00394</b>					
Start Date (10) <b>12-13-12</b>	Scheduled Completion Date (11) <b>12-13-12</b>	Name of OSHA Monitor <b>EPC Technologies, Inc</b>						
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 <b>P.O. Box 337</b> City, State, Zip Code <b>New Egypt NJ 08533</b>						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Stovebag 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	Enclosure
<b>Basement</b>	<input checked="" type="checkbox"/>			<b>Pipe Insulation</b>	<b>12 LF</b>	<input checked="" type="checkbox"/>		
<b>Basement Boilers</b>	<input checked="" type="checkbox"/>			<b>Air-0-cell Board</b>	<b>12 SF</b>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>&lt;1</b>	Name of Registered Landfill <b>Waste Management</b>				
City, State <b>NE NJ</b>		Disposal Date <b>12/14/12</b>	City, State <b>Monroville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>		Date <b>12-11-12</b>			



REC'D ~~Check~~ # 8937

Signature 



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

APPROVED: NJDOH 12/14/12

CL # 2386

Date of Notification (1) <b>12/14/12</b>		Name of Building Owner / Operator (2) <b>State of New Jersey Department of Human Services</b>	
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 checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>P.O. Box 700, 222 South Warren Street</b> City, State & Zip Code <b>Trenton, NJ 08625</b> Name of Contact <b>Ted Wardencki</b> Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>New Lisbon Developmental Center- 39 Employee Drive</b>		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 <b>104 NJ Route 72</b>		Square Feet	# of Floors
City (5) <b>New Lisbon</b>	County (6) <b>Burlington</b>	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) <b>Hospital</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		ASCM No.	
Street Address <b>120 North Warren Street</b>		Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>	
City, State & Zip Code <b>Trenton, NJ 08608</b>		Street Address <b>1123 Beaver Street</b>	
Project Manager for Monitoring Firm <b>Ryan Broadwater</b>		Telephone Number <b>609-392-4200</b>	License Number <b>00509</b>
Scheduled Start Date (10) <b>12/17/12</b>	Scheduled Completion Date (11) <b>12/28/12</b>	Name of OSHA Monitor <b>Bristol Environmental Inc.</b>	
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 – Describe: <input type="checkbox"/> Facility Occupied During Abatement <b>7AM to 3:30PM</b>		Street Address <b>1123 Beaver Street</b>	
		City, State & Zip Code <b>Bristol, PA 19007</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement Boiler Room</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe insulation (wrap &amp; cut)</b>	<b>200 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Throughout</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Vinyl floor padding</b>	<b>1456 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1<sup>st</sup> Floor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor Tile</b>	<b>456 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Throughout</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Mastic</b>	<b>1456 SF</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Service Transport Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>30 Cu yd</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>New Castle, DE</b>		Disposal Date <b>12/28/12</b>	City, State <b>Waynesburg, Ohio</b>		
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>		Date <b>12/14/12</b>



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

Date of Notification (1) <b>12 / 17 / 12</b>		Name of Building Owner/Operator (2) <b>County of Sussex</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>One Spring Street</b> City, State, Zip Code <b>Newtown NJ 07860</b> Name of Contact <b>Jason Maslowski</b> Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>County Garage</b>		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 <b>2 Hampton Street</b>									
City (5) <b>Newtown</b>		Square Feet <b>2,000</b>	# of Floors <b>1</b> Bldg. Age <b>50</b>						
County (6) <b>Sussex County</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Garage</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates, Inc.</b>		ASCM No. <b>00102</b>	Name of Abatement Contractor (9) <b>Luzon Inc.</b>						
Street Address <b>550 Grove Street</b>		Street Address <b>8451 Executive Ave.</b>							
City, State, Zip Code <b>Haddon Field, NJ 08035-1756</b>		City, State, Zip Code <b>Philadelphia, Pa. 19153</b>							
Project Manager for Monitoring Firm <b>Alan Lloyd</b>		Telephone No. <b>856 547 0505</b>	Telephone No. <b>267-284-1050</b> License No. <b>01027</b>						
Start Date (10) <b>01 / 07 / 13</b>	Scheduled Completion Date (11) <b>01 / 11 / 13</b>	Name of OSHA Monitor <b>Joseph Maronski</b>							
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: <b>8:00AM-5:00PM</b> / ____ PM- ____ AM		Street Address <b>8451 Executive Avenue</b> City, State, Zip Code <b>Philadelphia, Pa. 19153</b>							
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
Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile & mastic	217 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Break Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	216 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locker Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile & mastic	102 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	93 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Luzon, Inc.</b>		NJDEP Waste Hauler ID No. <b>32587</b>	Cubic Yards of Waste <b>3 CYS.</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>Philadelphia, Pa.</b>			Disposal Date <b>01-11-13</b>	City, State <b>Waynesburg, OH 44688</b>					
Completed By (Print or Type) <b>Piyush Patel</b>		Title <b>Program Manager</b>	Signature <i>P. Patel</i>			Date <b>12/17/12</b>			



CHECK #  
2566

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:121)

RECEIVED  
DEC 20 PM 2:58

Date of Notification (1) <u>12/17/12</u>		Name of Building Owner/Operator (2) <u>TRANSFORMATION ENTERPRISES</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> NJA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>601 W. CLONICK LANDING ROAD</u>	
		City, State, Zip Code <u>EDGEHARTBORO, N.J. 08215</u>	
		Name of Contact <u>SAVE</u>	Telephone Number <u>609-441-1111</u>

Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Address <u>5602 CALVERT AVE</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
City, State, Zip Code <u>VENTNOR HEIGHTS</u>		Block Age <u>40T</u>	
County (6) <u>ATLANTIC</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMM INC.</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-774-0422</u>	License No. <u>000144</u>
Date of Start <u>1/2/13</u>	Scheduled Completion Date (11) <u>1/9/13</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Company Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other Describe		Street Address <u>369 S. SPRUCE AVE</u>	
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	

Abatement Method (Check all that apply)

<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
	<input type="checkbox"/> Glovebag Procedure
	<input checked="" type="checkbox"/> Non-Exempted ("I") and Non-Frangible 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 (Spec. SF or LF)	Remarks
	Yes	No	N/A			
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>1500</u>	<u>X</u>

Waste Handler <u>KLEMM INC.</u>	NJDEP Waste Handler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Carrier <u>ACUA</u>
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date	City, State <u>ROSELANDTOWN, N.J.</u>
Signature <u>Joseph Klemm</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>12/17/12</u>



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

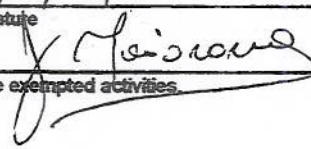
CH# 1039  
VIA FAX

Date of Notification (1) <b>12/13/12</b>		Name of Building Owner/Operator (2) <b>MR DAN LAROSA / NEXGEN ENTERPRISES</b>						
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>37 PEAKE RD, EDISON, NJ 08837</b> City, State, Zip Code <b>EDISON NJ 08837</b> Name of Contact <b>MR LAROSA</b> Telephone Number						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>433 MAINFIELD AVE</b> Street Address		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) <b>EDISON NJ</b>	Square Feet <b>3,000</b>	# of Floors <b>1</b>	Bldg. Age <b>80</b>					
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>DINER</b>						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>NOVATECH INC</b>						
Street Address		Street Address <b>P.O. Box 814</b>						
City, State, Zip Code		City, State, Zip Code <b>OLD BRIDGE NJ 08857</b>						
Project Manager for Monitoring Firm		Telephone No. <b>732 2387500</b>	License No. <b>00806</b>					
Start Date (10) <b>12/14/12</b>	Scheduled Completion Date (11) <b>1/14/13</b>	Name of OSHA Monitor <b>NOVATECH INC</b>						
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 <b>P.O. Box 814</b> City, State, Zip Code <b>OLD BRIDGE NJ 08857</b>						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>Boiler Room</b>			<b>X</b>	<b>PIPE INSULATION</b>	<b>25 LF</b>	<b>X</b>		
Name of Registered Waste Hauler <b>NOVATECH INC</b>		NJDEP Waste Hauler ID No. <b>18501</b>	Cubic Yards of Waste <b>1/2</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>				
City, State <b>OLD BRIDGE NJ 08857</b>		Disposal Date <b>1/15/13</b>		City, State <b>POCONO P.A.</b>				
Completed by <b>CARLOS AMEIDA</b>		Title <b>PRESIDENT</b>		Signature <i>[Signature]</i>		Date <b>12/13/12</b>		



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

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Date of Notification (1) <b>12/17/12</b>		Name of Building Owner/Operator (2) <b>MR. BOB JOHNSON</b>		<b>2012 DEC 20 PM 2:58</b>		
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>65 S. MAPLE AVE</b>		City, State, Zip Code <b>RIDGEWOOD, NJ, 07450</b>		
		Name of Contact <b>MR. JOHNSON</b>		Telephone Number		
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>MR. B. JOHNSON</b>			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 <b>65 S. MAPLE AVE</b>			Square Feet <b>2500</b>	# of Floors <b>2</b>	Bldg. Age <b>1935</b>	
City (5) <b>RIDGEWOOD</b>			County Code (7) (STATE USE ONLY)			
County (6) <b>Bergen</b>			Current Use (Prior if being demolished) <b>RESIDENCE</b>			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>			
Street Address			Street Address <b>450 S. River St</b>			
City, State, Zip Code			City, State, Zip Code <b>Hackensack, N.J. 07601</b>			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>		
Start Date (10) <b>12/27/12</b>	Scheduled Completion Date (11) <b>12/28/12</b>		Name of OSHA Monitor <b>Omega Environmental Inc</b>			
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: <b>7 AM TO 5 PM</b>			Street Address <b>280 Huyler St</b>			
			City, State, Zip Code <b>South Hackensack, N.J. 07606</b>			
Scope of Work (Check all that apply)						
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <b>BASEMENT</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No NA	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>105 LF</b>	Abatement Type		
				Removal	Repair	Encapsulate
		<b>THERMAL SYSTEM INSULATION</b>		<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>2.27</b>	Name of Registered Landfill <b>Minerva Enterprises</b>		
City, State <b>Hackensack, N.J. 07601</b>			Disposal Date <b>12/28/12</b>	City, State <b>Waynesburg, Oh</b>		
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>	Signature 		Date <b>12/17/12</b>		

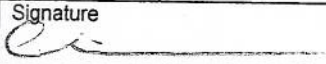


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

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2012 DEC 20 PM 2:38

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 12/17/12		Name of Building Owner/Operator (2) Steve Scharaldi / Residence							
Agencies Notified	Type Notification	Street Address 308 Morris Blvd							
<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 Manahawkin NJ 08050							
		Name of Contact Steve	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Steve Scharaldi / Residence		Type of Facility (4)							
Street Address 308 Morris Blvd		<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) Manahawkin NJ 08050		Square Feet 1000+	# of Floors 1						
County (6) Ocean		Bldg. Age 35+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) 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) 12/18/12	Scheduled Completion Date (11) 12/21/12	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Exterior Siding	1200 Sf	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 12/21/12		City, State Morrisville Pa 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 12/17/12			