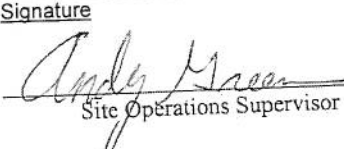


**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 7:26-2.12)

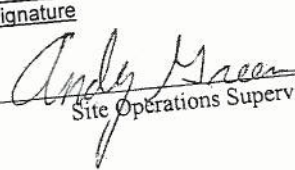
<b>Date of Notification (1)</b> 12/6/13		<b>Name of Building Owner/Operator (2)</b> Paulsboro Refining Company													
<b>Agencies Notified</b>  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<b>Notification Type</b>  <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled		<b>Street Address</b> 800 Billingsport Rd												
			<b>City, State, Zip Code</b> Paulsboro, NJ 08066												
			<b>Name of Contact</b> Ravi Jarecha <div style="float: right;"> <b>Tel. Number</b> 856-224-4444         </div>												
<b>FACILITY INFORMATION</b>															
<b>Name of Facility Where Abatement is Taking Place (3)</b> Paulsboro Refining Company		<b>Type of Facility (4)</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 bldgs., homes, etc.													
<b>Street Address</b> 800 Billingsport Rd		Sq. Feet <u>N/A</u> # of Floors <u>N/A</u>													
<b>City (5)</b> Paulsboro	<b>County (6)</b> Gloucester	<b>County Code (7)</b> (State Use Only)	<b>Bldg. Age</b> <u>N/A</u> <b>Current Use</b> (prior if being demolished) <u>Oil Refinery</u>												
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b>		<b>ASCM No.</b>	<b>Name of Contractor (9)</b> K A Industrial Services LLC												
<b>Street Address</b>		<b>Street Address</b> 800 Billingsport Rd													
		<b>City, State, Zip Code</b> Paulsboro, NJ 08066													
<b>Project Manager for Monitoring Firm</b>	<b>Telephone Number</b>	<b>License Number</b> 00857													
<b>Scheduled Start Date (10)</b> 12/23/13	<b>Scheduled Completion Date (11)</b> 12/31/13	<b>Name of OSHA Monitor</b> Kenny Atlantic Industrial Services, LLC													
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Other - Describe - Removal within restricted work area in outside areas		<b>Street Address</b> 800 Billingsport Rd													
		<b>City, State, Zip Code</b> Paulsboro NJ 08066													
<b>Source of Work (Check all that apply)</b> <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> SM Proj. (X)>25<160 SF or >10 <260 LF ACM <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure															
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES    NO    NA	<b>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</b>	<b>Amount (Specify SF or LF)</b> Approx 50LF  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center" colspan="4"><b>Abatement Type</b></th> </tr> <tr> <th align="center">Rem.</th> <th align="center">Rep.</th> <th align="center">Encap</th> <th align="center">Enclose</th> </tr> <tr> <td align="center">X</td> <td></td> <td></td> <td></td> </tr> </table>	<b>Abatement Type</b>				Rem.	Rep.	Encap	Enclose	X			
<b>Abatement Type</b>															
Rem.	Rep.	Encap	Enclose												
X															
Pre Demolition removal at South Reactor side buildings		Pipe Insulation													
<b>Name of Reg. Waste Hauler</b> Waste Management, Inc.		<b>NJDEP Waste Hauler ID #</b> 17273	<b>Cubic Yards of Waste</b> < 1 CY  <b>Name of Reg. Landfill</b> Gloucester County Landfill												
<b>City, State</b> South Harrison, NJ		<b>Disp. Date</b> Various	<b>City, State</b> South Harrison, NJ												
<b>Completed by (Print or Type)</b>  ANDREW GREEN	<b>Title</b>  MANAGER - KENNY ATLANTIC	<b>Signature</b>  Site Operations Supervisor	<b>Date</b> 12/6/13												

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

Telephone 609-984-6620

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9/18/00

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

<b>Date of Notification (1)</b> 12/12/13		<b>Notification Type</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled		<b>Name of Building Owner/Operator (2)</b> Paulsboro Refining Company	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA				<b>Street Address</b> 800 Billingsport Rd	
				<b>City, State, Zip Code</b> Paulsboro, NJ 08066	
				<b>Name of Contact</b> Ravi Jarecha	<b>Tel. Number</b> 856-224-4444
<b>FACILITY INFORMATION</b>					
<b>Name of Facility Where Abatement is Taking Place (3)</b> Paulsboro Refining Company			<b>Type of Facility (4)</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 bldgs., homes, etc.)		
<b>Street Address</b> 800 Billingsport Rd			<b>Sq. Feet</b> N/A <b># of Floors</b> N/A		
<b>City (5)</b> Paulsboro	<b>County (6)</b> Gloucester	<b>County Code (7) (State Use Only)</b>	<b>Bldg. Age</b> N/A		
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> Cardno ATC			<b>Current Use (prior if being demolished)</b> Oil Refinery		
<b>Street Address</b> 3 Terri Lane			<b>Name of Contractor (9)</b> K A Industrial Services LLC		
<b>Burlington, NJ 08016</b>			<b>ASCM No.</b> 98		
<b>Project Manager for Monitoring Firm</b> John Lutz			<b>Street Address</b> 800 Billingsport Rd		
<b>Scheduled Start Date (10)</b> 12/12/13			<b>City, State, Zip Code</b> Paulsboro, NJ 08066		
<b>Telephone Number</b> 609-386-8800			<b>License Number</b> 00857		
<b>Scheduled Completion Date (11)</b> 1/31/14			<b>Telephone Number</b>		
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Other - Describe - Removal within restricted work area in outside areas			<b>Name of OSHA Monitor</b> K A Industrial Services, LLC		
			<b>Street Address</b> 800 Billingsport Rd		
			<b>City, State, Zip Code</b> Paulsboro NJ 08066		
<b>Source of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input checked="" type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure					
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES    NO    NA X	<b>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</b> Pipe Insulation	<b>Amount (Specify SF or LF)</b> Approx 150 LF	<b>Abatement Type</b> Rem.    Rep.    Encap    Enclo X	
<b>Support for CU7 shutdown - various areas as needed</b>					
<b>Name of Reg. Waste Hauler</b> Waste Management, Inc.	<b>NJDEP Waste Hauler ID #</b> 17273	<b>Cubic Yards of Waste</b> < 1 CY	<b>Name of Reg. Landfill</b> Gloucester County Landfill		
<b>City, State</b> South Harrison, NJ		<b>Disp. Date</b> Various	<b>City, State</b> South Harrison, NJ		
<b>Completed by (Print or Type)</b> ANDREW GREEN	<b>Title</b> MANAGER - KA Industrial Services	<b>Signature</b>  Site Operations Supervisor	<b>Date</b> 12/12/13		

