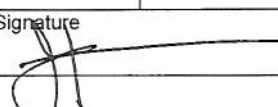


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 12/26/2013		Name of Building Owner/Operator (2) NJ Department of Military and Veteran Affairs							
Agencies Notified	Type Notification	Street Address 101 Eggert Crossing Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #003 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lawrenceville, NJ 08648							
		Name of Contact Mark Clemmenson							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJ National Guard Training Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 100 Camp Drive		Square Feet 30,000	# of Floors 1						
City (5) Sea Girt		Bldg. Age 30+							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) offices							
Name of Monitoring Firm Hired by Building Owner (8) Whitman Co.		ASCM No.	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.						
Street Address 7 Pleasant Hill Road		Street Address 42 Ridge Road							
City, State, Zip Code Cranbury, NJ 08512		City, State, Zip Code Phoenixville, PA 19460							
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	Telephone No. 610-933-4332						
License No. 00836									
Start Date (10) 10/30/2013	Scheduled Completion Date (11) 1/10/2014	Name of OSHA Monitor Neuber Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 41 Ridge Road							
		City, State, Zip Code Phoenixville, PA 19460							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf o. ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
throughout building interior			X	floor tile and mastic	22,140 sf	X			
throughout building exterior			X	transite siding	26,700 sf	X			
Name of Registered Waste Hauler Samboney Ent./Carnevale Disposal		NJDEP Waste Hauler ID No. 17297	Cubic Yards of Waste 200	Name of Registered Landfill Cumberland County Landfill					
City, State Williamstown, NJ		Disposal Date 12/13		City, State Millville, NJ					
Completed by Jeffrey A. LaRiviere		Title V.P.	Signature 			Date 12/26/2013			

6397-NJ

Date of Notification (1) 1 2 / 2 3 / 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 Douglas Bland, Bus. Admin.	
<input checked="" type="checkbox"/> DGL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH			
<input checked="" type="checkbox"/> DCA			

DEC 30 2013

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) BRICK Avon Academy 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 219 Avon Avenue		Square Feet 55000	# of Floors 3
City (5) Newark, NJ 07108	County (6) Essex	County Code (7) (STATE USE ONLY)	Bldg. Age 50
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	Telephone Number 973-614-0377	License Number 00807
Scheduled Start Date (10) 0 1 / 1 7 / 1 4	Sched. Completion Date (11) 0 1 / 2 0 / 1 4	Name of OSHA Monitor Four Strong Builders, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:		Street Address 180 Sargeant Avenue	
		City, State, Zip Code Clifton, NJ 07013	

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 M O V A L	R E P A I R	E N C A P S U L E	E N C I O S U R E
Basement Store Room	<input checked="" type="checkbox"/>	Pipe Insulation including elbows & joints	170 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 12/23/13

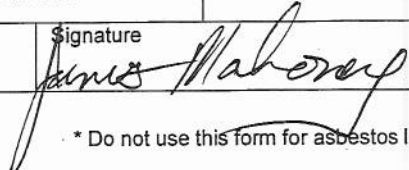
**State of New Jersey NOTIFICATION OF
ASBESTOS ABATEMENT (Pursuant to NJAC
8:60 and 12:120)**

No check

RECEIVED

2013 DEC 30 PM 7:51

ASBESTOS CONTROL & LIAISON

Date of Notification () 12/26/13		Name of Building Owner/Operator (2) Port Authority of NY and NJ	
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 Amended Amendment # _____ Emergency (including justification) Cancellation		Street Address One Path Plaza 2nd Floor
			City, State, Zip Code Jersey City, N.J. 07306
			Name of Contact Uday Mehta
FACILITY INFORMATION			
name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 147 Bayway Avenue			
City (5) Elizabeth, New Jersey, 07202		Square Feet	# of Floors 5
		Bldg. Age 100 +	
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) ware house	
Name of Monitoring Firm Hired by Building Owner (8) Creative Environment Solutions		ASCM No.	Name of Abatement Contractor (9) Tricon Enterprises Inc
Street Address 39 West 37th St.		Street Address 322 Beers St	
City, State, Zip Code New York, New York 10018		City, State, Zip Code Keyport N.J. 07735	
Project Manager for Monitoring Firm Igor Martirosian		Telephone No. 212-290-6323	Telephone No. 732-739-1200
		License No. 01095	
Start Date (10) 1/13/2014	Scheduled Completion Date (11) 6/13/2014	Name of OSHA Monitor n/a	
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: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> 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)
	Yes	No	
See Attached			Amount (Specify SF or LF)
			Abatement Type
			Removal
			Repair
			Encapsulate
			Enclosure
Name of Registered Waste Hauler Atlantic Carting Inc		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 30
Name of Registered Landfill IESE PA Bethlehem Landfill 2335 Applebutter Rd			
City, State 1141 Rt 23 Wayne N.J. 07470		Disposal Date 8/29/12	City, State Bethlehem P.A. 10815
Completed by James Mahoney		Title Project manager	Signature 
		Date 12/26/2013	

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

No check

RECEIVED

2013 DEC 30 PM 7:50

ASBESTOS CONTROL & LICENSE

Date of Notification () 12/26/13		Name of Building Owner/Operator (2) Port Authority of NY and NJ	
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 Amended Amendment # Emergency (including justification) Cancellation	Street Address One Path Plaza 2nd Floor City, State, Zip Code Jersey City, N.J. 07306 Name of Contact Uday Mehta	

