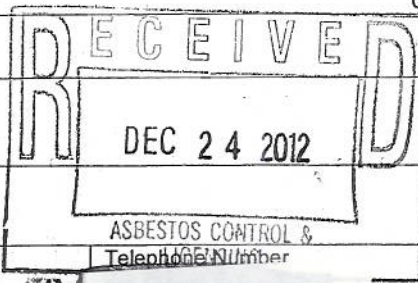


NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 7002

Date of Notification (1) 12/19/12		Name of Building Owner/Operator (2) Helen Glynos	
Agencies Notified	Type of Notification	Street Address 204 Serpentine Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Tenafly, NJ 07670	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Helen Glynos	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			



## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 204 Serpentine Road			Square Feet 2000		
City (5) Tenafly			County (6) Bergen		# of Floors 2
County Code (7) (STATE USE ONLY)			Bldg. Age 70		
Name of Monitoring Firm Hired by Building Owner N/A			Current Use (Prior if being demolished) residence		
Street Address			Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
City, State, Zip Code			Street Address 3 Lynn Court		
Project Manager for Monitoring Firm			City, State, Zip Code Lincoln Park, NJ 07035		
Telephone Number			Telephone Number 973-709-0200		
Scheduled Start Date (10) 12/29/12			License Number 00852		
Sched. Completion Date (11) 1/2/13			Name of OSHA Monitor J & S Environmental Laboratories, LLC		
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: Partially vacated			Street Address 2333 Route 22 West		
			City, State, Zip Code Union, NJ 07083		

## Scope of Work (Check all that apply)

- ☐ Demolition  
☐ ≥3 sf or ≥3 lf  
☒ ≥160 sf or ≥260 lf
- ☐ Renovation
- ☐ Full Containment with Negative Pressure  
☒ Mini – Enclosure  
☒ Glovebag Procedure  
☒ Non – Friable Procedure

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	E	N	E
basement			x	Pipe insulation	50 LF	x			
Basement			X	VAT	625 SF	X			

Name of Registered Waste Hauler Jupiter Env. Svc.	NJDEP Waste Hauler ID No. 04783	Cubic Yards Of Waste 3	Name of Registered Landfill Minerva Landfill
City, State Lincoln Park, NJ	Disposal Date 1/4/13	City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic	Title General Manager	Signature 	Date 12/19/12

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

*ck #1385*

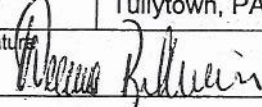
Date of Notification (1) <b>12/20/2012</b>		Name of Building Owner / Operator (2) <b>CS Builders LLC</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>  DEC 24 2012  ASBESTOS </div>				
Agencies Notified	Type Notification	Street Address <b>545 Beckett Rd - Suite 204</b>						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Swedesboro NJ 08085</b>						
		Name of Contact <b>Ron Smolskis</b>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Vacant Building</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>5045 Rt 38</b>			Square Feet <b>10000</b>	# of Floors <b>1</b>	Bldg. Age <b>70</b>			
City (5) <b>Pennsauken</b>	County (6) <b>Camden</b>	County Code (7)	Current Use (Prior if being demolished) <b>vacant</b>					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>ALPHA ENVIRONMENTAL</b>					
Street Address			Street Address <b>2129 Rt 33</b>					
City, State & Zip Code			City, State & Zip Code <b>Hamilton, NJ</b>					
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>215-295-1004</b>	License Number <b>01091</b>				
Scheduled Start Date (10) <b>01/02/2013</b>	Scheduled Completion Date (11) <b>01/12/2013</b>		Name of OSHA Monitor <b>EMSL 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 Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>107 Haddon Avenue</b>					
			City, State & Zip Code <b>Westmont, NJ 08108</b>					
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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) <b>9000sf</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>Throughout</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <b>x</b>	<b>VAT</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>		NJDEP Waste Hauler ID No. <b>0033330</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>Grows Landfill</b>				
City, State <b>Trenton</b>		Disposal Date <b>01/16/2013</b>	City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Rod Richardson</b>		Title <b>PM</b>	Signature <i>Rod Richardson</i>			Date <b>12/20/2012</b>		

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

9729301067

Date of Notification (1) 12/13/12		Name of Building Owner/Operator (2) Noah Schambelan							
Agencies Notified	Type Notification	Street Address 45 Marquette Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Upper Montclair, NJ 07043							
		Name of Contact Noah Schambelan							
		Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 45 Marquette Road		Square Feet N/A	# of Floors N/A						
City (5) Upper Montclair		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____							
Street Address		Name of Abatement Contractor (9) D&S Abatement, Inc.							
City, State, Zip Code		Street Address 11 Rosengren Avenue							
Project Manager for Monitoring Firm		City, State, Zip Code Totowa, NJ 07512							
Telephone No. _____		Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 12/27/12	Scheduled Completion Date (11) 12/29/12	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
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 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
throughout the basement		X		floor tile & mastic	336 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature <i>Deanna Brkusanin</i>			Date 12/13/12		

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

Date of Notification (1) 12/13/12		Name of Building Owner/Operator (2) Lucille & Ziggy Kay		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  DEC 24 2012  ASBESTOS ABATEMENT </div>					
Agencies Notified		Type Notification						Street Address 59 Maitland Ave	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						City, State, Zip Code Hawthorne, NJ 07506	
								Name of Contact Lucille & Ziggy Kay	
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 59 Maitland Ave				Square Feet N/A		# of Floors N/A			
City (5) Hawthorne				Bldg. Age N/A					
County (6) Passaic		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address				Street Address 11 Rosengren Avenue					
City, State, Zip Code				City, State, Zip Code Totowa, NJ 07512					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-345-8685		License No. #00675			
Start Date (10) 1/08/13		Scheduled Completion Date (11) 1/10/13		Name of OSHA Monitor D&S Abatement, Inc.					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>				Street Address 11 Rosengren Avenue					
				City, State, Zip Code Totowa, NJ 07512					
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 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		floor tile	430 SF	X			
basement		X		pipe insulation	37 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996		Cubic Yards of Waste TBD		Name of Registered Landfill Waste Management of PA			
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature 		Date 12/13/12			