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

Telephone 609-984-6620

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9/18/00



Date of Notification (1) 1   2   /   2   0   /   1   3		Name of Building Owner/Operator (2) Newark Public Schools	
Agencies Notified	Type Notification	Street Address 2 Cedar Street	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Newark, NJ 07102	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Douglas Bland, Bus. Admin.	973-424-4400
<input checked="" type="checkbox"/> DOH			
<input checked="" type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) University High School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 55 Clinton Place			Square Feet 55000	# of Floors 3	Bldg. Age 50
City (5) Newark, NJ 07108	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) Whitman Companies, Inc.			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
Street Address 116 Tices Lane, Unit B-1			Street Address 180 Sargeant Avenue		
City, State, Zip Code East Brunswick, NJ 08816			City, State, Zip Code Clifton, NJ 07013-1935		
Project Manager for Monitoring Firm Kevin Lovely			Telephone Number 732-390-5858	License Number 00807	
Scheduled Start Date (10) 0   1   /   0   3   /   1   4		Sched. Completion Date (11) 0   1   /   0   6   /   1   4		Name of OSHA Monitor Four Strong Builders, Inc.	
Month / Day / Year		Month / Day / Year		Street Address 180 Sargeant Avenue	
Occupancy Status During Abatement (Check only one)					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement					
<input type="checkbox"/> Abatement Performed Outside of Normal Facility					
Hours - Describe: _____					
<input type="checkbox"/> Other - Describe: _____					
Scope of Work (Check all that apply)					
<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> >3 sf or >3 lf				<input checked="" type="checkbox"/> Mini-Enclosure	
<input type="checkbox"/> >160 sf or >260 lf				<input checked="" type="checkbox"/> Glovebag Procedure	
				<input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				R E M O V A L	R E P A I R	E N C A P S U L	E N C I O S U R E	
Storage Room & Mechanical Room	<input checked="" type="checkbox"/>	Pipe Insulation including elbows & joints	100 LF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler Four Strong Builders, Inc.	NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.
City, State Clifton, NJ	Disposal Date	City, State Tullytown, PA	
Completed By (Print or Type) Bilyana Kulakovska	Title Office Administrator	Signature 	Date 12/20/13



Date of Notification (1) 1   2   /   1   8   /   1   3		Name of Building Owner/Operator (2) East Orange School District	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 715 Park Avenue		City, State, Zip Code East Orange, NJ 07017	
Name of Contact Dario Lambkin		Telephone Number 973-332-4536	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Costley Middle School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 116 Hamilton Street			Square Feet 45000		
City (5) East Orange, NJ 07017			# of Floors 2		
County (6) Essex			Bldg. Age 80		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
ASCM No. 00003			Street Address 180 Sargeant Avenue		
Street Address 1253 North Church Street			City, State, Zip Code Clifton, NJ 07013-1935		
Moorestown, NJ 08057			Telephone Number 00807		
Project Manager for Monitoring Firm Michael R. Stocku			License Number 00807		
Telephone Number (856) 840-8800			Name of OSHA Monitor Four Strong Builders, Inc.		
Scheduled Start Date (10) 1   2   /   1   7   /   1   3			Street Address 180 Sargeant Avenue		
Sched. Completion Date (11) 1   2   /   1   9   /   1   3			City, State, Zip Code Clifton, NJ 07013		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input type="checkbox"/> Other - Describe: _____					

## Scope of Work (Check all that apply)

☐ Demolition  
☒ >3 sf or >3 lf  
☐ >160 sf or >260 lf

☒ Renovation

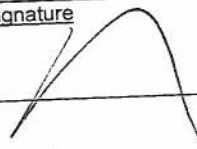
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				R	E	N	E	
Boiler Room	<input checked="" type="checkbox"/>	Elbow	1 each	<input checked="" type="checkbox"/>				
Boiler Room	<input checked="" type="checkbox"/>	Tank Insulation	45 SF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler Four Strong Builders, Inc.	NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.
City, State Clifton, NJ	Disposal Date	City, State Tullytown, PA	
Completed By (Print or Type) Bilyana Kulakovska	Title Office Administrator	Signature 	Date 12/18/13




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

<u>Date of Notification (1)</u> Dec 19, 2013		<u>Name of Building Owner/Operator (2)</u> Hoffman LaRoche	
<u>Agencies Notified</u>  (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA	<u>Notification Type</u>  (X) Initial Notification ( ) Amended Certification ( ) Cancelled	<u>Street Address</u> 340 Kingsland St	
		<u>City, State, Zip Code</u> Nutley, NJ 07110	
		<u>Name of Contact</u> Paul Paskosky	<u>Tel. Number</u> (973) 235-3144
<b>FACILITY INFORMATION</b>			
<u>Name of Facility Where Abatement is Taking Place (3)</u> Same As Above		<u>Type of Facility (4)</u> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u>		<u>Sq. Feet</u> <u># of Floors</u>	
<u>City (5)</u>	<u>County (6)</u> ESSEX	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> Current Use (prior if being demolished) OFFICE TRAILERS
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u>		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Absolut Ace Inc.
<u>EHI</u> <u>Street Address</u> 655 West Shore Trial		<u>Street Address</u> PO BOX 295	
<u>City, State, Zip Code</u> Sparta, NJ 07871		<u>City, State, Zip Code</u> FLORHAM PARK, NJ 07932	
<u>Project Manager for Monitoring Firm</u> John Sekelsky	<u>Telephone Number</u> 973-729-5649	<u>Telephone Number</u>	<u>License Number</u> 00225
<u>Scheduled Start Date (10)</u> Jan 6, 2013	<u>Scheduled Completion Date (11)</u> March 1, 2013	<u>Name of OSHA Monitor</u> EHI	
<u>Occupancy Status During Abatement (Check only one)</u> (x) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -  Describe _____		<u>Street Address</u> 655 West Shore Trial	
Other - Describe Old Office Trailers-Vacant		<u>City, State, Zip Code</u> Sparta, NJ 07871	
<u>Source of Work (Check all that apply)</u>  (x) Demolition    ( ) Renovation (X) Large Proj. (>160 SF or >260 LF ACM)    ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM)    ( ) Minor Proj. (<25 SF or <10 LF ACM) ( ) Full Containment with Negative Pressure    ( ) Mini-Enclosure    ( ) Glovebag Procedure			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES    NO    NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
Bldg 66A	X	Pipe Insulation & Equipment	2000 square feet
<u>Name of Reg. Waste Hauler</u> OWNER		<u>NJDEP Waste Hauler ID #</u>	<u>Cubic Yards of Waste</u> 30
<u>City, State</u>		<u>Disp. Date</u>	<u>Name of Reg. Landfill</u> <u>City, State</u>
<u>Completed by (Print or Type)</u> ROBERT GROGAN	<u>Title</u> VP	<u>Signature</u> 	<u>12/19/13</u>