FACILITY INFORMATION

name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 145 Bayway Avenue		Square Feet	# of Floors 5
City (5) Elizabeth, New Jersey, 07202		Bldg. Age 100 +	
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) ware house	
Name of Monitoring Firm Hired by Building Owner (8) Creative Environment Solutions		ASCM No.	Name of Abatement Contractor (9) Tricon Enterprises Inc
Street Address 39 West 37th St.		Street Address 322 Beers St	
City, State, Zip Code New York, New York 10018		City, State, Zip Code Keyport N.J. 07735	
Project Manager for Monitoring Firm Igor Martirosian		Telephone No. 212-290-6323	Telephone No. 732-739-1200
Start Date (10) 1/13/2014		Scheduled Completion Date (11) 6/13/2014	License No. 01095
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: _____		Name of OSHA Monitor n/a	
		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 checked="" type="checkbox"/> Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<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
See Attached			X			X			

Name of Registered Waste Hauler Atlantic Carting Inc		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 30	Name of Registered Landfill IESE PA Bethlehem Landfill 2335 Applebutter Rd	
City, State 1141 Rt 23 Wayne N.J. 07470		Disposal Date 8/29/12		City, State Bethlehem P.A. 10815	
Completed by James Mahoney		Title Project manager	Signature <i>James Mahoney</i>		Date 12/26/2013

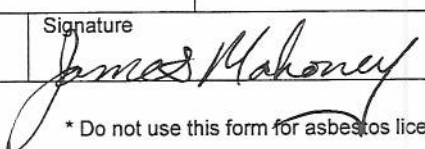
No check

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

RECEIVED

2013 DEC 30 PM 7:50

ASBESTOS CONTROL

Date of Notification (12/26/13)		Name of Building Owner/Operator (2) Port Authority of NY and NJ							
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 Amended Amendment # Emergency (including justification) Cancellation	Street Address One Path Plaza 2 nd Floor City, State, Zip Code Jersey City, N.J. 07306 Name of Contact Uday Mehta							
FACILITY INFORMATION									
name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 143 Bayway Avenue		Square Feet	# of Floors 5						
City (5) Elizabeth, New Jersey, 07202		Bldg. Age 100 +							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) ware house							
Name of Monitoring Firm Hired by Building Owner (8) Creative Environment Solutions		ASCM No.	Name of Abatement Contractor (9) Tricon Enterprises Inc						
Street Address 39 West 37 th St.		Street Address 322 Beers St							
City, State, Zip Code New York, New York 10018		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm Igor Martirosian		Telephone No. 212-290-6323	Telephone No. 732-739-1200						
License No. 01095									
Start Date (10) 1/13/2014	Scheduled Completion Date (11) 6/13/2014	Name of OSHA Monitor n/a							
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: _____		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> 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 </div> </div>									
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
See Attached			X			X			
Name of Registered Waste Hauler Atlantic Carting Inc		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 30	Name of Registered Landfill IESE PA Bethlehem Landfill 2335 Applebutter Rd					
City, State 1141 Rt 23 Wayne N.J. 07470		Disposal Date 8/29/12		City, State Bethlehem P.A. 10815					
Completed by James Mahoney		Title Project manager		Signature 			Date 12/26/2013		

No check

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

RECEIVED

2013 DEC 30 PM 7:49

ASBESTOS CONTROL & LIAISON

Date of Notification (1) 12/26/13		Name of Building Owner/Operator (2) Port Authority of NY and NJ	
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 Amended Amendment # _____ Emergency (including justification) Cancellation	Street Address One Path Plaza 2 nd Floor	
		City, State, Zip Code Jersey City, N.J. 07306	
		Name of Contact Uday Mehta	

FACILITY INFORMATION

name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 141 Bayway Avenue			
City (5) Elizabeth, New Jersey, 07202		Square Feet	# of Floors 5
		Bldg. Age 100 +	
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) ware house	
Name of Monitoring Firm Hired by Building Owner (8) Creative Environment Solutions		ASCM No.	Name of Abatement Contractor (9) Tricon Enterprises Inc
Street Address 39 West 37 th St.		Street Address 322 Beers St	
City, State, Zip Code New York, New York 10018		City, State, Zip Code Keyport N.J. 07735	
Project Manager for Monitoring Firm Igor Martirosian		Telephone No. 212-290-6323	Telephone No. 732-739-1200
			License No. 01095
Start Date (10) 1/13/2014	Scheduled Completion Date (11) 6/13/2014	Name of OSHA Monitor n/a	
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: _____		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 | Renovation
<input checked="" type="checkbox"/> Demolition | <input checked="" type="checkbox"/> 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
See Attached			X			X			

Name of Registered Waste Hauler Atlantic Carting Inc		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 30	Name of Registered Landfill IESE PA Bethlehem Landfill 2335 Applebutter Rd	
City, State 1141 Rt 23 Wayne N.J. 07470		Disposal Date 8/29/12		City, State Bethlehem P.A. 10815	
Completed by James Mahoney		Title Project manager	Signature 	Date 12/26/2013	

