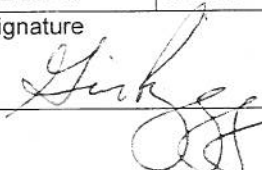


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

ck 2538

Date of Notification (1) <b>12/23/13</b>		Name of Building Owner / Operator (2) <b>Trenton Board of Education</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>1490 Prospect Street</b> City, State & Zip Code <b>Trenton, NJ 08638</b> Name of Contact <b>Mr. Everett O. Collins</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Grace Dunn MS</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <b>NON SUBCHAPTER 8</b> <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>401 Dayton Street</b>		Square Feet	# of Floors						
City (5) <b>Trenton</b>	County (6) <b>Mercer</b>	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) <b>School</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		ASCM No.							
Street Address <b>120 North Warren Street</b>		Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>							
City, State & Zip Code <b>Trenton, NJ 08010</b>		Street Address <b>1123 Beaver Street</b>							
Project Manager for Monitoring Firm <b>Jim Frisbee</b>		City, State & Zip Code <b>Bristol, PA 19007</b>							
Telephone Number <b>609-392-4200</b>		Telephone Number	License Number <b>00509</b>						
Scheduled Start Date (10) <b>12/26/13</b>	Scheduled Completion Date (11) <b>12/30/13</b>	Name of OSHA Monitor <b>Bristol Environmental Inc.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement 7 AM to 3:30 PM		Street Address <b>1123 Beaver Street</b>							
		City, State & Zip Code <b>Bristol, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
A-37 & B-4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nailcrete	346 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-37 & B-4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	346 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>2 Cu yds.</b>	Name of Registered Landfill <b>Grows Landfill</b>					
City, State <b>New Castle, DE</b>		Disposal Date <b>12/30/13</b>	City, State <b>Morrisville, PA</b>						
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature 				Date <b>12/23/13</b>		

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

Job #: 1109-1594  
Check #: 3448

Date of Notification (1) <b>12/23/2013</b>		Name of Building Owner / Operator (2) <b>Camden Plaza Associates, c/o Edward D. Sheehan, Esq.</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>511 Cooper Street</b> City, State & Zip Code <b>Camden, NJ 08102</b> Name of Contact <b>Mr. Edward Sheehan</b>	
		Telephone Number <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Camden Plaza Hotel</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>500-510 Cooper Street</b>		Square Feet <b>75,000</b>	# of Floors <b>6</b>
City (5) <b>Camden</b>	County (6) <b>Camden</b>	Bldg. Age <b>85 years</b>	
County Code (7)		Current Use (Prior if being demolished) <b>Vacant</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>	
Street Address <b>PO Box 316</b>		Street Address <b>3859 Sylon Blvd.</b>	
City, State & Zip Code <b>Thorofare, NJ 08086</b>		City, State & Zip Code <b>Hainesport, NJ 08036</b>	
Project Manager for Monitoring Firm <b>Dave or Steve Flanigan</b>		Telephone Number <b>856-848-0800</b>	License Number <b>00862</b>
Scheduled Start Date (10) <b>1/9/14</b>	Scheduled Completion Date (11) <b>1/9/14</b>	Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area		Street Address <b>107 Haddon Ave.</b>	
		City, State & Zip Code <b>Westmont, NJ 08108</b>	

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf  
☐ ≥160 sf ≥260 lf

☐ Renovation  
☒ Demolition


☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glove Bag Procedures  
☒ Non-Exempted and Non-Friable Procedure

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

Name of Registered Waste Hauler <b>Horizon Disposal</b>	NJDEP Waste Hauler ID No. <b>22612</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>GROWS</b>
City, State <b>Trenton, NJ</b>	Disposal Date <b>1/10/14</b>	City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Kim Trumbetti</b>	Title <b>Admin.</b>	Signature 	Date <b>12/23/13</b>