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

CK 3812

Date of Notification (1) 12/20/13		Name of Building Owner/Operator (2) Jordan Road School							
Agencies Notified	Type Notification	Street Address 129 Jordan Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Somers Point NJ 08244							
		Name of Contact Tom	Telephone Number 856-546-0016						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Jordan Road School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 129 Jordan Road		Square Feet 1000+	# of Floors 1						
City (5) Somers Point NJ 08244		Bldg. Age 35+							
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. License No. 00727						
Start Date (10) 12/26/13	Scheduled Completion Date (11) 12/28/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ 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
Room 131			x	Floor Tile & Mastic	750 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 12/30/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 12/20/13		



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

Check # **9261**

Date of Notification (1) <b>December 20, 2013</b>		Name of Building Owner / Operator (2) <b>Bank of America</b>	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	Street Address  <b>205-207 Philadelphia Avenue</b>	
		City, State & Zip Code <b>Egg Harbor City, NJ 08215</b>	
		Name of Contact <b>Michael Lindeman</b>	
		Telephone Number <b>484-688-0379</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Bank of America</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, home, etc.)	
Street Address <b>205-207 Philadelphia Avenue</b>		Square Feet <b>2,400</b>	# of Floors <b>1</b>
City (5) <b>Egg Harbor City</b>		Bldg. Age <b>50</b>	
County (6) <b>Atlantic</b>		Current Use (Prior if being demolished) <b>Bank</b>	
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Testing Consultants, LLC</b>		ASCM No.	
Street Address <b>One Mall Drive, Suite 404</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
City, State & Zip Code <b>Cherry Hill, NJ 08002</b>		Street Address <b>829 Radio Road</b>	
Project Manager for Monitoring Firm <b>Howard Zenobi</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Telephone Number <b>856-482-1311</b>		License Number <b>00817</b>	
Scheduled Start Date (10) <b>January 6, 2014</b>	Scheduled Completion Date (11) <b>February 6, 2014</b>	Name of OSHA Monitor <b>Synatech, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

Scope of Work (Check all that apply)

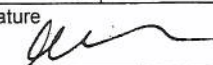
- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> ≥3 sf or ≥ 50 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure              |
| <input type="checkbox"/> ≥160 sf or ≥260 lf          | <input type="checkbox"/> Demolition            | <input checked="" type="checkbox"/> Mini-Enclosure                            |
|  |  | <input type="checkbox"/> 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 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>20 SF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Window Panels - Interior</b>			<b>X</b>	<b>Interior Caulk / Glazing Compound</b>		<b>X</b>			
Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>		Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Grows Landfill</b>				
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>February 7, 2014</b>		City, State <b>Morrisville, PA</b>					
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>			Date <b>December 20, 2013</b>				

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

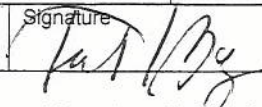
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

*Check 12568*

Date of Notification (1) 12/19/13		Name of Building Owner/Operator (2) Matt Franklin							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
	Street Address 214.5 Bowers Street								
	City, State, Zip Code Jersey City, NJ 07307								
	Name of Contact Matt Franklin		Telephone Number 609-313-2997						
<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 214.5 Bowers Street		Square Feet 2400	# of Floors 2						
City (5) Jersey City		Bldg. Age 50							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	License No. 703						
Start Date (10) 1/9/13	Scheduled Completion Date (11) 1/24/13	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	pipe insulation	60 LF	x			
Basement			x	elbows	15	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S.					
City, State Freehold NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Andrew Scott Higgins		Title President		Signature 				Date 12/19/13	

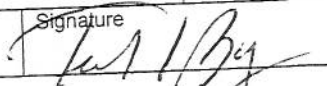


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>12-20-13</b>		Name of Building Owner/Operator (2) <b>Protestant Community Church</b>							
Agencies Notified	Type Notification	Street Address <b>100 Stokes Road</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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	City, State, Zip Code <b>Medford, NJ 08055</b>							
		Name of Contact <b>Allen DeCastro</b>	Telephone Number <b>609-953-4054</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Protestant Community Church</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>100 Stokes Road</b>									
City (5) <b>Medford</b>		Square Feet <b>9,200</b>	# of Floors <b>2</b>						
		Bldg. Age <b>42yrs.</b>							
County (6) <b>Burlington</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>church</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>EHS Environmental, Inc.</b>		ASCM No. _____	Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>						
Street Address <b>411 Southgate Court, Suite E</b>		Street Address <b>923 Haws Avenue</b>							
City, State, Zip Code <b>Mickleton, NJ 08056</b>		City, State, Zip Code <b>Norristown, PA 19401</b>							
Project Manager for Monitoring Firm <b>Jack Carney</b>		Telephone No. <b>856-224-0080</b>	License No. <b>00398</b>						
Start Date (10) <b>TBD</b>	Scheduled Completion Date (11) <b>TBD</b>	Name of OSHA Monitor <b>Plymouth Environmental Co., Inc.</b>							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>work area isolated</u>		Street Address <b>923 Haws Avenue</b>							
		City, State, Zip Code <b>Norristown, PA 19401</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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) <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
attic	<input checked="" type="checkbox"/>			pipe fittings	15 LF	<input checked="" type="checkbox"/>			
attic	<input checked="" type="checkbox"/>			boiler rib gaskets	50 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Robinson Waste</b>		NJDEP Waste Hauler ID No. <b>17304</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>GROWS, Inc.</b>					
City, State <b>Bellmawr, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Morrisville, PA</b>					
Completed by <b>Timothy E. Bryan</b>		Title <b>Vice-President</b>		Signature 		Date <b>12-20-13</b>			

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

Check # 10106

Date of Notification (1) <b>12-17-13</b>		Name of Building Owner/Operator (2) <b>Reinhard Manor, LLC c/o MBI Development Company</b>							
Agencies Notified	Type Notification	Street Address <b>725 Cuthbert Blvd.</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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Cherry Hill, NJ 08002</b>							
		Name of Contact <b>Bruce Morgan</b>	Telephone Number <b>856-662-1730</b>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Reinhard Manor</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>16 Outlook Avenue</b>		Square Feet <b>35,000 SF</b>	# of Floors <b>2</b>						
City (5) <b>Woodbridge</b>		Bldg. Age <b>90yrs.</b>							
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>school</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>EHS Environmental, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>						
Street Address <b>411 Southgate Court, Suite E</b>		Street Address <b>923 Haws Avenue</b>							
City, State, Zip Code <b>Mickleton, NJ 08056</b>		City, State, Zip Code <b>Norristown, PA 19401</b>							
Project Manager for Monitoring Firm <b>Jack Carney</b>		Telephone No. <b>856-224-0080</b>	License No. <b>00398</b>						
Start Date (10) <b>1-6-14</b>	Scheduled Completion Date (11) <b>2-14-14</b>	Name of USHA Monitor <b>Plymouth Environmental Co., 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>923 Haws Avenue</b>							
		City, State, Zip Code <b>Norristown, PA 19401</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 checked="" type="checkbox"/> Demolition  <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Bldg. 16-throughout			x	pipe insulation	2,550 LF	x			
-boiler room			x	breeching insulation	600 SF	x			
-throughout			x	VAT & mastic	10,600 SF	x			
Bldg. #2-Boiler room			x	breeching insulation	225 SF	x			
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>120yds.</b>	Name of Registered Landfill <b>IESI Landfill</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>2-14-14</b>	City, State <b>Bethlehem, PA</b>						
Completed by <b>Timothy E. Bryan</b>		Title <b>Vice-President</b>	Signature 				Date <b>12-17-13</b>		