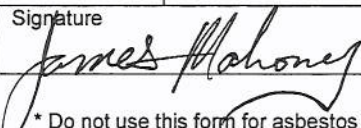
**State of New Jersey NOTIFICATION OF
ASBESTOS ABATEMENT (Pursuant to NJAC
8:60 and 12:120)**

No check

RECEIVED

2013 DEC 30 PM 7:49

ASBESTOS CONTROL & LIAISON

Date of Notification () 12/26/13		Name of Building Owner/Operator (2) Port Authority of NY and NJ							
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 Amended Amendment # _____ Emergency (including justification) Cancellation	Street Address One Path Plaza 2nd Floor City, State, Zip Code Jersey City, N.J. 07306 Name of Contact Uday Mehta							
FACILITY INFORMATION									
name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 139 Bayway Avenue		Square Feet	# of Floors 5						
City (5) Elizabeth, New Jersey, 07202		Bldg. Age 100 +							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) ware house							
Name of Monitoring Firm Hired by Building Owner (8) Creative Environment Solutions		ASCM No.	Name of Abatement Contractor (9) Tricon Enterprises Inc						
Street Address 39 West 37th St.		Street Address 322 Beers St							
City, State, Zip Code New York, New York 10018		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm Igor Martirosian		Telephone No. 212-290-6323	Telephone No. 732-739-1200						
License No. 01095									
Start Date (10) 1/13/2014	Scheduled Completion Date (11) 6/13/2014	Name of OSHA Monitor n/a							
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: _____		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> 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 </div> </div>									
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
See Attached			X			X			
Name of Registered Waste Hauler Atlantic Carting Inc		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 30	Name of Registered Landfill IESE PA Bethlehem Landfill 2335 Applebutter Rd					
City, State 1141 Rt 23 Wayne N.J. 07470		Disposal Date 8/29/12		City, State Bethlehem P.A. 10815					
Completed by James Mahoney		Title Project manager		Signature 		Date 12/26/2013			

No check

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

RECEIVED

2013 DEC 30 PM 7:48

ASBESTOS CONTROL
& LICENSING


Date of Notification (1) 12/26/13		Name of Building Owner/Operator (2) Port Authority of NY and NJ							
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 Amended Amendment # Emergency (including justification) Cancellation	Street Address One Path Plaza 2 nd Floor City, State, Zip Code Jersey City, N.J. 07306 Name of Contact Uday Mehta							
FACILITY INFORMATION									
name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 137 Bayway Avenue		Square Feet	# of Floors 5						
City (5) Elizabeth, New Jersey, 07202		Bldg. Age 100 +							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) ware house							
Name of Monitoring Firm Hired by Building Owner (8) Creative Environment Solutions		ASCM No.	Name of Abatement Contractor (9) Tricon Enterprises Inc						
Street Address 39 West 37 th St.		Street Address 322 Beers St							
City, State, Zip Code New York, New York 10018		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm Igor Martirosian		Telephone No. 212-290-6323	Telephone No. 732-739-1200						
License No. 01095									
Start Date (10) 1/13/2014	Scheduled Completion Date (11) 6/13/2014	Name of OSHA Monitor n/a							
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: _____		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> 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 </div> </div>									
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
See Attached			X			X			
Name of Registered Waste Hauler Atlantic Carting Inc		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 30	Name of Registered Landfill IESE PA Bethlehem Landfill 2335 Applebutter Rd					
City, State 1141 Rt 23 Wayne N.J. 07470			Disposal Date 8/29/12	City, State Bethlehem P.A. 10815					
Completed by James Mahoney		Title Project manager	Signature <i>James Mahoney</i>			Date 12/26/2013			

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

No check


Date of Notification (1) 12/26/13		Name of Building Owner/Operator (2) Port Authority of NY and NJ							
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 Amended Amendment # Emergency (including justification) Cancellation	Street Address One Path Plaza 2 nd Floor City, State, Zip Code Jersey City, N.J. 07306 Name of Contact Uday Mehta							
FACILITY INFORMATION									
name of Facility Where Abatement is Taking Place (3) Cory Warehouse		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 666- 668 South Front St.		Square Feet	# of Floors 5						
City (5) Elizabeth		Bldg. Age 100 +							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) ware house							
Name of Monitoring Firm Hired by Building Owner (8) Creative Environment Solutions		ASCM No.	Name of Abatement Contractor (9) Tricon Enterprises Inc						
Street Address 39 West 37 th st.		Street Address 322 Beers St							
City, State, Zip Code New York, New York 10018		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm Igor Martirosian		Telephone No. 212-290-6323	Telephone No. 732-739-1200						
License No. 01095									
Start Date (10) 1/13/2014	Scheduled Completion Date (11) 6/13/2014	Name of OSHA Monitor n/a							
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: _____		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> 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 </div> </div>									
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
See Attached			X			X			
Name of Registered Waste Hauler Atlantic Carting Inc		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 30	Name of Registered Landfill IESE PA Bethlehem Landfill 2335 Applebutter Rd					
City, State 1141 Rt 23 Wayne N.J. 07470			Disposal Date 8/29/12	City, State Bethlehem P.A. 10815					
Completed by James Mahoney		Title Project manager	Signature <i>James Mahoney</i>			Date 12/26/2013			

