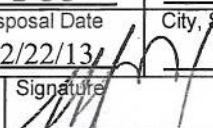


CK #25062

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

Date of Notification (1) <u>2/7/13</u>		Name of Building Owner/Operator (2) <u>Women Aware</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>250 Livingston Ave.</u> City, State, Zip Code <u>New Brunswick, NJ 08901</u> Name of Contact <u>Marsha Salmon</u> Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>268 Livingston Ave.</u>		Square Feet <u>2300</u>	# of Floors <u>2</u>						
City (5) <u>New Brunswick, NJ 08901</u>		Bldg. Age <u>80</u>							
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residence</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</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 Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>						
Start Date (10) <u>2/18/13</u>	Scheduled Completion Date (11) <u>2/22/13</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 - 4:30PM</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 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 IN Facility (13)</u>	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
<u>Basement</u>			<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>	<u>165 lf</u>	<input checked="" type="checkbox"/>			
<u>Kitchen</u>		<input checked="" type="checkbox"/>		<u>VAT</u>	<u>130 sf</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>2 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>2/22/13</u>	City, State <u>Tullytown, PA</u>						
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>2/7/13</u>						

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

Date of Notification (1) 02 / 06 / 13		Name of Building Owner/Operator (2) Cedar Realty Trust							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 001 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3307 Trindle Road							
		City, State, Zip Code Camp Hill, PA 17011							
		Name of Contact Robert Mastandrea	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Shore Mall		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 6725 Black Horse Pike		Square Feet 260000	# of Floors 2						
City (5) Egg Harbor Township		Bldg. Age 42							
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Connell-Green Consulting, Inc.		ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems						
Street Address 904 Kings Arms Drive		Street Address 550 East Union Street							
City, State, Zip Code Donwintown, PA		City, State, Zip Code West Chester, PA 129382							
Project Manager for Monitoring Firm Richard Pellissier		Telephone No. 484-432-9363	Telephone No. 610-701-9000						
License No. 00508		Name of OSHA Monitor AET							
Start Date (10) 01 / 28 / 13	Scheduled Completion Date (11) 03 / 01 / 13	Street Address 28 N. Pennell Road							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM		City, State, Zip Code Media, PA 19063							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Throughout Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	10,807 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Matic	11,864 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Textured Ceiling	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Space #2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vibration Cloth	12 SF	<input checked="" 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 BFI Imperial					
City, State Hazleton, PA		Disposal Date TBD	City, State Imperial, PA						
Completed By (Print or Type) Mark Griffin		Title Estimator	Signature <i>Mark Griffin</i>				Date 2/6/13		

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility				Description of Asbestos-Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	YES	NO	N/A						
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	650 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Date of Notification (1) <div style="text-align: center;">1 / 11 / 13</div>		Name of Building Owner/Operator (2) Cedar Realty Trust							
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 3307 Trindle Rd. City, State, Zip Code Camp Hill, PA 17011 Name of Contact Robert Mastandrea							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Shore Mall		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 6725 Black Horse Pike									
City (5) Egg Harbor Township		Square Feet 260,000	# of Floors 2						
		Bldg. Age 42							
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Retail Stores							
Name of Monitoring Firm Hired by Building Owner (8) Connell-Green Consulting, Inc.	ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems							
Street Address 904 Kings Arms Drive		Street Address 550 East Union Street							
City, State, Zip Code Downingtown, PA 19355		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Richard Pellissier	Telephone No. 484-432-9363	Telephone No. 610-701-9000	License No. 00508						
Start Date (10) <div style="text-align: center;">01 / 28 / 13</div>	Scheduled Completion Date (11) <div style="text-align: center;">03 / 01 / 13</div>	Name of OSHA Monitor AET							
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> </u> PM/ <u>3:30</u> PM- <u> </u> AM		Street Address 28 N. Pennel Road							
		City, State, Zip Code Media, PA 19063							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	10,807 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Mastic	11,684 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Textured Ceiling	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Space #2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vibration Cloth	12 LF	<input checked="" 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 20	Name of Registered Landfill Allied BFI Imperial					
City, State Hazleton, PA		Disposal Date TBD		City, State Imperial, PA					
Completed By (Print or Type) Mark Griffin		Title Estimator	Signature <i>Mark Griffin</i>			Date 1/11/13			

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

Date of Notification (1) 2/7/2013		Name of Building Owner/Operator (2) PSE&G							
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD, M/C 430							
<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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080							
		Name of Contact SAL BORDANARO	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G		Type of Facility (4)							
Street Address 95 WILLOW 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) EAST RUTHERFORD		Square Feet 3000	# of Floors 1						
County (6) BERGEN		Bldg. Age 66 YRS							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) SWITCH STATION							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350						
License No. 01111									
Start Date (10) 2/22/13	Scheduled Completion Date (11) 2/28/13	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: occupied by necessary operators as needed		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
CONTROL ROOM		X		VAT & MASTIC	1249 SF	X			
OUTSIDE		X		ACM WINDOW & DOOR CAULK	214 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 30	Name of Registered Landfill GROWS					
City, State ELIZABETH, NJ		Disposal Date 2/28/13		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MANAGER		Signature <i>Carol Raimo</i>			Date 2/7/2013		