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



CK 1979

RECEIVED

2013 DEC 26 PM 8:15  
ASBESTOS CONTROL  
& LICENSING  
File Number  
(908) 436-8403

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

DOL - 10 DAY HOLD

RECEIVED  
2013 DEC 26 PM 8:15  
ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 11/20/2013		Name of Building Owner/Operator (2) Crystal Powell		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>20 2013</p> <p><i>[Signature]</i></p> <p><b>WAIVER APPROVED</b></p> </div>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DCH <input type="checkbox"/> DCA		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation				Street Address 167 Osborne Terrace			
		City, State, Zip Code Newark, NJ 07112				Name of Contact Robert			
				Tel. Number (908)435-8403					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Newark Residence Street Address 167 Osborn Terrace - Basement				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Newark				Square Feet	# of Floors				
County (6) Essex				County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Bldg. Owner (8) GL Environmental Services				ASCM No.					
Street Address PO Box 753042				Name of Contractor (9) CID & SONS, LLC					
City, State, Zip Code Bronx, NY 10475				Street Address 365 River Drive					
				City, State, Zip Code Garfield, NJ 07028					
Project Manager for Monitoring Firm Greg Brown		Telephone Number (347)307-1146		License Number 01191-A					
Scheduled Start Date (10) <del>4/22/2013</del> <b>JOB IN HOLD</b>		Scheduled Completion Date (11) 11/26/2013		Name of OSHA Monitor Tester Tech					
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 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101					
Source of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 250 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove bag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> in Facility (13) Basement	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) 120 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
			X	Pipe Insulation		X			
Name of Reg. Waste Hauler CID & SONS, LLC		NJDEP Waste Hauler ID # 32906		Cubic Yards of Waste TBD	Name of Reg. Landfill G.R.O.W.S., Waste Management				
City, State Garfield, NJ		Disposal Date TBD		City, State Merneville, PA					
Completed by Reque Schipilli Jr		Title Project Manager		Signature <i>[Signature]</i>		Date 11/20/2013			

A88-41



State of New Jersey

Check # 100

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

Date of Notification (1) <b>12-13-13</b>		Name of Building Owner/Operator (2) <b>Patricia Braun</b>	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	Street Address <b>136 Watchung Ave</b>	
	City, State, Zip Code <b>Montclair, NJ, 07043</b>		
	Name of Contact <b>Patricia Braun</b>	Telephone Number <b>(973) 744-4619</b>	
	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  <b>DEC 26 PM 9:22</b>  <b>ASBESTOS CONTROL &amp; LICENSING</b>  <b>DOL - 10 DAY</b>  <b>APPROVED</b> </div>		

## 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			Square Feet <b>2600</b>	# of Floors <b>3</b>	Bldg. Age <b>135</b>
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>			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>	Release Number		License Number <b>00371</b>
Scheduled Start Date (10) <b>12-14-13</b>		Sched. Completion Date (11) <b>12-16-13</b>		Name of OSHA Monitor <b>N/A</b>	
Month Day Year		Month Day Year			
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: <u>Off Hours Descriptive</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descriptive</u>			Street Address		
			City, State, Zip Code		

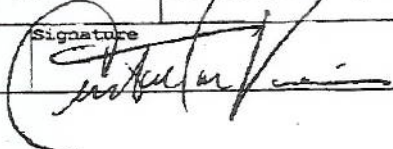
Scope of Work (Check all that apply)

☒ >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			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
Basement			X	Pipe Insulation	125 LF	X			
				Boiler	30x48x48	X			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>	NUDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>
City, State <b>Montclair, NJ 07042</b>	Disposal Date <b>12-17-13</b>	City, State <b>Morrisville, PA 19067</b>	
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 	Date <b>12-13-13</b>

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

Date of Notification (1) <b>12-19-13</b>		Name of Building Owner/Operator (2) <b>Luckmane Elysee</b>	
Agencies Notified	Type Notification	Street Address <b>40 Emerson Street</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>East Orange, NJ,</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Luckmane Elysee</b>	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> EMERGENCY	Telephone Number <b>(973) 518-2468</b>	
<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)	
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City (5)	County (6) <b>Essex</b>	Square Feet <b>2400</b>	# of Floors <b>3</b>
	County Code (7) (STATE USE ONLY)	Bldg. Age <b>85</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 <b>Montclair, NJ 07042</b>	
City, State, Zip Code		Telephone Number <b>N/A</b>		License Number <b>00371</b>	
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>		Name of OSHA Monitor <b>N/A</b>	
Scheduled Start Date (10) <b>12-19-13</b>		Sched. Completion Date (11) <b>12-20-13</b>		Street Address	
Month Day Year		Month Day Year		City, State, Zip Code	
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: <u>«OffHours Descript»</u>					
<input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>					

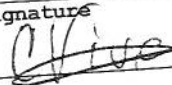
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
<b>Basement</b>			<b>X</b>	<b>Pipe Insulation</b>	<b>70 lf</b>	<b>X</b>			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>		Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>12-23-13</b>		City, State <b>Morrisville, PA 19067</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>		Title <b>President</b>		Signature <i>CVivian</i>		Date <b>12-19-13</b>



Date of Notification (1) <b>12-19-13</b>		Name of Building Owner/Operator (2) <b>Lynn Berger</b>		<b>RECEIVED</b>	
Agencies Notified		Type Notification		Street Address <b>222 Valley Road</b>	
<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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation		<b>2013 DEC 26 PM 9:23</b> <b>ASBESTOS CONTROL &amp; LICENSING</b> <b>(973) 902-2015</b>	
		City, State, Zip Code <b>Montclair, NJ, 07042</b>		Name of Contact <b>Nancy Zerlin</b>	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>Same as above</b>				Type of Facility (4)	
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City (5)		County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Square Feet <b>2000</b>	# of Floors <b>3</b>
				Bldg. Age <b>106</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	
Sched. Start Date (10) <b>12-30-13</b>			Sched. Completion Date (11) <b>12-31-13</b>	Name of OSHA Monitor <b>N/A</b>	
Month Day Year			Month Day Year	Street Address	
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: <u>&lt;OffHours Descript&gt;</u> <input type="checkbox"/> Other - Describe: <u>&lt;Other Occupancy Descript&gt;</u>					
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-Friable Procedure					
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)	
		Yes No N/A X		Amount (Specify SF or LF) <b>60 SF</b>	
<b>Basement Crawl Space</b>				Abatement Type	
				R E M O V A L R E P A I R E N C A P S U L E N C L O S U R E X	
Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>		Cubic Yards of Waste <b>1.5</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>1-2-14</b>		Name of Registered Landfill <b>G.R.O.W.S.</b>	
				City, State <b>Morrisville, PA 19067</b>	
Completed By (Print or Type) <b>Constantine Vivian</b>		Title <b>President</b>		Signature 	
				Date <b>12-19-13</b>	