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

Date of Notification (1) Dec. 26, 2013		Name of Building Owner/Operator (2) Garden Homes		DEC 30 2013					
Agencies Notified	Type Notification	Street Address 820 Morris Turnpike							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Short Hills, New Jersey 07078							
		Name of Contact Jacob Kleyman							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Pathmark/Kmart			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 4516 Rt. 9 South			Square Feet 40,000	# of Floors 1	Bldg. Age 40				
City (5) Howell		County Code (7) (STATE USE ONLY) _____							
County (6)		Current Use (Prior if being demolished) former supermarket							
Name of Monitoring Firm Hired by Building Owner (8) None		ASCM No.	Name of Abatement Contractor (9) Academy Construction, Inc.						
Street Address -----		Street Address 205 Rt. 46 West, Suite 14							
City, State, Zip Code -----		City, State, Zip Code Totowa, New Jersey 07512							
Project Manager for Monitoring Firm None		Telephone No. -----	Telephone No. 973=832=4244	License No.					
Start Date (10) Jan. 8, 2014		Scheduled Completion Date (11) Feb. 1, 2014		Name of OSHA Monitor Academy Construction, Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address -----						
			City, State, Zip Code -----						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Pathmark -Shopping Area		x		Mastic	33,200 SF	x			
Pathmark - Roof Area				Cualking	20 LF				
Kmart - Roof Area				Transite Panel	400 SF				
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 40	Name of Registered Landfill Bethlehem Landfill				
City, State Newark, New Jersey				Disposal Date Feb. 1, 2014	City, State Bethlehem, PA				
Completed by Frank Marino		Title President		Signature 		Date Dec. 26, 2013			

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

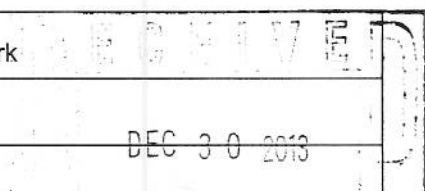
207-NJ-14

Date of Notification (1) 12/23/2013		Name of Building Owner/Operator (2) JA Neary Excavating Incorporated							
Agencies Notified () EPA () DEP (x) DOL (x) DOH () DCA	Notification Type (x) Initial Notification () Amended Amendment # () Emergency (including justification) () Cancellation	Street Address 330 Lincoln Blvd DEC 30 2013							
		City, State, Zip Code Middlesex, NJ 08846							
		Name of Contact Philip Sabatino							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Eatontown Project		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (x) Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 347 Route 35		Square Feet	# of Floors						
City (5) Eatontown		Bldg. Age							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Bldg. Owner (8) ABS Environmental Services	ASCM No.	Name of Contractor (9) Cid & Sons, LLC							
Street Address P.O. Box 483		Street Address 365 River Drive							
City, State, Zip Code Glenwood, NJ 07418		City State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Scott Higgins	Telephone Number (973)764-2276	Telephone Number (973)685-9791	License Number 01191 "A"						
Scheduled Start Date (10) 01/03/2013	Scheduled Completion Date (11) 01/20/2013	Name of OSHA Monitor Testor Tech							
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 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
Source of Work (Check all that apply) (x) ≥ 3 sf or ≥ 3 lf (x) Renovation () Full Containment with Negative Pressure (x) ≥ 160 sf or ≥ 260 lf () Demolition () Mini-Enclosure () Glove bag 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
Roof			X	Roofing, Flashing Material	7500 SF	X			
Guest Rm, Lobby, Rm 30, Kitchen			X	VAT	2,850 SF	X			
Window & Door			X	Caulking	980 LF	X			
Ceiling			X	Ceiling Plaster	300 SF	X			
Name of Reg. Waste Hauler Cid & Sons, LLC	NJDEP Waste Hauler ID # 32905		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 Morrisville, PA					
Completed by Roque Schipilliti Jr.	Title Project Manager		Signature 			Date 12/23/2013			

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

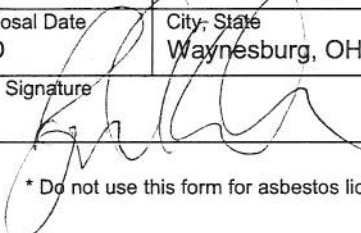
CHECK # 20590/20597/20637/20660

Date of Notification (1) 12-24-13		Name of Building Owner/Operator (2) RTL Services, Kearny Point Industrial Park	
Agencies Notified	Type Notification	Street Address 9 Basin Drive, Suite 120	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 6 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Kearny, NJ 07032	
		Name of Contact Jay Zimmern	



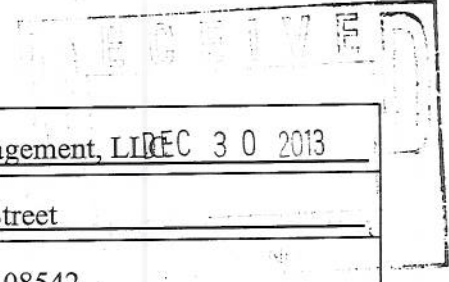
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Building 89		Type of Facility (4)	
Street Address 9 Basin Drive		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Kearny	Square Feet 10,300	# of Floors 1	Bldg. Age
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) Commercial	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.
Street Address		Street Address 200 Broad Street	
City, State, Zip Code		City, State, Zip Code Carlstadt, NJ 07072	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-939-6565	License No. 00756
Start Date (10) 12-05-13	Scheduled Completion Date (11) 12-31-13(6)Project Completed	Name of OSHA Monitor Even-Air Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 10-59 Jackson Avenue	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: Area is vacant		City, State, Zip Code Long Island City, NY 11101	
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	
		<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
Roof			x	Built Up Roofing	10,300SF	x			