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

67986844-7

Date of Notification (1) 12/13/12		Name of Building Owner/Operator (2) Bruno Pavlicek		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  DEC 24 2012  ASBESTOS CONTROL UNIT </div>					
Agencies Notified		Type Notification				Street Address 20 Keeler Street			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Springfield, NJ 07081			
						Name of Contact Bruno Pavlicek			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House				Type of Facility (4)					
Street Address 20 Keeler Street				<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) Springfield				Square Feet N/A	# of Floors N/A				
County (6) Union				Bldg. Age N/A					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address				Street Address 11 Rosengren Avenue					
City, State, Zip Code				City, State, Zip Code Totowa, NJ 07512					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-345-8685	License No. #00675				
Start Date (10) 1/05/13		Scheduled Completion Date (11) 1/06/13		Name of OSHA Monitor D&S Abatement, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 11 Rosengren Avenue					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied				City, State, Zip Code Totowa, NJ 07512					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input 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
basement		X		pipe insulation	45 LF	X			
basemenet		X		contaminated pipes	50 LF			X	
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996		Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA				
City, State Totowa, NJ				Disposal Date TBD	City, State Tullytown, PA				
Completed by Deanna Brkusanin		Title Project Manager		Signature <i>Deanna Brkusanin</i>		Date 12/13/12			

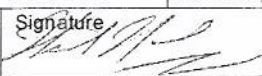
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

*ck #1385*

Date of Notification (1) <b>12/20/2012</b>		Name of Building Owner / Operator (2) <b>CS Builders LLC</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  DEC 24 2012  ASBESTOS  LICENS </div>					
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 <b>545 Beckett Rd - Suite 204</b>			
						City, State & Zip Code <b>Swedesboro NJ 08085</b>			
						Name of Contact <b>Don Smolskis</b>			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Vacant Building</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>5045 Rt 38</b>				Square Feet <b>10000</b>					
City (5) <b>Pennsauken</b>		County (6) <b>Camden</b>		# of Floors <b>1</b>					
		County Code (7)		Bldg. Age <b>70</b>					
Current Use (Prior if being demolished) <b>vacant</b>									
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.						
Street Address			Name of Abatement Contractor (9) <b>ALPHA ENVIRONMENTAL</b>						
City, State & Zip Code			Street Address <b>2129 Rt 33</b>						
Project Manager for Monitoring Firm			City, State & Zip Code <b>Hamilton, NJ</b>						
Telephone Number			Telephone Number <b>215-295-1004</b>						
Scheduled Start Date (10) <b>01/02/2013</b>			License Number <b>01091</b>						
Scheduled Completion Date (11) <b>01/12/2013</b>			Name of OSHA Monitor <b>EMSL 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 Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement				Street Address <b>107 Haddon Avenue</b>					
				City, State & Zip Code <b>Westmont, NJ 08108</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 checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input type="checkbox"/> Glove Bag Procedures					
				<input checked="" type="checkbox"/> Non-Exempted and Non-Frangible 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
<b>Throughout</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <b>x</b>	<input type="checkbox"/>	<b>VAT</b>	<b>9000sf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>			NJDEP Waste Hauler ID No. <b>0033330</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>Grows Landfill</b>				
City, State <b>Trenton</b>			Disposal Date <b>01/16/2013</b>	City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Rod Richardson</b>			Title <b>PM</b>	Signature <i>Rod Richardson</i>			Date <b>12/20/2012</b>		

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

505

Date of Notification (1) <b>December 20, 2012</b>		Name of Building Owner/Operator (2) <b>Parker Landscaping &amp; Construction</b>							
Agencies Notified	Type Notification	Street Address	<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   <b>DEC 24 2012</b>   Telephone Number </div>						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>PO Box 4126</b>  City, State, Zip Code <b>Wayne, NJ</b>  Name of Contact <b>Manager</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Building</b>		Type of Facility (4)							
Street Address <b>700 Charles Street</b>		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>Gloucester City, NJ</b>		Square Feet	# of Floors						
County (6) <b>Gloucester</b>		Bldg. Age							
County Code (7) <b>Gloucester</b>		Current Use (Prior if being demolished) <b>Building</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc.</b>		ASCM No. <b>0021</b>	Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>						
Street Address <b>907 Doolittle Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>		Telephone No. <b>(908) 218-1108</b>	Telephone No. <b>(973) 759 - 5000</b>						
Start Date (10) <b>1/14/12</b>		Scheduled Completion Date (11) <b>2/28/12</b>	License No. <b>00781</b>						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor <b>The MACK Group, LLC.</b>							
<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>1500 Kings HWY N, STE 209</b>							
		City, State, Zip Code <b>Cherry Hill, NJ 08034</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 checked="" 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
inside	<input checked="" type="checkbox"/>			pipe insulation	136 lf	<input checked="" type="checkbox"/>			
tank	<input checked="" type="checkbox"/>			tank insulation	510 s/f	<input checked="" type="checkbox"/>			
throughout	<input checked="" type="checkbox"/>			asbestos debris	400 s/f	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			transite canopy	965 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark Carting / Rovic</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>20.1</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>					
City, State <b>Newark / Riverdale, NJ</b>		Disposal Date <b>2/28/12</b>		City, State <b>Newburg, PA</b>					
Completed by <b>Mike Cooper</b>		Title <b>President</b>	Signature 			Date <b>12/20/12</b>			