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

<b>Date of Notification (1)</b> December 23, 2013		<b>Name of Building Owner/Operator (2)</b> NUSTAR Energy	
<b>Agencies Notified</b> (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA	<b>Notification Type</b> (X) Initial Notification ( ) Amended Certification ( ) Cancelled	<b>Street Address</b> 4 Paradise Road	
		<b>City, State, Zip Code</b> Paulsboro, NJ 08066	
		<b>Name of Contact</b> Nick Antonio	
		<b>Tel Number</b>	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> NUSTAR Asphalt Refinery		<b>Type of Facility (4)</b> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<b>Street Address</b> 4 Paradise Road		<b>Sq. Feet</b> _____ <b># of Floors</b> _____	
<b>City (5)</b> Paulsboro	<b>County (6)</b> Gloucester	<b>Bldg. Age</b> _____	
<b>County Code (7)</b> (State Use Only)		<b>Current Use (prior if being demolished):</b> Instrument & Welding Shops	
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> None		<b>ASCM No.</b>	<b>Name of Contractor (9)</b> Brandenburg Industrial Service Company
<b>Street Address</b>		<b>Street Address</b> 2217 Spillman Drive	
<b>City, State, Zip Code</b>		<b>City State, Zip Code</b> Bethlehem, Pennsylvania 18015	
<b>Project Manager for Monitoring Firm</b>	<b>Telephone Number</b>	<b>Telephone Number</b>	<b>License Number</b> 00721
<b>Scheduled Start Date (10)</b> January 13, 2014	<b>Scheduled Completion Date (11)</b> January 18, 2014	<b>Name of OSHA Monitor</b> Brandenburg Industrial Service Company	
<b>Occupancy Status During Abatement (Check only one)</b> (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -		<b>Street Address</b> 2217 Spillman Drive	
<b>Describe Immediate work area to be vacated during abatement activities</b>		<b>City, State, Zip Code</b> Bethlehem, Pennsylvania 18015	
<b>Other - Describe</b>			
<b>Source of Work (Check all that apply)</b> ( ) Demolition ( ) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) ( ) Full Containment with Negative Pressure ( ) Mini-Enclosure (x) Glovebag Procedure			
<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 miscell.)</b>	<b>Amount (Specify SF or LF)</b>
West Bridge Area	X	Pipe Insulation	200 lf
<b>Name of Reg. Waste Hauler</b> Brandenburg Industrial Service Co.	<b>NJDEP Waste Hauler ID #</b> 21838	<b>Cubic Yards of Waste</b> 2	<b>Name of Reg. Landfill</b> G.R.O.W.S., Inc. (Waste Management)
<b>City, State</b> Bethlehem, PA	<b>Disp. Date</b> January 2014	<b>City, State</b> Morrisville, PA	
<b>Completed by (Print or Type)</b> Jennifer Strobel	<b>Title</b> Contract Administrator	<b>Signature</b> 	<b>Date</b> December 23, 2014

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

Telephone 609-984-6620

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9/18/00



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

Date of Notification (1) December 19/2013 Check#2547		Name of Building Owner/Operator (2) Sacred Heart Church							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	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 12 Terrace Avenue							
		City, State, Zip Code Rochelle Park, NJ 07662							
		Name of Contact Joyce Romano							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Sage Day 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 295 Rochelle Avenue		Square Feet 30,000	# of Floors 3						
City (5) Rochelle Park, NJ 07662		Bldg. Age 60+							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental		ASCM No. 00118	Name of Abatement Contractor (9) EA Services Corporation						
Street Address 464 Valley Brook Avenue		Street Address 426 69th Street							
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code Guttenberg, NJ 07093							
Project Manager for Monitoring Firm Jim Ruff		Telephone No. 201-438-4839	License No. 01074						
Start Date (10) 12/20/2013	Scheduled Completion Date (11) 12/23/13	Name of Contractor EA Services 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 checked="" type="checkbox"/> Other - Describe: Starting at 3:00 PM		Street Address same as above							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Classroom#11		X		Pipe Insulation	10 LF	X			
Name of Registered Waste Hauler Freehold Carting Inc		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste tbd	Name of Registered Landfill Waste Management					
City, State PO Box 5010, Freehold, NJ 07728		Disposal Date tbd		City, State Tullytown Landfill					
Completed by Gina Salvador		Title Office Manager	Signature <i>Gina Salvador</i>			Date 12/19/2013			