Name of Registered Waste Hauler (3)Weigle Trucking		NJDEP Waste Hauler ID No. SW2912	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises
City, State 274 Reynolds Road, Linden, PA 17744		Disposal Date TBD	City, State Waynesburg, OH 44688	
Completed by John Tancredi	Title Project Manager	Signature 	Date 12-24-13	

CK # 25377

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



Date of Notification (1) <u>12/26/13</u>		Name of Building Owner/Operator (2) <u>Palmer Square Management, LLC</u> DEC 30 2013						
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 <u>40 Nassau Street</u>					
			City, State, Zip Code <u>Princeton, NJ 08542</u>					
			Name of Contact <u>Jim Elkington</u>					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Residential Apartment</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>Unit 43-E Palmer Square</u>		Square Feet <u>800</u>	# of Floors <u>2</u>					
City (5) <u>Princeton</u>		Bldg. Age <u>90</u>						
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residential</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS Inc.</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>William Weisgarber</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>					
Start Date (10) <u>12/27/13</u>	Scheduled Completion Date (11) <u>12/30/13</u>	Name of OSHA Monitor <u>MECS</u>						
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>8AM - 3:30PM</u>		Street Address <u>PO Box 341</u>						
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility</u> (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) <u>40 LF</u>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>Wall Chase</u>	<input checked="" type="checkbox"/>		<u>Pipe insulaton</u>	<u>40 LF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>12/30/13</u>	City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>12/26/13</u>					

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

proj. #:

2299

Date of Notification (1) <u>12/12/2013</u>		Name of Building Owner/Operator (2) <u>PRINCETON PUBLIC SCHOOLS</u>	
Agencies Notified	Type Notification	Street Address <u>25 VALLEY RD</u>	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code <u>PRINCETON, NJ 08542</u>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact <u>GARY WEISMAN</u>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency		
<input type="checkbox"/> DCA			

DEC 30 2013

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>SCHOOL</u>			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>25 VALLEY RD</u>			Square Feet # of Floors Bldg. Age		
City (5) <u>PRINCETON</u>	County (6) <u>MERCER</u>	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>AHERA</u>		ASCM No.	Name of Abatement Contractor (9) <u>NICK RESTORATION LLC</u>		
Street Address <u>P.O. BOX 385</u>			Street Address <u>72 BROOKSIDE RD</u>		
City, State, Zip Code <u>OCEANVILLE, NJ 08231</u>			City, State, Zip Code <u>RANDOLPH, NJ 07869</u>		
Project Manager for Monitoring Firm <u>JOHN SMOYER</u>		Phone Number <u>(609) 652-1833</u>	Telephone Number <u>(973) 933-2550</u>		License Number <u>01133</u>
Scheduled Start Date (10) <u>12-23-2013</u>		Sched. Completion Date (11) <u>12-27-2013</u>	Name of OSHA Monitor <u>J+5 ENVIRONMENTAL</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- Describe: <input type="checkbox"/> Other-Describe:			Street Address <u>2333 RT 22</u>		
			City, State, Zip Code <u>UNION, NJ 07083</u>		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
<u>CRAWLSPACE</u>		<input checked="" type="checkbox"/>		<u>TSI</u>	<u>6 LF</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>CRAWLSPACE</u>		<input checked="" type="checkbox"/>		<u>TSI-wrap + cure</u>	<u>3 LF</u>	<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 <u>NICK RESTORATION</u>	NJ DEP Hauler ID# <u>33782</u>	Cubic Yards of Waste <u>TBD</u>	Name of Registered Landfill <u>G.R.O.W.S</u>
City, State <u>RANDOLPH, NJ 07869</u>	Disposal Date <u>TBD</u>	City, State <u>TULLYTOWN, PA</u>	
Completed by (Print or Type) <u>Elvira Uda</u>	Title <u>PRESIDENT</u>	Signature <u>Elvira Uda</u>	Date <u>12-20-2013</u>

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

Date of Notification (1) December 24, 2013		Name of Building Owner/Operator (2) Disantis Contracting, LLC <i>AL 23378</i>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	313 Halyard Road <i>DEC 30 2013</i>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Ortley Beach, NJ 08751	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Frank Disantis	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 232 Melody Lane			<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 Ortley Beach	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1000 sf	# of Floors 1	Bldg. Age 60
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	Telephone Number		License Number
			732-349-9932		00624
Scheduled Start Date (10) 12/26/13		Scheduled Completion Date (11) 12/30/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			1056 Stelton Road		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			City, State, Zip Code		
<input type="checkbox"/> Other - Describe _____			Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V E 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	1000sf	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 12/31/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 12/24/2013

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

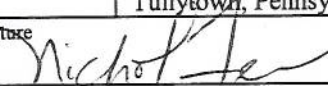
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) December 16, 2013		Name of Building Owner/Operator (2) On Site Waste Services	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	27 East Kennedy Street	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Hackensack, NJ 07601	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	John Giaquinto	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 1725 Washington Avenue			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Ortley Beach			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
			Square feet 1000 sf		
County (6) Ocean		County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
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	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 12/26/13		Scheduled Completion Date (11) 12/30/13	Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			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		