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

Date of Notification (1) 12-17-12		Name of Building Owner/Operator (2) Joseph Pisani Jr.		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   DEC 24 2012   ASBESTOS CONTROL &amp;  Telephone Number </div>					
Agencies Notified		Type Notification				Street Address 95 River St.			
<input 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Hoboken NJ.			
						Name of Contact Joseph Pisani.			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial				Type of Facility (4)					
Street Address 95 River St.				<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) Hoboken NJ. 07030				Square Feet 20.000	# of Floors 5				
County (6) Hudson		County Code (7) (STATE USE ONLY)		Bldg. Age 80+					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Green Environmental Services.					
Street Address				Street Address 235 Virginia Ave.					
City, State, Zip Code				City, State, Zip Code Jersey City NJ 07304					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-333-8855	License No. 01174				
Start Date (10) 12-18-12		Scheduled Completion Date (11) 12-18-12		Name of OSHA Monitor Same as Above					
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 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
Basement		x		Ductwork	40sf			x	
Name of Registered Waste Hauler Tri-State Associate		NJDEP Waste Hauler ID No. 2A456		Cubic Yards of Waste 1	Name of Registered Landfill Minerva Enterprise				
City, State Bronx NY		Disposal Date 12-18-12		City, State Wynesburg - Ohio					
Completed by Tiffany Nunez		Title Office Manager		Signature			Date 12-17-12		

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

Date of Notification (1) <b>12-19-2012</b>		Name of Building Owner/Operator (2) <b>Robert Czosnyka</b>	
Agencies Notified	Type Notification	Street Address <b>65 Morse Ave</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Rutherford, NJ, 07070</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Nancy Lastra</b>	
<input checked="" type="checkbox"/> DOL	<input 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) <b>Same as above</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>65 Morse Ave.</b>			Square Feet <b>1600</b>		
City (5) <b>Rutherford</b>			County (6) <b>ESSEX</b>	County Code (7) (STATE USE ONLY)	# of Floors <b>2</b>
			Bldg. Age <b>1920</b>		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address		Street Address <b>86 Christopher St.</b>		
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm	Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>		License Number <b>00371</b>
Scheduled Start Date (10) Month 12 Day 29 Year 2012	Sched. Completion Date (11) Month 12 Day 31 Year 2012	Name of OSHA Monitor <b>N/A</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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

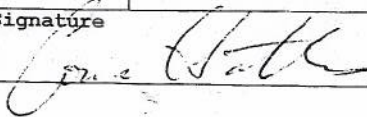
Scope of Work (Check all that apply)

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

☒ Renovation  
☐ Demolition

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

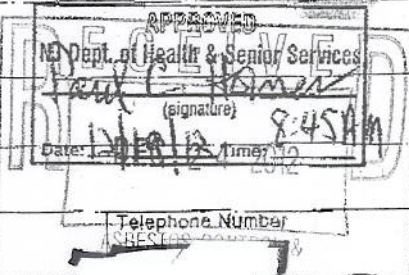
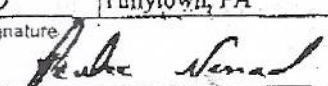
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement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

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste 2.0	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>1-2-13</b>	City, State <b>Morrisville, PA 19067</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 	Date <b>12-19-2012</b>		

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

Emergency Notification

MO# 20613900003

Date of Notification (1) 12 / 19 / 12		Name of Building Owner/Operator (2) Pat O'Hara			
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Street Address 391 Spring Valley Road			
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Paramus, NJ 07652			
		Name of Contact Pat O'Hara			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Private house				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 391 Spring Valley Road				Square Feet	
City (5) Paramus, NJ 07652				# of Floors	
County (6) Bergen				Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)	
Street Address				Gr Tech LLC	
City, State, Zip Code				Street Address 576 Valley Rd #285	
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code Wayne, NJ 07470	
Start Date (10) 12 / 19 / 12		Scheduled Completion Date (11) 12 / 20 / 12		Telephone No. 973-638-1777	
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		License No. 01127		Name of OSHA Monitor Envirovision Consultants, Inc	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >150 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Street Address 20-21 Wagaraw Road, Bldg # 34A		City, State, Zip Code Fair Lawn, NJ 07410	
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)	
Basement		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Pipe insulation	
		<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			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033735		Cubic Yards of Waste TBD	
City, State Wayne, NJ 07470		Disposal Date TBD		Name of Registered Landfill T.R.R.F. Inc	
Completed By (Print or Type) N.Jevtic		Title Owner		Signature 	
Date 12/19/2012					

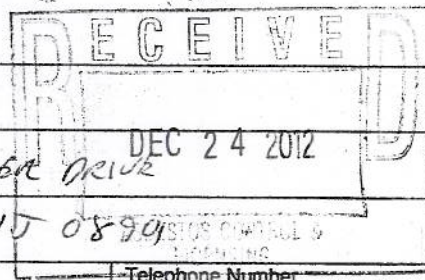
ASB-41

MAY 11

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

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

Check # 8046



Date of Notification (1) <b>12/19/12</b>		Name of Building Owner/Operator (2) <b>MRS. BROCK</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>135 JOYCE KILMER DRIVE</b> City, State, Zip Code <b>NEW BRUNSWICK NJ 08901</b> Name of Contact <b>MRS BROCK</b> Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>MRS BROCK</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>135 JOYCE KILMER DRIVE</b>		Square Feet <b>1850</b>							
City (5) <b>NEW BRUNSWICK</b>		# of Floors <b>2</b>	Bldg. Age <b>55</b>						
County (6) <b>MIDDLESEX</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>RES</b>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>A. Mac Contracting Inc.</b>							
Street Address		Street Address <b>105 Lowell Road</b>							
City, State, Zip Code		City, State, Zip Code <b>Glen Rock, N.J. 07452</b>							
Project Manager for Monitoring Firm		Telephone No. <b>201-262-5841</b>	License No. <b>00156</b>						
Start Date (10) <b>1/3/13</b>	Scheduled Completion Date (11) <b>1/4/13</b>	Name of OSHA Monitor <b>Omega Environmental Services 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>280 Huyler Street</b> City, State, Zip Code <b>Hackensack, NJ 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 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
<b>BASEMENT</b>			<b>X</b>	<b>PIPE</b>	<b>240 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Rovic Transport</b>		NJDEP Waste Hauler ID No. <b>20785</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>					
City, State <b>Riverdale, New Jersey 07457</b>			Disposal Date <b>1/1/13</b>	City, State <b>Bethlehem, PA 18015</b>					
Completed by <b>R. McDonald</b>		Title <b>President</b>	Signature <i>[Signature]</i>			Date <b>12/19/12</b>			