Dec 19 2013 02:11pm

P001/001

8341

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

RECEIVED

Date of Notification (1) 12/19/13		Name of Building Owner/Operator (2) EASTERN CHRISTIAN CHURCH		2013 DEC 26 AM 9:23	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		APPROVED Department of Health & Senior Services 12/19/13 Telephone Number Time: 2:11 PM (201) 848-8005	
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Street Address 700 MOUNTAIN AVE City, State, Zip Code WYCKOFF N.J. 07481		Name of Contact JAUNE PRESS	
Street Address 135 WEST CRESCENT AVE		City (5) ALLENDALE		County (6) BERGEN	
County Code (7) (STATE USE ONLY)		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.)		Square Feet 2,300	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. MAC Contracting Inc.	
Street Address		City, State, Zip Code Glen Rock, NJ 07452		Telephone No.	
City, State, Zip Code		Telephone No.		License No. 00156	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Omega Environmental Services Inc.	
Start Date (10) 12-20-13		Scheduled Completion Date (11) 12-30-13		Street Address 280 HUNTER STREET City, State, Zip Code Hackensack, NJ 07606	
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:		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		Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sq ft or less if <input type="checkbox"/> ≥160 sq ft or ≥280 if <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Basement EXTENSION		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) PIPE INSULATION TRANSITE SIDING	
Amount (Specify SF or LF) 150LF 2,474SF		Abatement Type Removal Repair Encapsulation In situ Enclosure		Name of Registered Waste Hauler EESI PA Bethlehem Landfill Corp.	
Name of Registered Waste Hauler EESI PA Bethlehem Landfill Corp.		City, State, Zip Code Bethlehem, PA 18015		Disposal Date 12-20-13	
City, State, Zip Code Riverdale, NJ 07457		Signature J. Vortius		Date 12/20/13	
Completed by Joseph Vortius		Title Operations		Date	

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



PROJECT # BRCK-00460  
 POST SANDY DEMOLITION  
 ASBESTOS REMOVAL

RECEIVED  
 State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to N.J.A.C. 17:28 and 17:29)  
 \$290.00 FOR A BLOCK OF 8 HOUSES  
 PER HOWARD BLACK LIOB KICK OFF  
 MEETING  
 DOL - 10-DAY 0445

Date of Notification (1) 12-19-2013		Name of Building Owner/Operator (2) Township of Brick							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 401 Chamberside Road		City, State, Zip Code Brick, NJ 08723							
Name of Contact		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House for Demo		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 69 Rochester Drive		Square Feet 1000	# of Floors 1						
City (5) Brick		Bldg. Age 50+							
County (6) Ocean		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. n/a	Name of Abatement Contractor (9) Loznica Management Corporation						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01193						
Start Date (10) 12-23-2013		Scheduled Completion Date (11) 12-24-2013							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 of or 23 if 2100 of or 2250 if <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Exterior Cementitious	1,000 SF	X			
				Siding (ACM)					
Name of Registered Waste Hauler Loznica Management Corporation		RIDEP Waste Hauler ID No. 0033187	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by E. Gironic		Title Secretary		Signature E. Gironic		Date 12-19-2013			



RECEIVED

PROJECT # BRCK-00490  
POST SANDY DEMOLITION  
ASBESTOS REMOVAL

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 9:26 and 12:126)

\$200.00 FOR A BLOCK OF 5 HOUSES  
PER HOWARD BLACK/NOBLOK OFF  
MEETING DUE 10/20/13  
CR# 0495

Date of Notification (1) 12-19-2013		Name of Building Owner/Operator (2) Township of Brick		<div style="border: 1px solid black; padding: 5px;"> <p>ASBESTOS CONTROL LICENSING</p> <p>WAIVER APPROVED</p> </div>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 401 Chambersbridge Road City, State, Zip Code Brick, NJ 08723 Name of Contact  Telephone Number 	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) House for Demo			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 106 Bayview Drive			Square Feet 1000	# of Floors 1	Bldg. Age 50+
City (5) Brick		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House	
County (6) Ocean		Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	
Street Address n/a		City, State, Zip Code n/a		Name of Abatement Contractor (9) Loznica Management Corporation	
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035 Telephone No. License No. 01193	
Start Date (10) 12-24-2013		Scheduled Completion Date (11) 12-24-2013		Name of OSHA Monitor Loznica Management Corporation	
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 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ of or $\geq 3$ ft <input checked="" type="checkbox"/> $\geq 160$ of or $\geq 250$ ft <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-Friction Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A			
Kitchen				VAT	
Utility Room				VAT	
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 0033137		Cubic Yards of Waste TBD	
City, State Lincoln Park, NJ 07035		Disposal Date TBD		Name of Registered Landfill GROWS Landfill	
City, State Morrisville, PA 19067					
Completed by E. Ciarlo		Title Secretary		Signature E. Ciarlo	
				Date 12-19-2013	



PROJECT # BRCK-00450  
POST SANDY DEMOLITION  
ASBESTOS REMOVAL

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:09 and 12:12)

5200.00 FOR A BLOCK OF 6 HOUSES  
PER HOWARD BLACK / JOB KICK OFF  
MEETING DEC 18 2013

RECEIVED  
2013 DEC 26 PM 9:24  
STATE OF NEW JERSEY  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12-18-2013		Name of Building Owner/Operator (2) Township of Brick		Street Address 401 Chambersbridge Road		City, State, Zip Code Brick, NJ 08723		Name of Contact		Telephone Number		
Agencies Notified		Type Notification		FACILITY INFORMATION								
<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"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Facility Where Abatement is Taking Place (3) House for Demo				Type of Facility (4)				
Street Address 32 Farragut Drive				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				Square Feet 1000		# of Floors 1		
City (5) Brick				County Code (7) (STATE USE ONLY)				Bldg. Age 50+				
County (6) Ocean				Name of Abatement Contractor (9) Loznica Management Corporation				Current Use (Prior to being demolished) House				
Name of Monitoring Firm Hired by Building Owner (8) n/a				ASCM No. n/a				Street Address 22 Troy Lane				
Street Address n/a				City, State, Zip Code Lincoln Park, NJ 07035				Telephone No. 01193				
City, State, Zip Code n/a				Name of CBMA Monitor Loznica Management Corporation				License No. 01193				
Project Manager for Monitoring Firm n/a				Telephone No. n/a				Street Address 22 Troy Lane				
Start Date (10) 12-28-2013				Scheduled Completion Date (11) 12-30-2013				City, State, Zip Code Lincoln Park, NJ 07035				
Occupancy Status During Abatement (Check Only One)												
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:												
Scope of Work (Check All That Apply)												
<input checked="" type="checkbox"/> a3 or of a3 if <input type="checkbox"/> a180 or of a260 if												
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition												
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure												
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)			Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)			Amount (Specify SF or LF)		Abatement Type	
			Yes No N/A								Removed Repack Encapsulate Enclose	
Exterior						Cement Transite			2,300 SF		x	
Exterior Rear						Cement Transite (exhaust flue)			15 LF		x	
Roof over Breezeway						Roof Flashing Compound			120 SF		x	
Name of Registered Waste Hauler Loznica Management Corporation				NJDEP Waste Hauler ID No. 0033137		Cubic Yards of Waste TBD		Name of Registered Landfill GROWS Landfill				
City, State Lincoln Park, NJ 07035				Disposal Date TBD		City, State Moriaville, PA 19067						
Completed by E. Cirovic				Title Secretary		Signature E. Cirovic				Date 12-19-2013		