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

B & G proj. #: 2013-31

Check # 5767

Date of Notification (1) <u>02/10/13</u>		Name of Building Owner/Operator (2) <u>Atlantic Health System</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address <u>100 Madison Avenue</u>		City, State, Zip Code <u>Morristown, NJ 07960</u>	
Name of Contact <u>Peter Palmer</u>		Telephone Number <u>[REDACTED]</u>	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Morristown Medical Center, Anderson Building (non sub 8)</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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>100 Madison Avenue</u>			Square Feet <u> </u>		
City (5) <u>Morristown</u>			# of Floors <u> </u>		
County (6) <u>Morris</u>			Bldg. Age <u> </u>		
County Code (7) (State use only)			Current Use (Prior if being demolished) <u>Hospital (non sub 8)</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>Birdsall Services Group</u>		ASCM No. <u>0017</u>		Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>	
Street Address <u>65 Jackson Drive</u>		Street Address <u>105 Ryerson Road</u>		City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	
City, State, Zip Code <u>Cranford, NJ 07016</u>		Telephone Number <u>(973)696-6869</u>		License Number <u>00378</u>	
Project Manager for Monitoring Firm <u>Kevin Burns</u>		Phone Number <u>908-497-8900 x 6228</u>		Name of OSHA Monitor <u>B & G Restoration, Inc.</u>	
Scheduled Start Date (10) <u>02/20/2013</u>		Sched. Completion Date (11) <u>02/21/2013</u>		Street Address <u>105 Ryerson Road</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- Describe: <u> </u> <input checked="" type="checkbox"/> Other-Describe: <u>start work @ 3:30pm</u>					
City, State, Zip Code <u>Lincoln Park, NJ 07035</u>					

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input type="checkbox"/> 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						
2nd floor renovation space			<input checked="" type="checkbox"/>	tan layered wafer pipe insulation	30 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ</u>	Disposal Date <u>02/22/2013</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>02/06/2013</u>

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

B & G proj. #: 2013-27

Check # 5768

Date of Notification (1) 02/10/13		Name of Building Owner/Operator (2) Matthew Mozer	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 1 Cobb Lane City, State, Zip Code Kinnelon, NJ 07405 Name of Contact Matthew Mozer	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Matthew Mozer			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 1 Cobb Lane			Square Feet # of Floors Bldg. Age		
City (5) Kinnelon	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 02/20/2013		Sched. Completion Date (11) 02/20/2013	Name of OSHA Monitor B & G Restoration, 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 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

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						
basement boiler room			<input checked="" type="checkbox"/>	pipe insulation	7 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
main room area			<input checked="" type="checkbox"/>	pipe fittings	2 fittings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
garage area			<input checked="" type="checkbox"/>	pipe insulation	13 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1/2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 02/21/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 02/06/2013

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

B & G proj. #: 2013-32

Check # 5769

Date of Notification (1) <u>02/10/13</u>		Name of Building Owner/Operator (2) <u>St. Clares Hospital</u>		2013 FEB 11 PM 2:08	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		Street Address <u>25 Pocono Road</u>	
				City, State, Zip Code <u>Denville, NJ 07834</u>	
Name of Contact <u>John Stutz</u>				Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>St Clares Hospital (non sub 8)</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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>25 Pocono Road</u>			Square Feet _____		
City (5) <u>Denville, NJ 07834</u>			# of Floors _____		
County (6) <u>Morris</u>		County Code (7) (State use only) _____			
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>Total Solution Environmental</u>			Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
Street Address <u>22 Columbia Road</u>			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code <u>Morristown, NJ 07960</u>			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm <u>Ben Waer</u>		Phone Number <u>(973)998-9348</u>		Telephone Number <u>(973)696-6869</u>	
Scheduled Start Date (10) <u>02/19/2013</u>		Sched. Completion Date (11) <u>02/22/2013</u>		License Number <u>00378</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- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>work shift 7:00am - 3:30pm</u>			Name of OSHA Monitor <u>B & G Restoration, Inc.</u>		
			Street Address <u>105 Ryerson Road</u>		
			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input type="checkbox"/> 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						
basement air handlers 5,6,7			X	pipe insulation	133 lf	X			
basement air handlers 5,6,7			X	asbestos fittings	85 fittings	X			

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>2 yds</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ</u>	Disposal Date <u>02/25/2013</u>	City, State <u>Tullytown, PA</u>	

Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>02/06/2013</u>
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**STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7
ANNUAL NOTIFICATION**