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

Check # 8037  
#8046

Date of Notification (1) 12/7/12		Name of Building Owner/Operator (2) OWENS CORNING / TRUMBULL							
Agencies Notified	Type Notification	Street Address 1249 NEWARK TURNPIKE DEC 24 2012							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code KEARNY NJ 07032							
		Name of Contact RIAN							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) OWENS CORNING / TRUMBULL		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 1249 NEWARK TURNPIKE		Square Feet PIPE RACK	# of Floors 50						
City (5) KEARNY		Bldg. Age							
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) ROOFING PLANT							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) A. Mac Contracting Inc.							
City, State, Zip Code		Street Address 105 Lowell Road							
Project Manager for Monitoring Firm		City, State, Zip Code Glen Rock, N.J. 07452							
Telephone No.		Telephone No. 201-262-5841	License No. 00156						
Start Date (10) 12/17/12	Scheduled Completion Date (11) 12/24/12	Name of OSHA Monitor Omega Environmental Services Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler Street							
		City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
OUTSIDE PIPE RACK			X	PIPE	750 LF	X			
BOILER ROOM			X	BOILER	2016 SF	X			
Name of Registered Waste Hauler NEWARK CARTING INC		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 10	Name of Registered Landfill G-ROWS					
City, State NEWARK, NJ		Disposal Date 12/17/12		City, State MORRISVILLE PA					
Completed by R. McDonald		Title President		Signature R. McDonald			Date 12/19/12		

Check # 8037

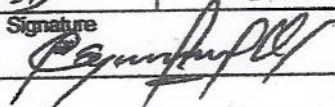
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**RECEIVED**

DEC 24 2012

Date of Notification (1) 12/7/12		Name of Building Owner/Operator (2) OWENS CORNING / TRUMBULL							
Agencies Notified	Type Notification	Street Address	DEC 24 2012						
<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	1249 NEWARK TURNPIKE							
		City, State, Zip Code	KEARNY NJ 07032						
		Name of Contact	Telephone Number						
		RIAN							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) OWENS CORNING / TRUMBULL		Type of Facility (4)							
Street Address 1249 NEWARK TURNPIKE		<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) KEARNY	Square Feet PIPE RACK	# of Floors	Bldg. Age 50						
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) ROOFING PLANT							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		A. Mac Contracting Inc.							
City, State, Zip Code		Street Address 105 Lowell Road							
Project Manager for Monitoring Firm		City, State, Zip Code Glen Rock, N.J. 07452							
Telephone No.		Telephone No. 201-262-5841	License No. 00156						
Start Date (10) 12/17/12	Scheduled Completion Date (11) 12/24/12	Name of OSHA Monitor Omega Environmental Services Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 280 Huyler Street							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply)									
<input 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 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
OUTSIDE PIPE RACK			X	PIPE	750 LF	X			
Name of Registered Waste Hauler NEWARK CARTING INC		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 10	Name of Registered Landfill GROWS					
City, State NEWARK, NJ		Disposal Date 12/17/12		City, State MORRISVILLE PA					
Completed by R. McDonald		Title President		Signature R. McDonald			Date 12/7/12		

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

Date of Notification (1) <b>12-18-2012</b>		Name of Building Owner/Operator (2) <b>DR. ALAN TOLCHIN M.D.</b>						
Agencies Notified	Type Notification	Street Address <b>72 GRAYSON PL.</b>						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>TEANECK, NJ 07666</b>						
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact <b>ALAN</b>	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>PRIVATE HOUSE</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>72 GRAYSON PL.</b>		Square Feet <b>1600</b>	# of Floors <b>2</b>					
City (5) <b>TEANECK NJ.</b>		Bldg. Age <b>82</b>						
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A.</b>		ASCM No.						
Street Address		Name of Abatement Contractor (9) <b>SHARON QUALITY CO LLC</b>						
City, State, Zip Code		Street Address <b>22-VAN ORDEN PL</b>						
Project Manager for Monitoring Firm		City, State, Zip Code <b>HACKENSACK N.J. 07601</b>						
Telephone No.		Telephone No. <b>201-708-4270</b>	License No. <b>01135</b>					
Start Date (10) <b>12-20-2012</b>	Scheduled Completion Date (11) <b>12-20-2012</b>	Name of OSHA Monitor <b>J&amp;S ENVIROMENTAL LABORATORIES LLC</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>2333 RT 22 WEST</b>						
Scope of Work (Check All That Apply) <input 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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>UNION NJ.</b>						
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>BASEMENT</b>		<b>X</b>		<b>62</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Sharon Quality Co</b>		NJDEP Waste Hauler ID No. <b>0033967</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>TRI-State Services</b>				
City, State <b>HACKENSACK N.J. 07601</b>		Disposal Date <b>TBD</b>		City, State <b>BRONX N.Y.</b>				
Completed by <b>CARLOS ESQUIVEL</b>		Title <b>SAFETY MANAGER</b>		Signature 		Date <b>12-18-2012</b>		

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

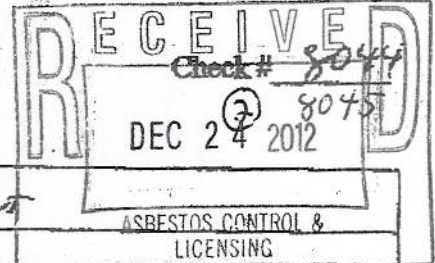
VIA U.S. MAIL  
Check # 1041

Date of Notification (1) <b>12/19/12</b>		Name of Building Owner/Operator (2) <b>MRS CAROLYN FIORINO</b>						
Agency Notified <input checked="" type="checkbox"/> DEPA <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 <b>16 Church Rd</b>						
		City, State, Zip Code <b>MILFORD, N.J. 08848</b>						
		Name of Contact <b>MRS FIORINO</b>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>48 HOY 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		ASBESTOS CONTROL & LICENSING						
City (5) <b>FORDS</b>		Square Feet <b>3,500</b>	# of Floors <b>2</b>					
County (6) <b>MIDDLESEX</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>75</b>					
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) <b>RESIDENT</b>						
ASC No.		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 N.J. 08857</b>						
Project Manager for Monitoring Firm		Telephone No. <b>732 238x7500</b>	License No. <b>00806</b>					
Start Date (10) <b>12/28/12</b>	Scheduled Completion Date (11) <b>01/28/13</b>							
Name of OSHA Monitor <b>NOVATECH INC</b>		Street Address <b>P.O. Box 814</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:		City, State, Zip Code <b>OLD BRIDGE N.J. 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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure.								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
<b>BASEMENT</b>			<b>X</b>	<b>PIPE INSULATION</b>	<b>100 L/F</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>10</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>				
City, State <b>OLD BRIDGE N.J. 08857</b>		Disposal Date <b>1/28/13</b>		City, State <b>PERISATTA PA.</b>				
Completed by <b>CARLOS A MEIDA</b>		Title <b>PRESIDENT</b>		Signature <i>[Signature]</i>		Date <b>12/19/12</b>		