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

Date of Notification (1) <b>12-24-13</b>		Name of Building Owner/Operator (2) <b>Michael Newman</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>260 BRICK Boulevard</b>		City, State, Zip Code <b>BRICK, NJ 08723</b>	
Name of Contact <b>Michael Newman</b>		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) <b>Single Family Dwelling</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>238 Main Street</b>			Square Feet	# of Floors <b>2</b>	Bldg. Age <b>100+</b>
City (5) <b>Manasquan</b>			County Code (7) <b>NJ 08736</b>		
County (6) <b>Monmouth</b>			Current Use (Prior if being demolished) <b>Single family Dwelling</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>			ASCM No. <b>N/A</b>		
Street Address <b>P.O. Box 337</b>			Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>		
City, State, Zip Code <b>New Egypt, NJ 08533</b>			Street Address <b>P.O. Box 337</b>		
Project Manager for Monitoring Firm <b>Steve Schenker</b>			City, State, Zip Code <b>New Egypt NJ 08533</b>		
Telephone No. <b>609 758-3365</b>			Telephone No. <b>703 305</b>		
Start Date (10) <b>Jan 3, 2014</b>			License No. <b>00394</b>		
Scheduled Completion Date (11) <b>Jan 10, 2014</b>			Name of OSHA Monitor <b>EPC Technologies Inc</b>		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address <b>P.O. Box 337</b>		
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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			City, State, Zip Code <b>New Egypt NJ 08533</b>		
Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input checked="" type="checkbox"/>			<b>Insulation Debris on pipes</b>	<b>120 LF</b>	<input checked="" type="checkbox"/>			
<b>Basement</b>	<input checked="" type="checkbox"/>			<b>Boiler Debris</b>	<b>6 SF</b>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Waste Management of PA</b>	
City, State <b>New Egypt NJ</b>		Disposal Date <b>1-10-14</b>	City, State <b>Morrisville PA</b>		
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>		Date <b>12-24-13</b>

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



**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 12:129)

check 4839

Date of Notification (1) <b>12-24-2013</b>		Name of Building Owner/Operator (2) <b>ALPINE LEARNING GROUP, INC.</b>								
Agency Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>777 PARAMUS ROAD</b>								
		City, State, Zip Code <b>PARAMUS, NJ 07652</b>								
		Name of Contact <b>G. PURCELL</b>								
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>ALPINE LEARNING GROUP, INC</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address <b>830 LINWOOD AVENUE WEST</b>		Square Feet <b>7500</b>	# of Floors <b>3</b>							
City (5) <b>PARAMUS</b>		Bldg. Age <b>113 YEARS</b>								
County (6) <b>BERGEN</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)							
Street Address			<b>Best Removal Inc</b>							
City, State, Zip Code			Street Address <b>450 S. River St</b>							
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code <b>Hackensack, N.J. 07601</b>							
		Telephone No.	License No. <b>00388</b>							
Start Date (10) <b>1-6-2014</b>	Scheduled Completion Date (11) <b>1-17-2014</b>	Name of OSHA monitor <b>Omega Environmental Inc</b>								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7 AM - 5 PM</b>		Street Address <b>280 Huyler St</b>								
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 3 of or 2 SF <input checked="" type="checkbox"/> 100 of or 2 200 SF <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"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Fixable Procedure		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>								
Location of Asbestos-Containing Material (ACM) TO BE REMOVED IN Facility (12)	Is Location Normally Used Exclusively by Maintenance/Custodial Staff? (13)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure	
BASEMENT			X	VAT + MASTIC	400 SF	X				
BASEMENT CRAWL PIPE CHASE			X	THERMAL INSULATION	500 LF	X				
KITCHEN			X	LINOLEUM	300 SF	X				
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJ DEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>7 YDS</b>	Name of Registered Landfill <b>Minerva Enterprises</b>						
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>1-17-14</b>		City, State <b>Waynesburg, Oh</b>						
Completed by <b>R. VELDRAN</b>		Title <b>Estimator</b>		Signature <b>R. Veldran</b>				Date <b>12-24-2013</b>		