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

ASB-41 (R-09-08)



PROJECT # BRCK-00450  
POST SANDY DEMOLITION  
ASBESTOS REMOVAL

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:26 and 12:120)

\* \$200.00 FOR A BLOCK OF 10 HOUSES  
PER HOWARD BLACK LOCK OFF  
MEETING BLOCK 10 DAY 15 DEC 26 PM 9:24

Date of Notification (1) <b>12-19-2013</b>		Name of Building Owner/Operator (2) <b>Township of Brick</b>		Street Address <b>401 Chambersbridge Road</b>		City, State, Zip Code <b>Brick, NJ 08723</b>		Name of Contact		Telephone Number	
Agencies Notified		Type Notification		Name of Facility Where Abatement is Taking Place (3) <b>House for Demo</b>		Type of Facility (4)		Square Feet		# of Floors	
<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"/> Emergency (Including justification) <input type="checkbox"/> Cancellation		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		1000		1		50+	
City (5) <b>Brick</b>		County (6) <b>Ocean</b>		County Code (7) (STATS USE ONLY)		Current Use (Prior if being demolished) <b>House</b>		Name of Abatement Contractor (9) <b>Loznica Management Corporation</b>		License No. <b>01193</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>n/a</b>		ABCM No. <b>n/a</b>		Street Address <b>22 Troy Lane</b>		City, State, Zip Code <b>Lincoln Park, NJ 07035</b>		Telephone No. <b>n/a</b>		Name of OSHA Monitor <b>Loznica Management Corporation</b>	
Street Address <b>n/a</b>		City, State, Zip Code <b>n/a</b>		Telephone No. <b>n/a</b>		Street Address <b>22 Troy Lane</b>		City, State, Zip Code <b>Lincoln Park, NJ 07035</b>		Name of OSHA Monitor <b>Loznica Management Corporation</b>	
Project Manager for Monitoring Firm <b>n/a</b>		Scheduled Completion Date (11) <b>12-31-2013</b>		Start Date (10) <b>12-27-2013</b>		Occupancy Status During Abatement (Check Only One)		<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:		<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-Frangible Procedure	
Scope of Work (Check All That Apply)		<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 100$ sf or $\geq 200$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure		<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 100$ sf or $\geq 200$ lf		<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-Frangible Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type		<input type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure	
Kitchen, Pantry, Utility Room		X		Linoleum		240 SF		X			
Exterior		X		Cement Transite		1,500 SF		X			
Rear Shed		X		Cement Transite		320 SF		X			
Detached Garage		X		Cement Transite		350 SF		X			
Name of Registered Waste Hauler <b>Loznica Management Corporation</b>		NJDEP Waste Hauler ID No. <b>0033137</b>		Cubic Yards of Waste <b>TBD</b>		Name of Registered Landfill <b>GROWS Landfill</b>		City, State <b>Morrisville, PA 19067</b>		Date <b>12-19-2013</b>	
City, State <b>Lincoln Park, NJ 07035</b>		Disposal Date <b>TBD</b>		Signature <i>E. Grove</i>		Title <b>Secretary</b>		Completed by <b>E. Grove</b>			

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

ASB-41 (R-05-08)



PROJECT # BRCK-00450  
POST SANDY DEMOLITION  
ASBESTOS REMOVAL

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:08 and 12:12)

\* \$200.00 FOR A BLOCK OF 4 HOUSES  
PER HOWARD BLACK / JOB KICK OFF  
MEETING 10:00 AM 12/26/13

RECEIVED  
DEC 26 PM 9:24  
ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 12-19-2013		Name of Building Owner/Operator (2) Township of Brick							
Agencies Notified	Type Notification	Street Address 401 Chambersbridge Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DOA	<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 Brick, NJ 08723							
		Name of Contact							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House for Demo		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 327 N. Bay Drive		Square Feet 1000							
City (5) Brick		# of Floors 1	Blgd. Age 50+						
County (6) Ocean		Current Use (Prior if being demolished) House							
County Code (7) (STATE USE ONLY)									
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a							
Street Address n/a		Name of Abatement Contractor (9) Loznica Management Corporation							
City, State, Zip Code n/a		Street Address 22 Troy Lane							
Project Manager for Monitoring Firm n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Telephone No. n/a		Telephone No.	License No. 01193						
Start Date (10) 12-30-2013		Scheduled Completion Date (11) 01-06-2014							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Loznica Management Corporation							
		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 180$ sf or $\geq 200$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure 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 Building			X	Sheetrock	3,500 SF	x			
Roof (Main)			X	Asphalt Roofing Shingles	1,250 SF	x			
Roof (Chimney Base)			X	Asphalt Roofing Shingles	2 SF	x			
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 0033137		Cubic Yards of Waste TBD		Name of Registered Landfill GROWS Landfill			
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by E. Ciarlo		Title Secretary		Signature <i>E. Ciarlo</i>		Date 12-19-2013			

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


ck 3811

Date of Notification (1) 12/20/13		Name of Building Owner/Operator (2) Marsha Zimmach Private Home	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 31 Beach Drive	
		City, State, Zip Code Little egg Harbor Township NJ 08087	
		Name of Contact Marsha	Telephone Number 856-229-1678

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Marsha Zimmach Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 31 Beach Drive		Square Feet 1000+	# of Floors 1
City (5) Little egg Harbor Township NJ 08087		Bldg. Age 35+	
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.
Street Address		Street Address PO Box 329	
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. License No. 00727
Start Date (10) 12/23/13	Scheduled Completion Date (11) 12/24/13	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input checked="" type="checkbox"/> Glovebag Procedure	
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen & dinning area			X	Floor Tile	300 SF	X			

Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.	
City, State Elm NJ		Disposal Date 12/24/13		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President		Signature 	Date 12/20/13

\* 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)