Check # 2847

Date of Notification (1) 02 / 08 / 13		Name of Building Owner / Operator (2) MARS SNACK FOODS	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 700 HIGH STREET		City, State, Zip Code HACKETTSTOWN, NJ 07840	
Name of Contact BURT TOTZ		Telephone Number _____	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MARS SNACK FOODS			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (I.e., private & commercial bldgs., homes, etc.)		
Street Address 700 HIGH STREET			Square Feet 800,000 # Of Floors 3 Building Age 40+		
City (5) HACKETTSTOWN	County (6) WARREN	County Code (7)	Current Use (Prior if being demolished) MANUFACTURING		
Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO	Name of Abatement Contractor (9) LVI Environmental Services Inc.		
Street Address 907 DOOLITTLE DRIVE			Street Address 462 Getty Avenue		
City, State, Zip Code BRIDGEWATER, NJ 08807			City, State, Zip Code Clifton, NJ 07011		
Project Mngr. For Monitoring Firm ERIC HOUSEKNECHT		Telephone Number 908-218-1108	Telephone Number 973-772-3660		
Schedul Start Date (10) 02 / 25 / 13		Sched. Completion Date (11) 03 / 05 / 13	License Number 00117		
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: 7:00AM - 3:30PM			Name of OSHA Monitor LVI Environmental Services Inc. Street Address 462 Getty Avenue City, State, Zip Code CLIFTON, NJ 07011		

Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
	YES NO N/A						
TANK FARM	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	TANK INSULATION	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANK FARM	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE INSULATION	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste Disposal Date	Name of Registered Landfill I.E.S.I. City, State BETHLAHEM, PA
Completed by (Print or Type) STEVE STILES		Title PROJECT MANAGER	Signature <i>Steve Stiles</i> Date 02/08/13

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

No check

<u>Date of Notification (1)</u> 2/8/13		<u>Name of Building Owner/Operator (2)</u> J.C. Penney Corporation, Inc.	
<u>Agencies Notified</u> (X) EPA (X) DOL (X) DOH () DCA	<u>Notification Type</u> () Initial Notification () Amended Certification (X) Cancelled	<u>Street Address</u> 6501 Legacy Drive Drive,	
		<u>City, State, Zip Code</u> Plano, TX 75024	
		<u>Name of Contact</u> Robert D. Beaird Jr.	
		<u>Tel. Number</u>	

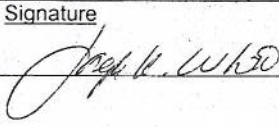
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<u>Name of Facility Where Abatement is Taking Place (3)</u> J.C. Penney Store #700 - Quaker Bridge Mall			<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 500 Quaker Bridge Mall			<u>Sq. Feet</u> 162600 <u># of Floors</u> 2	
<u>City (5)</u> Trenton	<u>County (6)</u> Mercer	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 37 +/- <u>Current Use</u> (prior if being demolished) commercial	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Hillmann Consulting, LLC		<u>ASCM No.</u> 00023	<u>Name of Contractor (9)</u> NCM Demolition and Remediation, LP	

<u>Street Address</u> 1600 Route 22 East		<u>Street Address</u> 404 N. Berry Street	
<u>City, State, Zip Code</u> Union, NJ 07083		<u>City, State, Zip Code</u> Brea, CA 92821	
<u>Project Manager for Monitoring Firm</u> Craig Abrams	<u>Telephone Number</u> 908-688-7800	<u>Telephone Number</u> 484-480-8931	<u>License Number</u> 01066

<u>Scheduled Start Date (10)</u> 2/17/2013	<u>Scheduled Completion Date (11)</u> 2/18/2013	<u>Name of OSHA Monitor</u> Testor Tech
<u>Occupancy Status During Abatement (Check only one)</u> () Facility Closed/Vacated During Entire Period of Abatement (X) Abatement Performed Outside of Normal Facility Hours -		<u>Street Address</u> 10 59 Jackson Ave.
<u>Describe Vacant Bldg. To Be Demolished</u> Other - Describe Interior Renovations		<u>City, State, Zip Code</u> L.I.C. New York, 11101

<u>Source of Work (Check all that apply)</u> () Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () Small Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure () Non-Friable Outdoor Work				
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Rem. Rep. Encap. Enclose
2 nd Level	X	Flooring Mastics	1600	X

<u>Name of Reg. Waste Hauler</u> Waste Management of NJ	<u>NJDEP Waste Hauler ID #</u> 17273	<u>Cubic Yards of Waste</u> 10	<u>Name of Reg. Landfill</u> G.R.O.W.S. Landfill
<u>City, State</u> 208 Patterson Avenue	<u>Disp. Date</u> 2/22/13	<u>City, State</u> Morrisville, PA	
<u>Completed by (Print or Type)</u> Joe White	<u>Title</u> Project Coordinator	<u>Signature</u> 	<u>Date</u> 2/8/13

CHECK #
2635

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

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Date of Notification (1) 2/7/13		Name of Building Owner/Operator (2) PINELANDS CONSTRUCTION							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 300 77 TH ST.							
		City, State, Zip Code SEA ISLE CITY, N.J. 08243							
		Name of Contact FRANK EDUARDI	Telephone Number 7						
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 40TH ST.									
City (5) SEA ISLE CITY		Square Feet	# of Floors Bldg. Age						
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) KLEMMCO INC.							
Street Address		Street Address 369 S. SPRUCE AVE.							
City, State, Zip Code		City, State, Zip Code MAPLE SHADE, N.J. 08052							
Project Manager for Monitoring Firm		Telephone No. 856-779-0472	License No. 00444						
Start Date (10) 2/20/13	Scheduled Completion Date (11) 2/22/13	Name of OSHA Monitor JOSEPH KLEMM							
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 369 S. SPRUCE AVE.							
		City, State, Zip Code MAPLE SHADE, N.J. 08052							
Scope of Work (Check all that apply)									
<input 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 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
SIDING			X	TRANSITE	28000	X			
Name of Registered Waste Hauler KLEMMCO INC.		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste	Name of Registered Landfill C.M.C.M.U.A.					
City, State MAPLE SHADE, N.J.			Disposal Date	City, State WOODBINE, N.J.					
Completed By JOSEPH KLEMM		Title V/P	Signature Joseph Klemm		Date 2/7/13				