Dec 24 2013 10:00am

P001/001

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

CHECKED BY 8348  
NJ Dept. of Health & Senior Services  
(signature)  
Date: 12/23/13 Time: 1:00

Date of Notification (1) 12-23-13		Name of Building Owner/Operator (2) PRASANT SHAH	
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 checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Name of Facility Where Abatement is Taking Place (3) LIQUOR STORE		Street Address 32 S. Broad St	
City (5) RIDGEWOOD		City, State, Zip Code RIDGEWOOD, N.J. 08844	
County (6) BERGEN		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) A. MAC Contracting Inc.	
City, State, Zip Code		Street Address 105 Lowell Road	
Project Manager for Monitoring Firm		City, State, Zip Code Glen Rock, NJ 07452	
Telephone No.		License No. 00158	
Start Date (10) 12/23/13		Scheduled Completion Date (11) 12/31/13	
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 Omega Environmental Services Inc.	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> < 25 sf or < 25 lf <input type="checkbox"/> ≥ 150 sf or ≥ 250 lf		Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 07608	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement		Amount (Specify SF or LF) SOLE	
Abatement Type Removal Repair Encapsulate Enclose		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure	
Name of Registered Waste Hauler Rovic Transport		Cubic Yards of Waste	
City, State, Zip Code Riverton, NJ 07457		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
Disposal Date 12/23/13		City, State, Zip Code Bethlehem, PA 18015	
Completed by Joseph Vaccaro		Signature J. Vaccaro	
Title Operations		Date 12/23/13	

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



CHECK # 3121

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

Date of Notification (1) <u>12/24/13</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 77 TH ST.</u>			
		City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u>			
		Name of Contact <u>FRANK EDUARDI</u>	Telephone Number _____		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)			
Street Address <u>130 49TH ST.</u>		Square Feet _____	# of Floors _____		
City (5) <u>SEA ISLE CITY</u>		Bldg _____			
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>VACANT</u>			
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>		
Street Address _____		Street Address <u>369 S. SPRUCE AVE.</u>			
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE, N.J. 0805</u>			
Project Manager for Monitoring Firm _____		Telephone No. _____	License No. <u>00444</u>		
Start Date (10) <u>12/31/13</u>	Scheduled Completion Date (11) <u>1/7/14</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>			
		City, State, Zip Code <u>MAPLE SHADE, N.J. 0</u>			
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input 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 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
	Yes	No			
<u>SIDING</u>			<u>TRANSITE</u>	<u>2500 LF</u>	<u>X</u>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste _____	Name of Registered Landfill <u>C.M.C.M.V.A.</u>	
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date _____	City, State <u>WOODBURG, N.J.</u>		
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>12/24/13</u>		