*\* Emergency \**

RECEIVED 3813  
2013 DEC 26 PM 10:50  
ASBESTOS CONTROL & LICENSING


Date of Notification (1) 12/23/13		Name of Building Owner/Operator (2) Bob Tiller Private Home	
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 West Potomac Dr.	
		City, State, Zip Code Tuckerton NJ 08087	
		Name of Contact Bob	Telephone Number 856-305-3687

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Bob Tiller Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 2 West Potomac Dr.		Square Feet 1000+	# of Floors 1
City (5) Tuckerton NJ 08087		Bldg. Age 35+	
County (6) Ocean	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) Pernaco Inc.
Street Address		Street Address PO Box 329	
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm		Telephone No. _____	License No. 00727
Start Date (10) 12/23/13	Scheduled Completion Date (11) 12/27/13	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Exterior Siding	1200 SF	X			

Name of Registered Waste Hauler United Containers	NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.
City, State Elm NJ		Disposal Date 12/27/13	City, State Morrisville PA 19067
Completed by Anthony T Perna	Title President	Signature 	Date 12/23/13

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

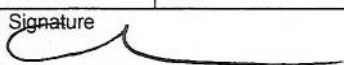
\* Emergency \*

CK 3814

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2013 DEC 26 PM 10:53

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/23/13		Name of Building Owner/Operator (2) Mark Czarzasty Private Home							
Agencies Notified	Type Notification	Street Address 345 west 15th St							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ship Bottom NJ 08008							
		Name of Contact Mark	Telephone Number 609-494-4005						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mark Czarzasty Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 345 west 15th St		Square Feet 1000+	# of Floors 1						
City (5) Ship Bottom NJ 08008		Bldg. Age 35+							
County (6) Ocean	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) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	License No. 00727						
Start Date (10) 12/23/13	Scheduled Completion Date (11) 12/31/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Exterior Siding	1400 SF	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 12/27/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 12/23/13		



Date of Notification (1) <b>12-19-13</b>		Name of Building Owner/Operator (2) <b>Howard Silver</b>	
Agencies Notified	Type Notification	Street Address <b>29 Highland Ave.</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Montclair, NJ, 07042</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Howard Silver</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number <b>(973) 479-8787</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

#### FACILITY INFORMATION

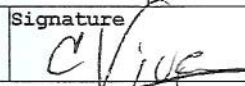
Name of Facility Where Abatement is Taking Place (3) <b>Same as above</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet <b>2800</b>	# of Floors <b>3</b>	Bldg. Age <b>75</b>
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <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	License Number <b>00371</b>	
Scheduled Start Date (10) <b>12-31-13</b>	Sched. Completion Date (11) <b>1-2-14</b>	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: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>1-2-14</b>	City, State <b>Morrisville, PA 19067</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 	Date <b>12-19-13</b>		

D&S Proj. #: 2013-480

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

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2013 DEC 26 PM 10:34

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/12/10		Name of Building Owner/Operator (2) STATCO INCORPORATED	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 301 16TH STREET		City, State, Zip Code JERSEY CITY, NJ 07310	
Name of Contact JIMMY MARZANO		Telephone Number 201-792-1207	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) STATCO INCORPORATED			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 301 16TH STREET			Square Feet		
City (5) JERSEY CITY			County (6) Hudson		County Code (7) (State use only)
Name of Monitoring Firm hired by Bldg. Owner (8)			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			Telephone Number		
Phone Number			License Number 01169		
Start Date (10) 12/23/13			Sched. Completion Date (11) 12/30/13		
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			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		
Full Containment w/negative pressure Mini-enclosure Glovebag procedure Non-Exempted (*) and Non-friable procedure					

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	37 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 12/24/13		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 12/20/2013

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



Dec 20 2013 03:03pm

P001/001

D&amp;S Proj. #: 2013-480

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

Date of Notification (1) 12/1/13		Name of Building Owner/Operator (2) STATCO INCORPORATED		APPROVED NJ Dept of Health & Senior Services Date: 12/20/13 Time: 3:04 PM	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 301 16TH STREET City, State, Zip Code JERSEY CITY, NJ 07310	
		Name of Contact JIMMY MARZANO		Telephone Number 201-792-1207	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) STATCO INCORPORATED			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 301 16TH STREET			Square Feet		
City (5) JERSEY CITY			# of Floors		
County (6) Hudson			Bldg. Age		
County Code (7) (State use only)			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	
Start Date (10) 12/23/13		Sched. Completion Date (11) 12/30/13		License Number 01169	
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				Name of OSHA Monitor D & S Restoration, Inc.	
				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 ≥280 lf				<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 o l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	37 LFT	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 yd		Name of Registered Landfill TULLY TOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 12/24/13		City, State TULLY TOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 12/20/2013	



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

D&S Proj. #: 13-479

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2013 DEC 26 PM 10:06

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 11/12/11 8/11/13		Name of Building Owner/Operator (2) Clarice Womble	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 47 Colonial Terrace		City, State, Zip Code East Orange, NJ 07017	
Name of Contact Clarice Womble		Telephone Number 973-879-0268	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Private Residence			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 47 Colonial Terrace			Square Feet		
City (5) East Orange, NJ 07017			County (6) Essex		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			ASCM No.		
Street Address			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
City, State, Zip Code			Street Address 20 California Ave.		
Project Manager for Monitoring Firm			City, State, Zip Code Paterson, NJ 07503		
Phone Number			Telephone Number		
Start Date (10) 12/19/13			License Number 01169		
Sched. Completion Date (11) 12/20/13			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		
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			City, State, Zip Code Paterson, NJ 07503		
Full Containment w/negative pressure Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure Non-Exempted (*) and Non-friable procedure					

Name of Abatement Contractor (9) D & S RESTORATION, INC.		Street Address 20 California Ave.		City, State, Zip Code Paterson, NJ 07503	
Telephone Number		License Number 01169		Name of OSHA Monitor D & S Restoration, Inc.	
Street Address 20 California Avenue		City, State, Zip Code Paterson, NJ 07503			

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)		Amount (Specify SF or LF)		Removal Repair Encap Encl			
Basement		X		Pipe Insulation		39 LF		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 CY		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY					
City, State PATERSON, NJ 07503		Disposal Date 12/27/13		City, State TULLYTOWN, PA							
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 12/18/2013					



Dec 19 2013 07:06am

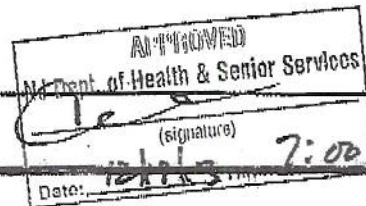
P001/001

State of NJ

Notification of Asbestos Abatement  
(Pursuant to NJAC 8:80 and 12:120)

D&amp;S Proj. #: 13-479

RECEIVED



Date of Notification (1) 12/18/13		Name of Building Owner/Operator (2) Clarice Womble	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 47 Colonial Terrace		City, State, Zip Code & LICENSING East Orange, NJ 07017	
Name of Contact Clarice Womble		Telephone Number 973-879-0268	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Private Residence			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 47 Colonial Terrace			Square Feet # of Floors Bldg. Age		
City (5) East Orange, NJ 07017	County (6) Essex	County Code (7) (State use only)	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 License Number 01169	
Start Date (10) 12/19/13		Sched. Completion Date (11) 12/20/13		
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				