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	E N C L O S U R E
Exterior		X		Asbestos siding	800 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 12/31/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 12/16/13

*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)

DEC 23 347
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Date of Notification (1) December 24, 2013		Name of Building Owner/Operator (2) Disantis Contracting, LLC	
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 313 Halyard Road	
		City, State, Zip Code Ortley Beach, NJ 08751	
		Name of Contact Frank Disantis	

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 227 Durborow Avenue					
City Ortley Beach	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 800 sf	# of Floors 1	Bldg. Age 60
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	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 12/26/13		Scheduled Completion Date (11) 12/30/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
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 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)	Amount (Specify SF or LF)	Abatement Type				
	R	R	E			E				
	E	P	N	N						
	M	A	C	C						
	O	I	A	L						
	V	R	P	O						
	A		S	S						
	L		U	U						
			L	R						
Exterior		X			Asbestos siding	700sf	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 12/31/13	City, State Tullytown, Pennsylvania		
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>			Date 12/24/2013

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

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

Date of Notification (1) December 26, 2013		Name of Building Owner/Operator (2) John Najimian	
Agencies Notified	Type of Notification	Street Address 24 Ozone Avenue	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Cedar Grove, NJ 07009	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact John Najimian	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 108 Clark Avenue			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Ocean Grove			Square feet 2000 sf		
			# of Floors 2		
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Bldg. Age 60		
Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		
Street Address			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number		Telephone Number 732-349-9932	License Number 00624		
Scheduled Start Date (10) 12/27/13		Scheduled Completion Date (11) 12/31/13			
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor E.M.S.L. Analytical		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			Street Address 1056 Stelton Road		
<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 type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V E 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
Exterior	X	Asbestos siding	1900 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 1/2/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 12/26/13

*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)

Date of Notification (1) December 26, 2013		Name of Building Owner/Operator (2) On Site Waste Services	
Agencies Notified	Type of Notification	Street Address 27 East Kennedy Street	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Hackensack, NJ 07601	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact John Giaquinto	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 309 Durborow Avenue			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Ortley Beach			Square feet 1000 sf		
			# of Floors 1		
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 60		
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	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 12/26/13		Scheduled Completion Date (11) 12/30/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition					
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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	1000 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 12/31/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 12/26/13

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

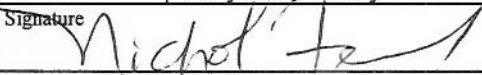
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) December 26, 2013		Name of Building Owner/Operator (2) Balogh 1 C/O Pauline Balogh	
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 417 Elizabeth Avenue	
		City, State, Zip Code Somerset, NJ 08873	
		Name of Contact Pauline Balogh	

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 21 Jansen Avenue			Square feet 2500		
City Woodbridge	County (6) Middlesex	County Code (7) (STATE USE ONLY)	# of Floors 2	Bldg. Age 80	
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Rte. 9, Unit 61			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Toms River, NJ 08755			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 732-349-9932	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 12/27/13		Scheduled Completion Date (11) 12/31/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition					
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R E M O V E 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			
Basement		X		Asbestos pipe insulation	145 lf	X			
Exterior house & garage		X		Asbestos roofing	370 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 6	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 1/2/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 12/26/2013

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

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

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Date of Notification (1) 12/24/2013		Name of Building Owner/Operator (2) Octavio Fernandes; 6-30 Chapel Street LLC							
Agencies Notified	Type Notification	Street Address 158 Fleming Ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark NJ 07105							
		Name of Contact Octavio Fernandes	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Warehouse		Type of Facility (4)							
Street Address 6-30 Chapel, Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newark		Square Feet 2500 SF	# of Floors 1						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 60						
Name of Monitoring Firm Hired by Building Owner (8) N A		ASCM No. _____	Name of Abatement Contractor (9) ACT Construction LLC						
Street Address _____		Street Address 6012 Broadway Ave Suit 2							
City, State, Zip Code _____		City, State, Zip Code West New York NJ, 07093							
Project Manager for Monitoring Firm _____		Telephone No. _____	Telephone No. 201-293-2368						
Start Date (10) 1/4/2014		Scheduled Completion Date (11) 1-8-2014	License No. 01210						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Hillmann Consulting LLC							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1600 Route East East Suit 107							
		City, State, Zip Code Union NJ, 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input 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
Pipe above loading area			x	Pipe Insulation	50 LF	x			
Name of Registered Waste Hauler San Ton Services		NJDEP Waste Hauler ID No. 22430	Cubic Yards of Waste _____	Name of Registered Landfill _____					
City, State Ken Worth NJ			Disposal Date _____	City, State _____					
Completed by Eric Jeter		Title Operations	Signature _____			Date 12/24/2014			

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

RECEIVED
2013 DEC 30 AM 12:19
ASBESTOS CONTROL & LIQUIDATING

Date of Notification (1) 12 / 26 / 13		Name of Building Owner/Operator (2) Paterson Rx Development LLC c/o DLC Management Corp	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 580 white Plains Road	
		City, State, Zip Code Tarrytown, NY 10591	
		Name of Contact Sally Krauss	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 10 Leslie Street			
City (5) Paterson	Square Feet	# of Floors	Bldg. Age
County (6) Passaic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC
Street Address P.O. Box 1224		Street Address 27 Outwater Lane	
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-928-4888
			License No. 1188
Start Date (10) 01 / 06 / 14	Scheduled Completion Date (11) 01 / 13 / 14	Name of OSHA Monitor ALL PRO MANAGEMENT LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane	
		City, State, Zip Code Garfield, NJ 07026	