CHECK #  
3121

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

Date of Notification (1) <u>12/24/13</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			
Street Address <u>300 77TH ST.</u>		City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u>			
Name of Contact <u>FRANK EDUARDI</u>		Telephone Number _____			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)			
Street Address <u>121 66TH ST.</u>		Square Feet	# of Floors		
City (5) <u>SEA ISLE CITY</u>		Bldg Age			
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.			
Street Address		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>			
City, State, Zip Code		Street Address <u>369 S. SPRUCE AVE.</u>			
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>			
Telephone No.		Telephone No. <u>12</u>			
Start Date (10) <u>12/31/13</u>		License No. <u>00444</u>			
Scheduled Completion Date (11) <u>1/7/14</u>		Name of OSHA Monitor <u>JOSEPH KLEMM</u>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>			
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 150$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>			
Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abater Type	
<u>SIDING</u>	<u>X</u>	<u>TRANSITE</u>	<u>1000 SF</u>	Removal	Repair
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.V.A.</u>	
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date	City, State <u>WOODBURG, N.J.</u>		
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>12/24/13</u>		



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

CK 4967

Date of Notification (1) <b>12/23/13</b>		Name of Building Owner/Operator (2) P.S.E.G.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 HADLEY ROA	
		City, State, Zip Code SOUTH PLAINFIELD, NJ 07080	
		Name of Contact CHRISTOPHER MORENO	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) P.S.E.G.		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 422 UNIVERSITY AVE.		Square Feet 17291	# of Floors 3
City (5) NEWARK		Bldg. Age 55 YRS	
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) SWITCH STATION	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCN No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.	
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882	
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	License No. 01111
Start Date (10) 1/7/2014	Scheduled Completion Date (11) 1/10/2014	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>OCCUPIED BY NECESSARY OPERATORS ONLY</u>		Street Address 396 WHITEHEAD AVE.	
		City, State, Zip Code SOUTH RIVER, NJ 08882	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes    No    N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
2ND & 3RD FLOORS	X		WIRE ACM SOCK
			120 LF
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 7
City, State ELIZABETH, NJ		Name of Registered Landfill GROWS NORTH	
		Disposal Date TBD	City, State MORRISVILLE, PA
Completed by CAROL RAIMO	Title OFFICE MGR.	Signature <i>Carol Raimo</i>	Date <b>12/23/13</b>



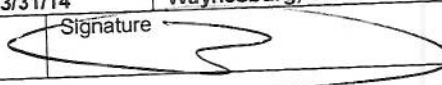
CK # 4998

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

Date of Notification (1) <b>12/23/13</b>		Name of Building Owner/Operator (2) P.S.E.G.						
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 4000 HADLEY ROA		City, State, Zip Code SOUTH PLAINFIELD, NJ 07080						
Name of Contact <b>JOHN BRADLEY</b>		Telephone Number						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>PSE &amp; G - ATHENIA</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>13 VAN VLIET COURT</b>		Square Feet <b>18,248</b>						
City (5) <b>CLIFTON</b>		# of Floors <b>3</b>						
County (6) <b>PASSAIC</b>		Bldg. Age <b>Appx 87 yrs</b>						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>SWITCH STATION</b>						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045						
Street Address 64 BROAD STREET		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
City, State, Zip Code MATAWAN, NJ 07747		Street Address 396 WHITEHEAD AVE.						
Project Manager for Monitoring Firm TOM GEIGER		City, State, Zip Code SOUTH RIVER, NJ 08882						
Telephone No. 732-292-2217		Telephone No.						
License No. 01111								
Start Date (10) <b>1/11/2014</b>		Scheduled Completion Date (11) <b>1/24/2014</b>						
Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>occupied by necessary operators only</b>		Street Address 396 WHITEHEAD AVE.						
		City, State, Zip Code SOUTH RIVER, NJ 08882						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
OPERATORS ROOM		X	ACM FLOOR TILE & MASTIC	3525F	X			
OUTSIDE WINDOWS		X	ACM WINDOW CAULKING	90 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste <b>10</b>		Name of Registered Landfill GROWS NORTH		
City, State ELIZABETH, NJ		Disposal Date <b>TBD</b>		City, State MORRISVILLE, PA				
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature <i>Carol Raimo</i>		Date <b>12/23/13</b>		