NO ACCESS



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



Date of Notification (1) 12/14/12		Name of Building Owner/Operator (2) COVANTA BSEX PLANT	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 183 RAYMOND BLVD		City, State, Zip Code NEWARK NJ, 07101	
Name of Contact BRIAN MILLER		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) COVANTA BSEX PLANT		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 183 RAYMOND BLVD		Squares Feet 20,000	
City (5) NEWARK		# of Floors 3	
County (6) ESSEX		Bldg. Age 30	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) POWER PLANT / OFFICE	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
City, State, Zip Code		Street Address 105 Lowell Road	
Project Manager for Monitoring Firm		City, State, Zip Code Glen Rock, N.J. 07452	
Telephone No.		Telephone No. 201-282-5841	
Start Date (10) 12/21/12 P.M.		License No. 00158	
Scheduled Completion Date (11) 12/24/12		Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler Street	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sf or 25 lf <input checked="" type="checkbox"/> 250 sf or 250 lf <input 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		City, State, Zip Code Hackensack, NJ 07606	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) FRONT OFFICE		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 420 SF	
Abatement Type Removal Repair Encapsulate Enclose			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	
City, State Riverdale, New Jersey 07457		Cubic Yards of Waste 2	
Name of Registered Landfill IESI PA Bethlehem Landfill Corp.		Disposal Date 12/15/12	
City, State Bethlehem, PA 18015		Completed by R. McDonald	
Title President		Signature <i>(Signature)</i>	
Date 12/17/12			

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

MO# 20613900014

Amended Notification

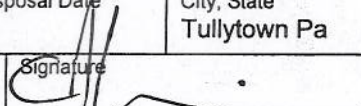
Date of Notification (1) <div style="display: flex; justify-content: space-around; width: 100%;"> <span>12 / 17 / 12</span> </div>		Name of Building Owner/Operator (2) <b>Martiz Mustafa</b>		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; margin: 0 auto; width: 100px;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold; margin-top: 10px;">DEC 24 2012</div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>237 76th Street</b>							
		City, State, Zip Code <b>North Bergen, NJ 07047</b>							
		Name of Contact <b>Gregory B. Pasquale</b>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Private Property</b> Street Address <b>237 76th Street</b> City (5) <b>North Bergen, NJ 07047</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
County (6) <b>Hudson</b>				County Code (7) (STATE USE ONLY) 					
Name of Monitoring Firm Hired by Building Owner (8) <b>Envirovision Consultants, Inc</b> Street Address <b>20-21 Wagaraw Road, Bldg. # 34A</b> City, State, Zip Code <b>Fair Lawn, NJ 07410</b>				Name of Abatement Contractor (9) <b>Gr Tech LLC</b> Street Address <b>576 Valley Rd #283</b> City, State, Zip Code <b>Wayne, NJ 07470</b>					
Project Manager for Monitoring Firm <b>Guillermo Morales</b>		Telephone No. <b>973-636-9145</b>		License No. <b>01127</b>					
Start Date (10) 12 / 20 / 12		Scheduled Completion Date (11) 12 / 22 / 12		Name of OSHA Monitor <b>Envirovision Consultants, Inc</b> Street Address <b>20-21 Wagaraw Road, Bldg. # 34A</b> City, State, Zip Code <b>Fair Lawn, NJ 07410</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: _____ AM- _____ PM/ _____ PM- _____ AM									
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Clean up and decontamination <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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Property	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mixed ACM&Debris on soil-	1,800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean up 2" deep and decontamination after		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	house demolition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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>Gr Tech LLC</b> City, State <b>Wayne, NJ 07470</b>		NJDEP Waste Hauler ID No. <b>0033785</b>		Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>T.R.R.F. Inc</b> City, State <b>Tullytown, PA -</b>				
Completed By (Print or Type) <b>N. Jevtic</b>		Title <b>Owner</b>		Signature 		Date <b>12/17/2012</b>			

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

*No check*

Date of Notification (1) December 19 2012		Name of Building Owner/Operator (2) Toll JM Urban Renewal LLC	
Agencies Notified	Type Notification	Street Address 1260 Stelton 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 Piscataway nj 08854	
		Name of Contact Adel Merdan	Telephone Number [REDACTED]

**RECEIVED**  
 DEC 24 2012  
 ASBESTOS CONTROL &

<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Flea Market		Type of Facility (4)							
Street Address 290 Rt 18		<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) East Brunswick		Square Feet 66,000 sq plus	# of Floors 1						
County (6) NJ		County Code (7) (STATE USE ONLY)	Bldg. Age 20 plus						
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental		Name of Abatement Contractor (9) Atek Remediation Services							
Street Address		Street Address 2725 Salmon St							
City, State, Zip Code		City, State, Zip Code Philadelphia PA 19134							
Project Manager for Monitoring Firm Leonid Shereshevsky		Telephone No. 973 588 4821	License No. 01167						
Start Date (10) Jan 7 2013	Scheduled Completion Date (11) Feb 28 2013	Name of OSHA Monitor Sky Environmental							
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 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
				Floor Tile Mastic, first floor through	66,000 SF	x			
				Roofing, Full Roof	66,000 SF	x			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 3000	Name of Registered Landfill WM- Tullytown					
City, State Morrisville PA		Disposal Date		City, State Tullytown Pa					
Completed by Andrew Pickerng	Title Member	Signature 		Date Dec 19 2012					