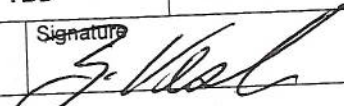
Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<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
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Material	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	170 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Patch Material on Brick	9 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


Name of Registered Waste Hauler All Pro Management		NJDEP Waste Hauler ID No. 0034860	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill	
City, State Garfield, NJ		Disposal Date TBD	City, State Bethlehem, PA		
Completed By (Print or Type) Zvonko Veskov	Title President	Signature 	Date 12/26/13		

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

Date of Notification (1) 12 / 26 / 13		Name of Building Owner/Operator (2) Paterson Rx Development LLC c/o DLC Management Corp							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 580 White Plains Road							
		City, State, Zip Code Tarrytown, NY 10591							
		Name of Contact Sally Krauss	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 750 Main Street		Square Feet	# of Floors						
City (5) Paterson		Bldg. Age							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-928-4888						
License No. 1188		Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Start Date (10) 01 / 06 / 14	Scheduled Completion Date (11) 01 / 13 / 14	Street Address 27 Outwater Lane							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vermiculite Insulation	1,750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Entire Roof	3,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grey Chimney Sealant	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler All Pro Management		NJDEP Waste Hauler ID No. 0034860		Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill				
City, State Garfield, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Zvonko Veskov		Title President		Signature 		Date 12/26/13			

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2013 DEC 30 AM 12:13
MAJESTIC & LLOYD'S
Abatement Type

[illegible]

Completed by: Zvonko Veskov	Title: President	Signature: 	Date: 12/26/13
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED
2013 DEC 30 AM 12:10
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <div style="text-align: center;">12 / 24 / 13</div>		Name of Building Owner/Operator (2) Brothers of Christian Schools	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 444 A Route 35 South	
		City, State, Zip Code Eatontown, NJ 07724	
		Name of Contact Brother James R Martino, FSC	Telephone Number <div style="text-align: right;">33</div>

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Buildings at 3025 Central		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 3035 Central Ave			
City (5) Ocean City, NJ 08226		Square Feet 150000	# of Floors 5
		Bldg. Age 60	
County (6) Cape May		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned
Name of Monitoring Firm Hired by Building Owner (8) FINOG ENVIRONMENTAL HAZARDS, INC.		ASCM No.	Name of Abatement Contractor (9) Alliance Environmental Systems
Street Address 617 Stokes Road, Suite 4-318		Street Address 550 East Union Street	
City, State, Zip Code Medford, NJ 08055		City, State, Zip Code West Chester, PA 129382	
Project Manager for Monitoring Firm Mark Rubnitz		Telephone No. (888) 715-2211	Telephone No. 610-701-9000
		License No. 00508	
Start Date (10) <div style="text-align: center;">01 / 13 / 14</div>	Scheduled Completion Date (11) <div style="text-align: center;">01 / 31 / 14</div>	Name of OSHA Monitor FINOG ENVIRONMENTAL HAZARDS, INC.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>3:30</u> PM- <u> </u> AM		Street Address 617 Stokes Road, Suite 4-318	
		City, State, Zip Code Medford, NJ 08055	

Scope of Work (Check all that apply)

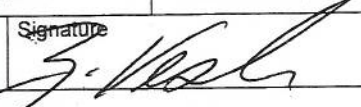
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Building A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	15079 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	1000 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"/>

Name of Registered Waste Hauler N.E.T.S.		NJDEP Waste Hauler ID No. 18947	Cubic Yards of Waste 60	Name of Registered Landfill Southern Allied Disposal	
City, State Hazleton, PA		Disposal Date TBD		City, State Imperial, PA	
Completed By (Print or Type) John Heemer	Title Estimator	Signature 		Date 12/24/13	

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

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2013 DEC 20 AM 12:09
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <div style="text-align: center;">12 / 26 / 13</div>		Name of Building Owner/Operator (2) Paterson Rx Development LLC c/o DLC Management Corp							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 580 White Plains Road							
		City, State, Zip Code Tarrytown, NY 10591							
		Name of Contact Sally Krauss	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 44 Hine Street		Square Feet	# of Floors						
City (5) Paterson		Bldg. Age							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 1188						
Start Date (10) <div style="text-align: center;">01 / 06 / 14</div>	Scheduled Completion Date (11) <div style="text-align: center;">01 / 13 / 14</div>	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing vents & chimneys	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar Sealant	50 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"/>
Name of Registered Waste Hauler All Pro Management		NJDEP Waste Hauler ID No. 0034860	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill					
City, State Garfield, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Zvonko Veskov		Title President		Signature 			Date 12/26/13		

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

Date of Notification (1)
12/26/2013

Name of Building Owner/Operator (2)
Palisades Operation LLC

Street Address
6819 Boulevard East

City, State, Zip Code
Guttenberg New jersey 07093

Name of Contact
Frank Degrazio

Agencies Notified

- ☒ EPA
☐ DEP
☒ DOL

☒ DOH
☐ DCA

Type Notification

- ☒ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Palisade Nursing Center

Street Address
6819 Boulevard East

City (5)
Guttenberg New Jersey

County (6)
Bergen

Name of Monitoring Firm Hired by Building Owner (8)
Turning Point Contracting Corp.