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
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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)	Removes	Repairs	Encaps	Encl
	Yes	No	N/A						
Basement		X		Pipe Insulation	39 LF	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 CY	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 12/27/13		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 12/18/2013



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

Date of Notification (1) <div style="text-align: center;">12/20/2013</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Messercola Enterprises <span style="float: right;">23338</span></div>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	<div style="text-align: center;">P O Box 790</div>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____	City, State, Zip Code	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	<div style="text-align: center;">Matawan, NJ 07747</div>	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
		<div style="text-align: center;">Fernando</div>	<div style="text-align: center;">609-549-5704</div>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4)			
Street Address <div style="text-align: center;">15 Shirley Drive</div>			<input type="checkbox"/> School (k-12)			
			<input type="checkbox"/> Subchapter 8 (other than k-12)			
County (6) <div style="text-align: center;">Ocean</div>			County Code (7) (STATE USE ONLY)			
Manahawkin		County (6)	County Code (7)	Square feet	# of Floors	Bldg. Age
				<div style="text-align: center;">1000 sf</div>	<div style="text-align: center;">1</div>	<div style="text-align: center;">60</div>
Current Use (Prior if being demolished) <div style="text-align: center;">Residence</div>						
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>			ASCM No.		Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>	
Street Address			Street Address			
			<div style="text-align: center;">1889 Route 9, Unit 61</div>			
City, State, Zip Code			City, State, Zip Code			
			<div style="text-align: center;">Toms River, New Jersey 08755-1271</div>			
Project Manager for Monitoring Firm		Telephone Number		Telephone Number		License Number
						<div style="text-align: center;">00624</div>
Scheduled Start Date (10) <div style="text-align: center;">12/23/13</div>		Scheduled Completion Date (11) <div style="text-align: center;">12/27/13</div>		Name of OSHA Monitor		
				<div style="text-align: center;">E.M.S.L. Analytical</div>		
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		
				<div style="text-align: center;">1056 Stelton Road</div>		
				City, State, Zip Code		
				<div style="text-align: center;">Piscataway, New Jersey 08854</div>		
Scope of Work (Check all that apply)						
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure		
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure		
				<input type="checkbox"/> Glovebag Procedure		
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)  YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	950 sf	X			

Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>		NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>		Cubic Yards of Waste <div style="text-align: center;">3</div>		Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>	
City, State <div style="text-align: center;">Toms River, New Jersey</div>		Disposal Date <div style="text-align: center;">12/30/13</div>		City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>			
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>		Title <div style="text-align: center;">Project Manager</div>		Signature 		Date <div style="text-align: center;">12/20/2013</div>	

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



Date of Notification (1) December 20, 2013		Name of Building Owner/Operator (2) Seminole Construction 23337	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 128 Bartlett Avenue		DEC 26 2013	
City, State, Zip Code West Creek, NJ 08092		Telephone Number 609-296-0700	
Name of Contact Joyce Corliss			

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 13 W. 19 <sup>th</sup> Street			Square feet 1500 sf		
City Long Beach Twp.			# of Floors 1		
County (6) Ocean			Bldg. Age 60		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm			Telephone Number 00624		
Scheduled Start Date (10) 12/23/13			Name of OSHA Monitor E.M.S.L. Analytical		
Scheduled Completion Date (11) 12/27/13			Street Address 1056 Stelton Road		
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 Piscataway, New Jersey 08854		
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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	X	Asbestos siding	1500 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 12/30/13	City, State Tullytown, Pennsylvania	Date 12/20/13
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	

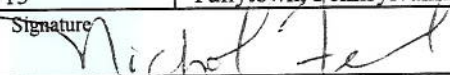
\*Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1) <b>December 20, 2013</b>		Name of Building Owner/Operator (2) <b>Pump House, LLC</b> <span style="float: right;">23336</span>	
Agencies Notified	Type of Notification	Street Address <b>503 Division Street</b>	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code <b>Perth Amboy, NJ 08862</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification Amendment # _____		
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact <b>Larry Wilt</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA		Telephone Number <b>732-826-4084</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>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>128-32 Harrison Street</b>					
City <b>Hoboken</b>	County (6) <b>Hudson</b>	County Code (7) (STATE USE ONLY)	Square feet <b>10,000 sf</b>	# of Floors <b>2</b>	Bldg. Age <b>80</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number <b>00624</b>
Scheduled Start Date (10) <b>12/23/13</b>		Scheduled Completion Date (11) <b>12/31/13</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)  YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos roofing	5000 sf	X			
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>15</b>	Name of Registered Landfill <b>T.R.R.F.</b>				
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>1/2/14/13</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed by (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 			Date <b>12/20/2013</b>		

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

Date of Notification (1) <b>December 19, 2013</b>		Name of Building Owner/Operator (2) <b>Dna Demolition</b> <span style="float: right;">23333</span>	
Agencies Notified [ x ] EPA [ ] DEP [ x ] DOL [ x ] DOH [ ] DCA	Type of Notification [ ] Initial Notification [ ] Amended Notification Amendment # _____ [ x ] Emergency (including justification) [ ] Cancellation	Street Address <b>2156 Camplain Road</b>	
		City, State, Zip Code <b>Hillsborough, NJ 08844</b>	
		Name of Contact <b>Antonio Dimuzio</b>	Telephone Number <b>732-713-4496</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) [ ] School (k-12) [ ] Subchapter 8 (other than k-12) [ x ] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>603 Barrymore Street</b>					
City <b>Philipsburg</b>	County (6) <b>Warren</b>	County Code (7) (STATE USE ONLY)	Square feet <b>1500 sf</b>	# of Floors <b>2</b>	Bldg. Age <b>60</b>
			Current Use (Prior if being demolished) <b>Residence</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address <b>1889 Rte. 9, Unit 61</b>			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code <b>Toms River, NJ 08755</b>			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>		Telephone Number <b>732-349-9932</b>	Telephone Number <b>me of OSHA Monitor</b>		License Number <b>00624</b>
Scheduled Start Date (10) <b>12/19/13</b>		Scheduled Completion Date (11) <b>12/20/13</b>		E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) [ x ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other - Describe _____			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
[ x ] >3 sf or ≥3 lf		[ x ] Renovation		[ ] Full Containment with Negative Pressure	
[ ] ≥160 sf or ≥260 lf		[ ] Demolition		[ ] Mini-Enclosure	
				[ x ] Glovebag Procedure	
				[ ] Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)  YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R	R	E			E			
Basement/crawlspace		X		Asbestos pipe insulation	100 lf	X			
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>				
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>12/23/13</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed by (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature <i>Nicholas Fernicola</i>			Date <b>12/19/13</b>		

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