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

Chab 7787

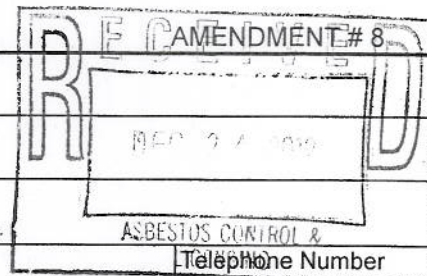
Date of Notification (1) <div style="text-align: center;">12 / 21 / 12</div>		Name of Building Owner/Operator (2) <b>A Charles Peruto</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2101 Pine St</b>							
		City, State, Zip Code <b>Phila PA 19103</b>							
		Name of Contact <b>A C Peruto</b>							
<div style="border: 1px solid black; padding: 5px; display: inline-block;">             RECEIVED DEC 24 2012           </div>									
<b>FACILITY INFORMATION</b>									
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 K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <b>328 99<sup>th</sup> St</b>									
City (5) <b>Stone Harbor</b>		Square Feet <b>2,000</b>	# of Floors <b>3</b>						
County (6) <b>Cape May</b>		Bldg. Age <b>50+</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>							
Street Address		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>							
City, State, Zip Code		City, State, Zip Code <b>Spring House, PA 19477</b>							
Project Manager for Monitoring Firm		Telephone No. <b>215-542-7000</b>	License No. <b>00847</b>						
Start Date (10) <div style="text-align: center;">12 / 26 / 12</div>	Scheduled Completion Date (11) <div style="text-align: center;">12 / 29 / 12</div>	Name of OSHA Monitor <b>CES</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: <u>7:00</u> AM- <u>      </u> PM/ <u>7:00</u> PM- <u>      </u> AM		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>							
		City, State, Zip Code <b>Spring House, PA 19477</b>							
Scope of Work (Check all that apply)									
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> <math>\geq 3</math> sf or <math>\geq 3</math> lf  <input checked="" type="checkbox"/> <math>\geq 160</math> sf or <math>\geq 260</math> lf         </div> <div> <input type="checkbox"/> Renovation  <input checked="" type="checkbox"/> Demolition         </div> <div> <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         </div> </div>									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	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
<b>Exterior</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Asbestos Containing Siding</b>	<b>1300</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>CES</b>		NJDEP Waste Hauler ID No. <b>00847</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>Cape May County Landfill</b>					
City, State <b>Spring House, PA 19477</b>		Disposal Date <b>12/29/12</b>		City, State <b>Cape May NJ</b>					
Completed By (Print or Type) <b>Patricia Visco</b>		Title <b>Office Manager</b>		Signature <i>Patricia Visco</i>			Date <b>12/24/12</b>		

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

ETS JOB # 3802/12 & 3914/12

Check # 23550

Date of Notification (1) <b>12/18/2012</b>		Name of Building Owner / Operator (2) <b>Bed, Bath and Beyond</b>	
Agencies Notified	Type Notification	Street Address <b>650 Liberty Avenue</b>	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State & Zip Code <b>Union, NJ 07083</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification	Name of Contact <b>Mr. John Purcell</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Bed, Bath and Beyond Property</b>			Type of Facility (4) <input type="checkbox"/> School (K-12)		
Street Address <b>650 Liberty Avenue</b>			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City (5) <b>Union</b>	County (6) <b>Union</b>	County Code (7)	Square Feet <b>200,000</b>	# of Floors <b>2</b>	Bldg. Age <b>50+</b>
Current Use (Prior if being demolished) <b>Commercial Office</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates, Inc.</b>			Name of Abatement Contractor (9) <b>ETS Contracting, Inc.</b>		
Street Address <b>1090 King Georges Post Road, Suite 706</b>			Street Address <b>160 Clay Street</b>		
City, State & Zip Code <b>Edison, NJ 08837</b>			City, State & Zip Code <b>Brooklyn, NY 11222</b>		
Project Manager for Monitoring Firm <b>Pat Sisk</b>		Telephone Number <b>(732) 771-0051</b>	Telephone Number <b>718-706-6300</b>		License Number <b>00511</b>
Scheduled Start Date (10) <b>4/25/2012</b>		Scheduled Completion Date (11) <b>3/25/2013</b>		Name of OSHA Monitor <b>Environmental Tactics, 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 - Describe: <input checked="" type="checkbox"/> Other - Describe: <b>Work Area Vacated: - Working Hours from Monday - Saturday 3:30 pm to 12:00 am</b>			Street Address <b>64 Broad Street</b>		
			City, State & Zip Code <b>Matawan, NJ 0774</b>		

Scope of Work (Check all that apply)	
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation
<input checked="" type="checkbox"/> Large Project	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM	<input checked="" type="checkbox"/> Mini-Enclosure
<input type="checkbox"/> Quantity is $\geq 160$ SF or $\geq 260$ LF ACM	<input type="checkbox"/> Glovebag Procedure
	<input type="checkbox"/> Other: <b>Non Friable Removal</b>

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
<b>1<sup>st</sup> Floor</b>	<b>No</b>	<b>VAT</b>	<b>100,000 SF</b>	<b>Removal</b>
<b>2<sup>nd</sup> Floor- Completed</b>	<b>No</b>	<b>VAT</b>	<b>60,000 SF</b>	<b>Removal</b>
<b>2<sup>nd</sup> Floor- Completed</b>	<b>No</b>	<b>Pipe Insulation</b>	<b>100 LF</b>	<b>Removal</b>
Name of Registered Waste Hauler <b>Tri State Transfer</b>		NJDEP Waste Hauler ID # <b>19551</b>	Cu. Yds. of Waste <b>600</b>	Name of Registered Landfill <b>Minerva Enterprises, Inc.</b>
City, State <b>Bronx, NY</b>		Disposal Date <b>TBD</b>	City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>ROY JOHNSON</b>		Title <b>PROJECT EXECUTIVE</b>	Signature 	Date <b>12/18/2012</b>