County Code (7)
(STATE USE ONLY)

ASCM No.
44331

Type of Facility (4)

- ☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
of Floors
2

Current Use (Prior if being demolished)
Nursing Home

Name of Abatement Contractor (9)
Apex development, Inc

Street Address
658 Rutgers place

City, State, Zip Code
Paramus, NJ 07652

Telephone No.
9733500101

License No.
01215

Project Manager for Monitoring Firm
Emeka Okeke

Telephone No.
2019276225

Start Date (10)
01/04/2013

Scheduled Completion Date (11)
01/12/2013

Occupancy Status During Abatement (Check Only One)

- ☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Name of OSHA Monitor
CPC Environmental Services Corp.

Street Address
142 North 13th street

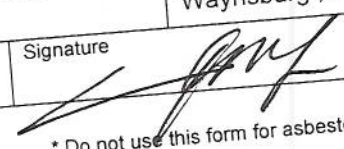
City, State, Zip Code
Newark New Jersey 07107.

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-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) 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 storage room	X			pipe insulation	54 LF	X			
boiler room	X			pipe insulation	42 LF	X			
house keeping storage room	X			pipe insulation	90 LF	X			
<p>Name of Registered Waste Hauler CPC Environmental Services Corp.</p> <p>NJDEP Waste Hauler ID No. NJ727</p> <p>Cubic Yards of Waste 5</p> <p>Name of Registered Landfill Minerva enterprises Inc</p> <p>City, State Waynsburg, OH 44688</p> <p>Disposal Date</p> <p>Signature </p> <p>Date 12/26/13</p> <p>Completed by Chika Onwukaife</p> <p>Title Supervisor</p>									

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

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

check # 1655

Date of Notification (1) 12 / 27 / 13		Name of Building Owner / Operator (2) First Energy	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Street Address 76 South Street City, State, Zip Code Akron, Ohio 44308 Name of Contact Jim Halsey	
Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Telephone Number & License #	

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2013 DEC 30 AM 12:00
ASBESTOS & LEAD TESTING

Name of Facility Where Abatement is Taking Place (3) Street Address South Park Pl & South Street/Park Place & Market Street City (5) MORRISTOWN County (6) MORRIS County Code (7)				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.) Square Feet # Of Floors Building Age n/a Current Use (Prior if being demolished) MANHOLE	
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations Street Address 655 West Shore Trail City, State, Zip Code Sparta, NJ 07871 Project Mngr. For Monitoring Firm Dino Nappi		ASCM NO LVI Demolition Services Inc. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07036 Telephone Number 973-884-8682 License Number 00860		Sched. Completion Date (11) 12 / 28 / 13	
Sched. Start Date (10) 12 / 27 / 13		Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Friday/Sat 8:00 am to 5:00 pm			
		Name of OSHA Monitor LVI Demolition Services Inc. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07036			

Scope of Work (Check All That Apply)

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

Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
South Park Pl & South Street	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	ELECTRICAL WRAP	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Market Ave & Park Pl	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	ELECTRICAL WRAP	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.	
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105		
Completed by (Print or Type) Steven Stiles		Title Project Manager	Signature <i>Steven Stiles</i>		Date 12/27/13

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

Ab check

RECEIVED
 2013 DEC 30 AM 12:00
 ASBESTOS CONTROL & LIAISON DIV.

Date of Notification (1) 12-19-13		Name of Building Owner/Operator (2) Victaulic REH, LLC							
Agencies Notified	Type Notification	Street Address 4901 Kesslersville Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Easton PA 18044-0031							
		Name of Contact Kraig Hume	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Victaulic REH, LLC		Type of Facility (4)							
Street Address 119 Edison Road		<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) Stewartsville		Square Feet 25000	# of Floors 1						
County (6) Warren		County Code (7) (STATE USE ONLY)	Bldg. Age 100 yrs						
Name of Monitoring Firm Hired by Building Owner (8) NBC Environmental		ASCM No.	Name of Abatement Contractor (9) Site Enterprises Inc.						
Street Address 1554 Paoli Pike		Street Address 815 12th st							
City, State, Zip Code West Chester Pa 19380		City, State, Zip Code Hammonton NJ 08037							
Project Manager for Monitoring Firm Allen Feinberg		Telephone No. 610-496-3379	License No. 01172						
Start Date (10) 1/13/14	Scheduled Completion Date (11) 4/13/14	Name of OSHA Monitor NBC Environmental							
Occupancy Status During Abatement (Check Only One)		Street Address 1554 Paoli Pike							
<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>monday- Friday 7am-3:30pm</u>		City, State, Zip Code West Chester Pa 19380							
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 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
Building #2 Basement			x	TSI Mixed with soil	525cy	x			
Name of Registered Waste Hauler Elk Transportation INC		NJDEP Waste Hauler ID No. 50174	Cubic Yards of Waste 525	Name of Registered Landfill Republic-BFI- Cunestoya LF.					
City, State Reading PA			Disposal Date	City, State Morgantown PA					
Completed by Thomas Rock		Title PM	Signature Thomas Rock			Date 12-19-13			