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

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DEPT. OF ENVIRONMENTAL CONTROL & LICENSING

Date of Notification (1) 02/05/2013		Name of Building Owner/Operator (2) BERKELEY COLLEGE							
Agencies Notified	Type Notification	Street Address 44 RIFLE CAMP ROAD							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>6</u>	City, State, Zip Code WOODLAND PARK, NJ 07424							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact TOM ALESSANDRELLO	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BERKELEY COLLEGE BUILDING# 5 & 4		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 44 RIFLE CAMP ROAD		Square Feet 20,000	# of Floors 4						
City (5) WOODLAND PARK		Bldg. Age 1940							
County (6) PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COLLEGE/SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) ENVIROVISION CONSULTANTS, INC.		ASCM No. 0079	Name of Abatement Contractor (9) PAL ENVIRONMENTAL SERVICES						
Street Address 20-21 WAGARAW ROAD BUILDING 34A		Street Address 11-02 QUEENS PLAZA SOUTH							
City, State, Zip Code FAIR LAWN, NJ 07410		City, State, Zip Code LONG ISLAND CITY, NY 11101							
Project Manager for Monitoring Firm FREDERICK LARSON		Telephone No. 973-636-9145	License No. 00853						
Start Date (10) 12/14/2012	Scheduled Completion Date (11) 02/15/2013	Name of OSHA Monitor ROLLAND BARNHART							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED NJAC 5:23-8 REGULAR HOURS WITH WEEKENDS & EVENING IF NECESSARY TO FINISH		Street Address 21 PERRINE AVENUE							
		City, State, Zip Code SOUTH AMBOY, NJ 08879							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
LOWER, GRUND & SECOND FLOOR		X		PIPE INSULATION	3,150 LF	X			
LOWER, GROUND & SECOND FLOOR		X		VAT	1,065 SF	X			
GROUND FLOOR		X		PIPE INSULATION	41 LF	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 04181	Cubic Yards of Waste 50 YARDS	Name of Registered Landfill MINERVA ENTERPRISES					
City, State SHIRLEY, NY		Disposal Date 12/17/2012		City, State WAYNESBURG, OH					
Completed by ANN ALI		Title ADMINISTRATIVE		Signature			Date 02/05/2013		

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

MO#20613900925

Date of Notification (1) 02 / 06 / 13		Name of Building Owner/Operator (2) Ronald Pimpao	
Agencies Notified <input 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 612 Union Avenue City, State, Zip Code Elizabeth, NJ 07208		Name of Contact Ronald Pimpao	
Telephone Number		2013 FEB 11 PM 2:08	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 612 Union Avenue City (5) Elizabeth, NJ 07208		Square Feet	# of Floors
County (6) Union		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Street Address		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC	
City, State, Zip Code		Street Address 576 Valley Rd #283		
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code Wayne, NJ 07470	
Telephone No.		Telephone No.	License No. 973-638-1777 01127	

Start Date (10) 02 / 15 / 13	Scheduled Completion Date (11) 02 / 16 / 13	Name of OSHA Monitor Envirovision Consultants, 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: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410	

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"/> Clean up and decontamination <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement-utility room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>N. Jevtic</i>		Date 02/06/2013

CK 003017

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26-12.22)

REMEMBER - MAIL IN HARD COPY

DO - 10 DAY

Date of Notification (1) 02/01/2013		Name of Building Owner/Operator (2) Residence					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address 2477 Hwy 57		City, State, Zip Code Stewartsville, NJ					
Name of Contact Priyank R Patel		Telephone Number					
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 S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address 2477 Hwy 57		Square Feet 1,500 SF					
City (5) Stewartsville, NJ		# of Floors 2					
County (6) Warren		Bldg Age 60+					
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8)		ASGM No.					
Street Address		Name of Abatement Contractor (9) DIA General Construction, Inc.					
City, State, Zip Code		Street Address 1380 Clifton Avenue, PMB Suite 218					
Project Manager for Monitoring Firm		City, State, Zip Code Clifton, NJ 07012					
Telephone No.		Telephone No. 973-389-0089					
Start Date (10) 02/02/2013		License No. 00693					
Scheduled Completion Date (11) 02/03/2013		Name of OSHA Monitor DIA General 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 1380 Clifton Avenue, PMB Suite 218					
		City, State, Zip Code Clifton, NJ 07012					
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >180 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"/> Govebug Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED (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
Basement	X		Pipe/Elbow Insulation	90 LF	X		
Basement	X		Boiler Insulation	40 SF			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20970		Cubic Yards of Waste 2		Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 02/03/2013		City, State Waynesburg, OH 44688			
Completed By Milan Njezic		Title Vice President		Signature 		Date 02/01/2013	