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

Date of Notification (1) <b>12/17/13</b>		Job #: <b>9441.1</b>		Name of Building Owner/Operator (2) <b>Inspira Healthcare Network</b>					
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		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment# <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>165 Bridgeton Pike</b> City, State, Zip Code <b>Mullica Hill, NJ 08062</b>					
				Name of Contact <b>Samuel Verzella</b>					
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Inspira Healthcare Bridgeton - 2<sup>nd</sup> Floor Class Rooms Hallway</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>333 Irving Avenue</b>				Square Feet <b>40,000</b>					
City (5) <b>Bridgeton</b>				# of Floors <b>3</b>					
County (6) <b>Cumberland</b>				Bldg. Age <b>30+</b>					
County Code (7) (STATE USE ONLY)				Current Use (prior if being demolished) <b>Health Center</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion</b>			ASCM No.		Name of Contractor (9) <b>The Prime Group Remediation, Inc.</b>				
Street Address <b>3370 Progress Way</b>					Street Address <b>4343 'G' Street</b>				
City, State, Zip Code <b>Bensalem, PA 19020</b>					City, State, Zip Code <b>Philadelphia, PA 19124</b>				
Project Manager for Monitoring Firm <b>Jim Weltz</b>		Telephone Number <b>215-244-1300</b>		Telephone Number		License Number <b>00858</b>			
Scheduled Start Date (10) <b>01/08/14</b>		Scheduled Completion (11) <b>02/28/14</b>		Name of OSHA Monitor <b>The Prime Group Remediation, 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>4343 'G' Street</b>					
				City, State, Zip Code <b>Philadelphia, PA 19124</b>					
Source of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Demolition		<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) <b>300 LF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>2<sup>nd</sup> Flr - Class Rooms Hallway</b>			<b>X</b>	<b>Pipe Insulation</b>		<b>X</b>			
Name of Reg. Waste Hauler <b>The Prime Group Remediation, Inc.</b>		NJDEP Waste Hauler ID # <b>19272</b>		Cubic Yards of Waste <b>9</b>	Name of Reg. Landfill <b>Minerva Landfill (OH EPA 15-1292)</b>				
City, State <b>Philadelphia, PA</b>		Disposal Date <b>03/31/14</b>		City, State <b>Waynesburg, OH</b>					
Completed by <b>Vincent J. Primavera, III</b>		Title <b>Project Manager</b>		Signature 			Date <b>12/17/13</b>		



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

Date of Notification (1) 12-23-13		Name of Building Owner/Operator (2) Rowan University							
Agencies Notified	Type Notification	Street Address RT 322							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Glassboro NJ 08028							
		Name of Contact Jack Glass	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) WESBY HALL		Type of Facility (4)							
Street Address RT 322		<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) GLASSBORO , NJ		Square Feet 1500	# of Floors 1 Bldg. Age 65						
County (6) ocean	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) Ani & Joe LLC						
Street Address		Street Address 1212 Burlington Ave							
City, State, Zip Code		City, State, Zip Code Delanco .NJ . 08075							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. License No. 07010						
Start Date (10) 1-03-14	Scheduled Completion Date (11) 1-30-14	Name of OSHA Monitor self							
Occupancy Status During Abatement (Check Only One)		Street Address							
<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: _____		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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement Hallway			x	(ACM) Floor tile	3650sqft	x			
Name of Registered Waste Hauler J Robinson Waste		NJDEP Waste Hauler ID No. 18687	Cubic Yards of Waste 40cy	Name of Registered Landfill Wm Of Pa					
City, State Bellmawr NJ			Disposal Date TBD	City, State Tullytown NJ					
Completed by Joseph T Hill		Title VP	Signature			Date 12-23-13			