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

*Check # 7788*

Date of Notification (1) <b>12 / 21 / 12</b>			Name of Building Owner/Operator (2) <b>J &amp; D Building &amp; Development</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>12 S Harvard</b> City, State, Zip Code <b>Ventnor, NJ 08406-2724</b> Name of Contact <b>Alex Linsk</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Former Residence</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>9503 Monmouth Ave</b>			Square Feet <b>2,000</b>						
City (5) <b>Margate</b>			# of Floors <b>2</b>		Bldg. Age <b>50+</b>				
County (6) <b>Atlantic</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Residence</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.		Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>					
Street Address		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>							
City, State, Zip Code		City, State, Zip Code <b>Spring House, PA 19477</b>							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <b>215-542-7000</b> License No. <b>00847</b>					
Start Date (10) <b>12 / 26 / 12</b>		Scheduled Completion Date (11) <b>12 / 29 / 12</b>		Name of OSHA Monitor <b>CES</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>7:00AM</b> -____PM/ <b>7:00PM</b> -____AM			Street Address <b>1121 N. Bethlehem Pike - Suite 60</b> City, State, Zip Code <b>Spring House, PA 19477</b>						
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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Containing Siding	1300	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Jack Robinson Waste Disposal</b>		NJDEP Waste Hauler ID No. <b>17304</b>		Cubic Yards of Waste <b>4</b>		Name of Registered Landfill <b>Atlantic County Landfill</b>			
City, State <b>404 Oakland Ave Bellmawr, NJ 08301</b>				Disposal Date <b>12/29/12</b>		City, State <b>Atlantic City, NJ</b>			
Completed By (Print or Type) <b>Patricia Visco</b>		Title <b>Office Manager</b>		Signature <i>Patricia Visco</i>		Date <b>12/21/12</b>			

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

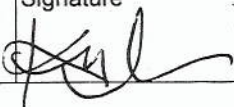
Job #: 1212-1712  
Check #: 2966

Date of Notification (1) <b>12/20/12</b>		Name of Building Owner / Operator (2) <b>Crestar Homes of New Jersey, LLC</b>	
Agencies Notified	Type Notification	Street Address <b>1415 Route 70 East Suite 500</b>	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Cherry Hill, NJ 08034</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact <b>Mr. Mark Childs</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  DEC 20 2012  Telephone Number  <b>856 516 0280 x 2</b>  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

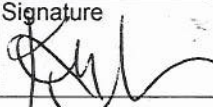
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Residential Property</b>		Type of Facility (4)							
Street Address <b>1618 Greenwood Avenue</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>Hamilton</b>	County (6) <b>Mercer</b>	Square Feet <b>1500</b>	# of Floors <b>2</b>						
County Code (7)		Bldg. Age <b>60 years</b>							
Current Use (Prior if being demolished) <b>Residential Property</b>									
Name of Monitoring Firm Hired by Building Owner (8) <b>Tiger Environmental</b>		ASCM No.							
Street Address <b>234 20<sup>th</sup> Avenue</b>		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>							
City, State & Zip Code <b>Brick, NJ 08724</b>		Street Address <b>3859 Sylon Blvd.</b>							
Project Manager for Monitoring Firm <b>Kelly Walton</b>		City, State & Zip Code <b>Hainesport, NJ 08036</b>							
Telephone Number <b>732-948-9458</b>		Telephone Number <b>609-702-0400</b>	License Number <b>00862</b>						
Scheduled Start Date (10) <b>1/8/13</b>	Scheduled Completion Date (11) <b>1/8/13</b>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one)		Street Address <b>107 Haddon Ave.</b>							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area		City, State & Zip Code <b>Westmont, NJ 08108</b>							
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 ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glove Bag Procedures <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 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</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation</b>	<b>150 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input 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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input 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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input 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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Horizon Disposal</b>	NJDEP Waste Hauler ID No. <b>22612</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>GROWS</b>
City, State <b>Trenton, NJ</b>	Disposal Date <b>1/9/13</b>	City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Kim Trumbetti</b>	Title <b>Admin.</b>	Signature 	Date <b>12/20/12</b>

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

Job #: 1212-1711  
Check #: 2967

Date of Notification (1) <b>12/20/12</b>		Name of Building Owner / Operator (2) <b>Crestar Homes of New Jersey, LLC</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>    2012    ASBESTOS CONTROL  LICENSING </div>						
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 <b>1415 Route 70 East Suite 500</b>				
						City, State & Zip Code <b>Cherry Hill, NJ 08034</b>				
						Name of Contact <b>Mr. Mark Childs</b>				
Telephone Number <b>856-648-0280 x225</b>										
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>Residential Property</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>1618 Greenwood Avenue</b>				Square Feet <b>1500</b>						
City (5) <b>Hamilton</b>		County (6) <b>Mercer</b>		# of Floors <b>2</b>						
		County Code (7)		Bldg. Age <b>60 years</b>						
Current Use (Prior if being demolished) <b>Residential Property</b>										
Name of Monitoring Firm Hired by Building Owner (8) <b>Tiger Environmental</b>			ASCM No.							
Street Address <b>234 20<sup>th</sup> Avenue</b>			Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>							
City, State & Zip Code <b>Brick, NJ 08724</b>			Street Address <b>3859 Sylon Blvd.</b>							
Project Manager for Monitoring Firm <b>Kelly Walton</b>			City, State & Zip Code <b>Hainesport, NJ 08036</b>							
Telephone Number <b>732-948-9458</b>			Telephone Number <b>609-702-0400</b>		License Number <b>00862</b>					
Scheduled Start Date (10) <b>1/9/13</b>		Scheduled Completion Date (11) <b>1/9/13</b>		Name of OSHA Monitor <b>EMSL Analytical</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 Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area				Street Address <b>107 Haddon Ave.</b>						
				City, State & Zip Code <b>Westmont, NJ 08108</b>						
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 ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure						
				<input checked="" type="checkbox"/> Glove Bag Procedures						
				<input type="checkbox"/> Non-Exempted and Non-Frangible 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
<b>Basement</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation</b>	<b>140 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input 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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input 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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input 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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Horizon Disposal</b>		NJDEP Waste Hauler ID No. <b>22612</b>		Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>GROWS</b>					
City, State <b>Trenton, NJ</b>				Disposal Date <b>1/10/13</b>	City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Kim Trumbetti</b>				Title <b>Admin.</b>	Signature 				Date <b>12/20/12</b>	