ASB-1

* Do not use this form for asbestos licensure exempted activities

*** Emergency ***

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


CK 3007

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2013 FEB 11

PM 2:08

LICENSING

Date of Notification (1) 2/6/13		Name of Building Owner/Operator (2) Administration Building Camden City Public Schools							
Agencies Notified	Type Notification	Street Address 201 N Front Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Camden NJ 08101							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Steve	Telephone Number 5 _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Administration Building Camden City Public Schools		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 201 N Front Street		Square Feet 1000+	# of Floors 1+						
City (5) Camden NJ 08101		Bldg. Age 35+							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address Po Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 2/6/13	Scheduled Completion Date (11) 2/7/13	Name of OSHA Monitor Same							
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: After Hours		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 322	x			Floor tile	200 sf	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ			Disposal Date 6/7/13	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 	Date 2/6/13					

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2013 FEB 11 PM 2:08
43

Date of Notification (1) 2/6/13		Name of Building Owner/Operator (2) PINELANDS CONSTRUCTION	
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 300 77 TH ST.		City, State, Zip Code SEA ISLE CITY, N.J. 08243	
Name of Contact FRANK EDUARDI		Telephone Number _____	
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 212 105TH ST		Square Feet # of Floors Bldg. Age	
City (5) STONE HARBOR		Current Use (Prior if being demolished) VACANT	
County (6) CAPE MAY		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. Name of Abatement Contractor (9) KLEMMCO INC.	
Street Address		Street Address 369 S. SPRUCE AVE.	
City, State, Zip Code		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Project Manager for Monitoring Firm		Telephone No. License No. 856-779-0472 00444	
Start Date (10) 2/20/13		Scheduled Completion Date (11) 2/27/13	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor JOSEPH KLEMM	
Scope of Work (Check all that apply) <input 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 369 S. SPRUCE AVE.	
City, State, Zip Code MAPLE SHADE, N.J. 08052		Abatement Type Removal Repair Encapsulate Enclosure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE		Amount (Specify SF or LF) 2500#	
Name of Registered Waste Hauler KLEMMCO INC.		NJDEP Waste Hauler ID No. 17904	
Cubic Yards of Waste		Name of Registered Landfill C.M.C.M.V.A.	
Disposal Date		City, State WOODBINE, N.J.	
Completed By JOSEPH KLEMM		Title V/P	
Signature Joseph Klemm		Date 2/6/13	

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Date of Notification (1) 2/6/13		Name of Building Owner/Operator (2) PINELANDS CONSTRUCTION	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 300 77TH ST.		City, State, Zip Code SEA ISLE CITY, N.J. 08243	
Name of Contact FRANK EDUARDI		Telephone Number _____	
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 106 W. 17TH ST.		Square Feet # of Floors Bldg. Age	
City (5) OCEAN CITY		Current Use (Prior if being demolished) VACANT	
County (6) CAPE MAY		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) KLEMMCO INC.	
Street Address		Street Address 369 S. SPRUCE AVE.	
City, State, Zip Code		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Project Manager for Monitoring Firm		Telephone No. 856-779-0472	
Start Date (10) 2/20/13		License No. 00444	
Scheduled Completion Date (11) 2/23/13		Name of OSHA Monitor JOSEPH KLEMM	
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 369 S. SPRUCE AVE.	
Scope of Work (Check all that apply) <input 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13) SIDING		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) TRANSITE		Amount (Specify SF or LF) 3000 lb	
Abatement Type Removal Repair Encapsulate Enclosure		X	
Name of Registered Waste Hauler KLEMMCO INC.		NJDEP Waste Hauler ID No. 17904	
Cubic Yards of Waste		Name of Registered Landfill C.M.C.M.U.A.	
Disposal Date		City, State WOODBINE, N.J.	
Completed By JOSEPH KLEMM		Signature Joseph Klemm	
Title V/P		Date 2/6/13	

CHECK #
2632

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

2013 FEB 14 2:08 PM

Date of Notification (1) 2/6/13		Name of Building Owner/Operator (2) PINELANDS CONSTRUCTION							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 300 77 TH ST.							
		City, State, Zip Code SEA ISLE CITY, N.J. 08243							
		Name of Contact FRANK EDUARDI	Telephone Number _____						
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 212 105TH ST.									
City (5) STONE HARBOR	Square Feet	# of Floors	Bldg. Age						
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMMCO INC.							
Street Address		Street Address 369 S. SPRUCE AVE.							
City, State, Zip Code		City, State, Zip Code MAPLE SHADE, N.J. 08052							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-779-0472	License No. 00444						
Start Date (10) 2/20/13	Scheduled Completion Date (11) 2/22/13	Name of OSHA Monitor JOSEPH KLEMM							
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 369 S. SPRUCE AVE.							
		City, State, Zip Code MAPLE SHADE, N.J. 08052							
Scope of Work (Check all that apply)									
<input 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 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
SIDING			X	TRANSITE	2000 #	X			
Name of Registered Waste Hauler KLEMMCO INC.		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste	Name of Registered Landfill C.M.C.M.U.A.					
City, State MAPLE SHADE, N.J.		Disposal Date	City, State WOODBINE, N.J.						
Completed By JOSEPH KLEMM	Title V/P	Signature Joseph Klemm	Date 2/6/13						