PAID 200  
# 5052

Print Form

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

Date of Notification (1) 12/21/13		Name of Building Owner/Operator (2) Aspres Carpentry Corp							
Agencies Notified	Type Notification	Street Address 139 Frederick St							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Carteret, NJ 07008							
		Name of Contact David Aspres	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private property		Type of Facility (4)							
Street Address 56 Christopher St		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Carteret		Square Feet 800 SF	# of Floors 1						
County (6) Middlesex		Bldg. Age 50 +							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.	Name of Abatement Contractor (9) America Enterprise Corp						
Street Address NA		Street Address 29 Northfield Ave							
City, State, Zip Code NA		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm NA		Telephone No.	Telephone No. License No. 01203						
Start Date (10) 01/03/14	Scheduled Completion Date (11) 01/07/14	Name of OSHA Monitor NA							
Occupancy Status During Abatement (Check Only One)		Street Address NA							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:		City, State, Zip Code NA							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Transite shingle	300 SF	X			
Exterior			X	Roof flashing	20 SF	X			
Name of Registered Waste Hauler America Enterprise Corp		NJDEP Waste Hauler ID No. 32980	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S Landfill					
City, State West Orange, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Maria Yagual		Title Proj. Coordinator		Signature <i>Maria Yagual</i>		Date 12/21/13			



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# 5052

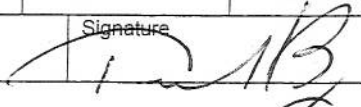
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 12/21/13		Name of Building Owner/Operator (2) Aspres Carpentry Corp							
Agencies Notified	Type Notification	Street Address 139 Frederick St							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Carteret, NJ 07008							
		Name of Contact David Aspres	Telephone Number 7 2013						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private property		Type of Facility (4)							
Street Address 56 Christopher St		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Carteret		Square Feet 800 SF	# of Floors 1						
		Bldg. Age 50 +							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.	Name of Abatement Contractor (9) America Enterprise Corp						
Street Address NA		Street Address 29 Northfield Ave							
City, State, Zip Code NA		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm NA		Telephone No.	License No. 01203						
Start Date (10) 01/03/14	Scheduled Completion Date (11) 01/07/14	Name of OSHA Monitor NA							
Occupancy Status During Abatement (Check Only One)		Street Address NA							
<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: _____		City, State, Zip Code NA							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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	Transite shingle	300 SF	X			
Exterior			X	Roof flashing	20 SF	X			
Name of Registered Waste Hauler America Enterprise Corp		NJDEP Waste Hauler ID No. 32980	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S Landfill					
City, State West Orange, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Maria Yagual		Title Proj. Coordinator		Signature <i>Maria Yagual</i>		Date 12/21/13			



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

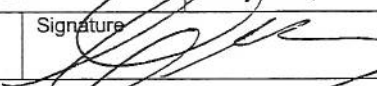
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Date of Notification (1) <b>12-24-13</b>		Name of Building Owner/Operator (2) <b>Macy's Incorporated</b>							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>7 W. 7th Street</b>							
		City, State, Zip Code <b>Cincinnati, OH 45202</b>							
		Name of Contact <b>Dave Rother</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Macy's - Woodbridge Center Mall</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>250 Woodbridge Center Drive</b>		Square Feet <b>50,000</b>	# of Floors <b>3</b>						
City (5) <b>Woodbridge</b>		Bldg. Age <b>42yrs.</b>							
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>retail store</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates</b>		ASCM No. <b>-</b>	Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>						
Street Address <b>515 Grove Street, Suite 1B</b>		Street Address <b>923 Haws Avenue</b>							
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>Norristown, PA 19401</b>							
Project Manager for Monitoring Firm <b>Joe Anello, Jr.</b>		Telephone No. <b>856-547-0505</b>	License No. <b>00398</b>						
Start Date (10) <b>1-6-14</b>	Scheduled Completion Date (11) <b>1-24-14</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 checked="" 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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Northeast stairwell		x		fireproofing	1,500	x			
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>IESI</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>1-24-14</b>		City, State <b>Bethlehem, PA</b>					
Completed by <b>Timothy E. Bryan</b>		Title <b>Vice-President</b>		Signature 		Date <b>12-24-13</b>			