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

92169

Date of Notification (1) [ 12 ] [ 20 ] / [ 12 ]		Name of Building Owner/Operator (2) <b>Hoffmann-LaRoche</b>	
Agencies Notified ( ) EPA ( ) DEP ( x ) DOL ( x ) DOH ( ) DCA	Type Notification ( x ) Initial Notification ( ) Amended Notification ( ) Cancellation	Street Address <b>340 Kingsland Street</b>	
		City, State, Zip Code <b>Nutley, NJ 07110</b>	
		Name of Contact <b>Paul Peskowsky</b>	
		Telephone Number <b>24 2012</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is taking Place (3)  
**Building 76**

Street Address  
"same as above"

Type of Facility (4)  
{ } School (K-12)  
{ } Subchapter 8 (other than K-12)  
{ X } Other (i.e., private & commercial buildings, homes, etc.)

City (5)	County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors <b>15</b>	Bldg. Age
			Current use (Prior if being demolished) labs & offices.		

Name of Monitoring Firm Hired by Building Owner (8) **ASCM No. E.H.I**

Street Address  
**655 W. Shore Trail**

City, State, Zip Code  
**Sparta, NJ 07871**

Project Manager for Monitoring Firm Telephone Number  
**973-729-5649**

Scheduled Start Date (10) Sched. Completion Date (11)  
[ 01 ] / [ 07 ] / [ 13 ] [ 01 ] / [ 10 ] / [ 13 ]  
Month Day Year Month Day Year

Occupancy Status During Abatement (Check only one)  
[ ] Facility Closed/Vacated During Entire Period of Abatement

[ ] Abatement Performed Outside of Normal Facility Hours - Describe: \_\_\_\_\_

[ x ] Other - Describe: 7 am - 230 pm

Name of Abatement Contractor (9)  
**Pow/R/Save Inc.**

Street Address **27 West Street**

City, State, Zip Code  
**Bloomfield, NJ 07003**

Telephone Number  
**(973) 680-0088**

License Number **357**

Name of OSHA Monitor

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

[ ] Demolition  
[ x ] ≥ 3 sf or ≥ 3 lf  
[ ] ≥ 160 sf or ≥ 260 lf

[ x ] Renovation

[ ] Full Containment with Negative Pressure  
[ x ] Mini-Enclosure with remote deco n  
[ x ] Glovebag Procedure  
[ ] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location 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	NA			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement				piping	95 lf	x			

Name of Registered Waste Hauler <b>Waste Management</b>	NJDEP Waste Hauler ID No 304597	Cubic Yards of Waste	Name of Registered Landfill <b>Tullytown Resource Recovery &amp; Grand Central</b>
City, State <b>Morrisville PA</b>	Disposal Date	City, State <b>Tullytown, PA, Pen Argyl PA</b>	
Completed By (Print or Type) <b>Sharon Hendee</b>	Title <b>Owner</b>	Signature <i>[Signature]</i>	Date <b>12/20/12</b>

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

D&S Proj. #: MS 12-432

Date of Notification (1) 12/1/12		Name of Building Owner/Operator (2) NICK SODANO	
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 288 GRANT AVENUE City, State, Zip Code CLIFFSIDE PARK, NJ Name of Contact NICK SODANO	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) NCIK SODANO			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 288 GRANT AVENUE			Square Feet		
City (5) CLIFFSIDE PARK			County (6) BERGEN		County Code (7) (State use only)
			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) 12/28/12		Sched. Completion Date (11) 01/10/12		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 type="checkbox"/> Full Containment w/negative pressure			
<input checked="" type="checkbox"/> >3 sf or >3 lf				<input checked="" type="checkbox"/> Renovation			
<input type="checkbox"/> ≥160 sf or ≥260 lf				<input type="checkbox"/> Demolition			
				<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		<input checked="" type="checkbox"/>		PIPE INSULATION & FITTINGS	20 L FT	<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 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 12/31/12		City, State TULLYTOWN, PA			

Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 12/19/12	
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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

*check 7786*

Date of Notification (1) <b>12 / 21 / 12</b>			Name of Building Owner/Operator (2) <b>Matthew &amp; Michelle Weiss</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>1621 Henroe</b> <hr/> City, State, Zip Code <b>Maple Glen, PA 19002</b> <hr/> Name of Contact <b>Matt Weiss</b> <hr/> Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Weiss Residence</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>7 N 34<sup>th</sup> Street</b>			Square Feet <b>1500</b>						
City (5) <b>Longport</b>			# of Floors <b>2</b>		Bldg. Age <b>50+</b>				
County (6) <b>Atlantic</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Residence</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.		Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>					
Street Address		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>							
City, State, Zip Code		City, State, Zip Code <b>Spring House, PA 19477</b>							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <b>215-542-7000</b> License No. <b>00847</b>					
Start Date (10) <b>12 / 26 / 12</b>		Scheduled Completion Date (11) <b>12 / 29 / 12</b>		Name of OSHA Monitor <b>CES</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>7:00AM-</b> _____ <b>PM/7:00PM-</b> _____ <b>AM</b>			Street Address <b>1121 N. Bethlehem Pike - Suite 60</b> <hr/> City, State, Zip Code <b>Spring House, PA 19477</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 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) <b>TO BE ABATED</b> 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Containing Siding	1300	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Jack Robinson Waste Disposal</b>		NJDEP Waste Hauler ID No. <b>17304</b>		Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>Atlantic County Landfill</b>				
City, State <b>404 Oakland Ave Bellmawr, NJ 08301</b>				Disposal Date <b>12/29/12</b>	City, State <b>Atlantic City, NJ</b>				
Completed By (Print or Type) <b>Patricia Visco</b>		Title <b>Office Manager</b>		Signature <i>Patricia Visco</i>		Date <b>12/21/12</b>			