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

Date of Notification (1) <u>2-14-2013</u>		Name of Building Owner/Operator (2) <u>Mark Haug</u>						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>22 W. Riviera Ave</u> City, State, Zip Code <u>Ocean Gate NJ 08740</u>						
		Name of Contact <u>Mark Haug</u>	Telephone <u>08740</u>					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Resident</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <u>22 W. Riviera Ave</u>		Square Feet <u>1500</u>	# of Floors <u>2</u>					
City (5) <u>Ocean Gate</u>		Bldg. Age <u>70</u>						
County (6) <u>Ocean</u>		County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>Resident</u>					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>ANI JOE LLC</u>					
Street Address			Street Address <u>1212 Burlington Ave</u>					
City, State, Zip Code			City, State, Zip Code <u>Delanco NJ 08015</u>					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <u>856 824 0911</u>					
			License No. <u>01070</u>					
Start Date (10) <u>2-14-2013</u>	Scheduled Completion Date (11) <u>2-25-2013</u>		Name of OSHA Monitor <u>SAF</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 type="checkbox"/> Other - Describe:			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"/> ≥ 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-Frangible Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	NA			Removal	Repair	Enclosure
<u>Sides of building</u>				<u>(ACM) Transit</u>	<u>1500 SF</u>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <u>J Robinson Waste</u>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill <u>WM of PA</u>				
City, State <u>Bellmawr NJ</u>			Disposal Date <u>TBD</u>	City, State <u>Tullytown PA</u>				
Completed by <u>Joe Hill</u>	Title <u>VP</u>	Signature <u>[Signature]</u>		Date				

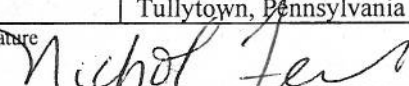
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) February 6, 2013		Name of Building Owner/Operator (2) T Fiore Demolition	
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 645 Fisher Blvd.	
		City, State, Zip Code Toms River, NJ 08753	
		Name of Contact Bill	Telephone Number _____

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 k12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 121 West Pelican Way					
City Ocean Beach III	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) 2/7/13	Scheduled Completion Date (11) 2/8/13		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) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>					

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	700 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 2/11/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 2/6/2013

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

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) February 6, 2013		Name of Building Owner/Operator (2) Ocean Beach Property Management	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [] Initial Notification [] Amended Notification Amendment # [x] Emergency (including justification) [] Cancellation	Street Address P O Box 474 City, State, Zip Code Lavallette, NJ 08735	
		Name of Contact Tom Costello	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 3356 Seaview Road					
City Ocean Beach III	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 700 sf	# of Floors 1	Bldg. Age 60
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) 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) 2/7/13	Scheduled Completion Date (11) 2/8/13		Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) [] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf			[] Full Containment with Negative Pressure [] Mini-Enclosure [] Glovebag Procedure [x] Non-Exempted (*) and NonFriable 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	650 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 2/11/13		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>			Date 2/6/2013		

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

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) February 6, 2013		Name of Building Owner/Operator (2) Bobby Bobcat Excavating	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [] Initial Notification [] Amended Notification Amendment # [x] Emergency (including justification) [] Cancellation	Street Address 1409 Route 9 City, State, Zip Code Toms River, NJ 08753 Name of Contact Bob Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 136 Ocean Bay Blvd.			Square feet 1500 sf		
City Lavallette	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) 2/7/13		Scheduled Completion Date (11) 2/8/13	Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe			Street Address 1056 Stelton Road		
Scope of Work (Check all that apply) [] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf			City, State, Zip Code Piscataway, New Jersey 08854		
[] Renovation [x] Demolition			[] Full Containment with Negative Pressure [] Mini-Enclosure [] Glovebag Procedure [x] 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			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	1100 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 2/11/13		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Femicola		Title Project Manager		Signature <i>Nicholas Femicola</i>			Date 2/6/13		

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

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

Date of Notification (1) 2-5-13		Name of Building Owner/Operator (2) CHARLIE BLUMENKEHL	
Agencies Notified	Type Notification	Street Address 24 CORTLAND STREET	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code BELLEVILLE, NJ,	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact CHARLIE	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet 1800	# of Floors 3	Bldg. Age 70
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address			Street Address 86 Christopher St.	
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm	Telephone Number N/A		Telephone Number (973) 744-8800	License Number 00371
Scheduled Start Date (10) 2-14-13	Sched. Completion Date (11) 2-15-13	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 <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

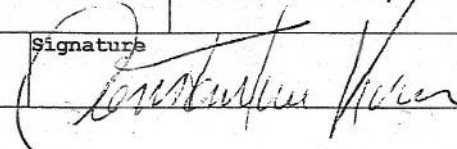
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E	
Basement			X	Pipe insulation	42 LF	X				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 2-16-2013	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 2-5-13		