PMD # 200  
CK# 3057

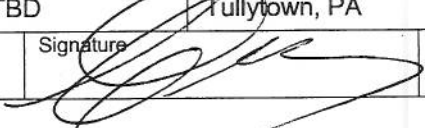
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 12/20/13		Name of Building Owner/Operator (2) Danco Construction							
Agencies Notified  <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 2							
		City, State, Zip Code Morganville, NJ 07751							
		Name of Contact Dan Matarese	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private property		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 155 Conover Rd		Square Feet 5000 SF	# of Floors 1						
City (5) Marlboro, NJ		Bldg. Age 50 +							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Garage							
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.	Name of Abatement Contractor (9) America Enterprise Corp						
Street Address NA		Street Address 29 Northfield Ave							
City, State, Zip Code NA		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm NA		Telephone No.	License No. 01203						
Start Date (10) 01/04/14	Scheduled Completion Date (11) 01/14/14	Name of OSHA Monitor NA							
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 NA							
		City, State, Zip Code NA							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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			X	Roof shingles	5000 SF	X			
Name of Registered Waste Hauler America Enterprise Corp		NJDEP Waste Hauler ID No. 32980	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S Landfill					
City, State West Orange, NJ			Disposal Date TBD	City, State Tullytown, PA					
Completed by Eli Brito		Title Proj. Mngr	Signature 	Date 12/20/13					



PMD # 200  
CK# 3057

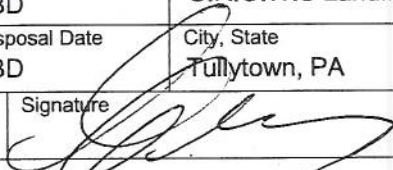
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 12/20/13		Name of Building Owner/Operator (2) Danco Construction							
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 2							
		City, State, Zip Code Morganville, NJ 07751							
		Name of Contact Dan Matarese	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private property		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 155 Conover Rd		Square Feet 5000 SF	# of Floors 1						
City (5) Marlboro, NJ		Bldg. Age 50 +							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Garage							
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.	Name of Abatement Contractor (9) America Enterprise Corp						
Street Address NA		Street Address 29 Northfield Ave							
City, State, Zip Code NA		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm NA		Telephone No.	License No. 01203						
Start Date (10) 01/04/14	Scheduled Completion Date (11) 01/14/14	Name of OSHA Monitor NA							
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 NA							
		City, State, Zip Code NA							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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			X	Roof shingles	5000 SF	X			
Name of Registered Waste Hauler America Enterprise Corp		NJDEP Waste Hauler ID No. 32980	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S Landfill					
City, State West Orange, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Eli Brito		Title Proj. Mngr		Signature 			Date 12/20/13		



PAID \$ 200  
CHK 5051

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

Date of Notification (1) 12/20/13		Name of Building Owner/Operator (2) Danco Construction							
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 2							
		City, State, Zip Code Morganville, NJ 07751							
		Name of Contact Dan Matarese	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private property		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 155 Conover Rd		Square Feet 5000 SF	# of Floors 1						
City (5) Marlboro, NJ		Bldg. Age 50 +							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Garage							
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No. _____	Name of Abatement Contractor (9) America Enterprise Corp						
Street Address NA		Street Address 29 Northfield Ave							
City, State, Zip Code NA		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm NA		Telephone No. _____	License No. 01203						
Start Date (10) 01/04/14	Scheduled Completion Date (11) 01/14/14	Name of OSHA Monitor NA							
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 NA							
		City, State, Zip Code NA							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Roof shingles	5000 SF	X			
Name of Registered Waste Hauler America Enterprise Corp		NJDEP Waste Hauler ID No. 32980	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S Landfill					
City, State West Orange, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Eli Brito		Title Proj. Mngr		Signature 			Date 12/20/13		