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

Date of Notification (1) 2-5-2013		Name of Building Owner/Operator (2) SHERRY WEINSTEIN	
Agencies Notified	Type Notification	Street Address 104 MIDLAND BLVD.	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code MAPLEWOOD, NJ, 07040	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact SHERRY WEINSTEIN	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City (5)	County (6)	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors	Bldg. Age
	ESSEX		1850	2	83
Current Use (Prior if being demolished)					

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address			Street Address 86 Christopher St.	
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number		License Number
	N/A	(973) 744-8800		00371
Scheduled Start Date (10) 2-6-2013	Sched. Completion Date (11) 2-7-2013	Name of OSHA Monitor N/A		
Month Day Year	Month Day Year			
Occupancy Status During Abatement (Check only one)		Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement				
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»		City, State, Zip Code		
<input type="checkbox"/> Other - Describe: «Other Occupancy Descript»				

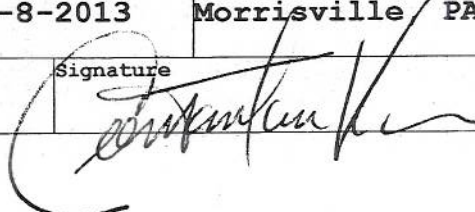
Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
BASEMENT			X	PIPE INSULATION	25 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 2-8-2013	City, State Morrisville PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 2-5-2013		

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

Date of Notification (1) 2-5-2013		Name of Building Owner/Operator (2) Dan Tower	
Agencies Notified	Type Notification	Street Address 1253 Barbara Avenue	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code Union, NJ, 07083	
		Name of Contact Dan Tower	Telephone Number

FACILITY INFORMATION

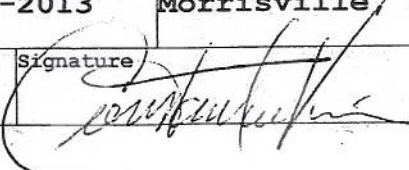
Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 			Square Feet 1800	# of Floors 2	Bldg. Age 65
City (5) 	County (6) UNION	County Code (7) (STATE USE ONLY) 	Current Use (Prior if being demolished) 		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No. 	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address 		Street Address 86 Christopher St.		
City, State, Zip Code 		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm 	Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 2-6-2013 Month Day Year	Sched. Completion Date (11) 2-7-2013 Month Day Year	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 <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address 		
		City, State, Zip Code 		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
BASEMENT			X	PIPE INSULATION	45 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.	NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.
City, State Montclair, NJ 07042	Disposal Date 2-8-2013	City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 2-5-2013

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

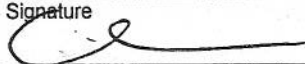
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ASBESTOS
& LICENSING

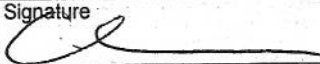
Date of Notification (1) 1-28-2013		Name of Building Owner/Operator (2) Affordable Remodelers INC.							
Agencies Notified	Type Notification	Street Address 24 Birdseye Glen.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Verona NJ.							
		Name of Contact Frank DiRocco	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address 24 Birdseye Glen.		<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) Verona NJ. 07044		Square Feet 2,800	# of Floors 2						
		Bldg. Age 60+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Ave.							
City, State, Zip Code		City, State, Zip Code Jersey City NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 1-29-2013	Scheduled Completion Date (11) 1-29-2013	Name of OSHA Monitor Green Environmental Services, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 235 Virginia Ave.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Jersey City NJ 07304							
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) 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
Kitchen		X		Pipe Insulation	10LF	X			
Name of Registered Waste Hauler Tri-State Transfer Associated		NJDEP Waste Hauler ID No. 2A-456	Cubic Yards of Waste 1	Name of Registered Landfill Minerva Enterprise.					
City, State Bronx NY.		Disposal Date 1-29-2013		City, State Wynesburg-Ohio					
Completed by Tiffany Nunez		Title Office Manager		Signature			Date 1-28-2013		

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

Date of Notification (1) 2/4/13		Name of Building Owner/Operator (2) Joann Byrnes / Private Home							
Agencies Notified	Type Notification	Street Address 77 Lynn Ann							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08005							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Joann	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Joann Byrnes/ Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 77 Lynn Ann		Square Feet 1000 +	# of Floors 1						
City (5) Manahawkin NJ 08005		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 2/13/13	Scheduled Completion Date (11) 2/18/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1100 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 2/18/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 2/4/13		

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

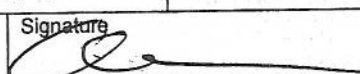
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2013 FEB 11 PM 2:08
& LISTEN CONTROL

Date of Notification (1) 2/4/13		Name of Building Owner/Operator (2) Camden County College							
Agencies Notified	Type Notification	Street Address 200 College Dr							
<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 Blackwood NJ 08012							
		Name of Contact Lenny	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Wilson Hall East Foyer area		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 200 College Dr		Square Feet 1000 +	# of Floors 2						
City (5) Blackwood NJ 08012		Bldg. Age 35+							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 2/18/13	Scheduled Completion Date (11) 2/22/13	Name of OSHA Monitor Same							
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>during normal hours section closed off</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Foyer area			x	Floor Tile / mastic	120 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 2/21/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 2/4/13		


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

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2013 FEB 11 PM 2:08
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2/4/13		Name of Building Owner/Operator (2) Stephen Cook / Private Home							
Agencies Notified	Type Notification	Street Address 43 Barry Lane							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Stephen							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Stephen Cook / Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 43 Barry Lane		Square Feet 1000	# of Floors 1						
City (5) Manahawkin NJ 08050		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Private Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 2/15/13	Scheduled Completion Date (11) 2/21/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1000 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 2/21/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 2/4/13	

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

Date of Notification (1) 2/4/13		Name of Building Owner/Operator (2) Gail Dymond / Private Home							
Agencies Notified	Type Notification	Street Address 61 Rona							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Manahawkin NJ 08005							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Gail							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Gail Dymond / Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 61 Rona		Square Feet 1000 +							
City (5) Manahawkin NJ 08005		# of Floors 1	Bldg. Age 35+						
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. .	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 2/13/13	Scheduled Completion Date (11) 2/18/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1100 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 2/18/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 2/4/13		

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

Date of Notification (1) 01, 30, 2013		Name of Building Owner/Operator (2) Jim Vinnelson							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input 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 33 Industrial Dr.							
		City, State, Zip Code Pennsville							
		Name of Contact Jim Vinnelson							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Siegfried USA Inc.		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 33 Industrial Dr.		Square Feet 2000	# of Floors 1						
City (5) Pennsville		Bldg. Age Approx 50							
County (6) Salam	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Herz Tech, Inc.		ASCM No.	Name of Abatement Contractor (9) Graham-Tech Environmental Serv.						
Street Address 1879-1 Old Cutnbert rd		Street Address 14 Reed Dr.							
City, State, Zip Code Cherryhill NJ. 08034		City, State, Zip Code Sicklerville NJ 08081							
Project Manager for Monitoring Firm Subash Nishia Ph.D.		Telephone No. 856-429-5600	Telephone No. 856-318-1341						
License No.									
Start Date (10) 02, 09, 13	Scheduled Completion Date (11) 02, 12, 13	Name of OSHA Monitor Graham-Tech Environmental Service							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM - 3:30 PM		Street Address 14 Reed Dr.							
		City, State, Zip Code Sicklerville NJ. 08081							
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 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
3 fume Hoods	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Asbestos Panels	25 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Graham-Tech Environmental		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Grows					
City, State 14 Reed Dr. Sicklerville, NJ 08081		Disposal Date	City, State Sicklerville NJ. 08081						
Completed By (Print or Type) Vernice Graham		Title President.	Signature Vernice Graham			Date 1-30-13			

CHECK #

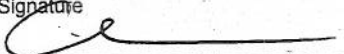
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:121)

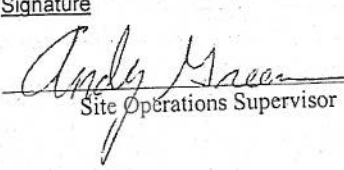
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Date of Notification (1) <u>2/4/13</u>		Name of Building Owner/Operator (2) <u>BOA MUSE</u>	
Agencies Notified NJ DEP NJ ODE NJ DOH	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>P.O. Box 322</u>	
		City, State, Zip Code <u>BRIGANTINE, N.J. 08203</u>	
		Name of Contact <u>STAKE</u>	Telephone Number <u>101</u>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Address <u>102 9TH STREET NORTH</u>		Square Feet <u>1000</u>	Floor <u>2</u>
City, State, Zip Code <u>BRIGANTINE</u>		Block Age <u>40T</u>	
County <u>ATLANTIC</u>	County Code (1) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KEMCO INC.</u>	
Address		Street Address <u>369 S. SPRUE AVE</u>	
City, State, Zip Code		City, State, Zip Code <u>MARLE SHADE, N.J. 08212</u>	
Telephone No.		Telephone No. <u>856-774-0422</u>	License No. <u>101-1-1</u>
Name of OSHA Monitor <u>JOSEPH KEMM</u>		Street Address <u>369 S. SPRUE AVE</u>	
City, State, Zip Code <u>MARLE SHADE, N.J. 08212</u>		City, State, Zip Code <u>MARLE SHADE, N.J. 08212</u>	
Date of Abatement <u>2/18/13</u>		Scheduled Completion Date (11) <u>2/25/13</u>	
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 _____			
Abatement Method (Check all that apply) <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 (1') and Non-Frangible 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 (Spec. SF or LF)
<u>SLIDING</u>	<input checked="" type="checkbox"/>	<u>TRANSITE</u>	<u>1500</u> <input checked="" type="checkbox"/>
Waste Hauler <u>KEMCO INC.</u>		Cubic Yards of Waste <u>1790</u>	Name of Registered Landfill <u>ACUA</u>
City, State, Zip Code <u>MARLE SHADE, N.J.</u>		Disposal Date	City, State <u>BRIGANTINE, N.J.</u>
Signature <u>Joseph Kemm</u>		Signature <u>Joe Kemm</u>	Date <u>2/4/13</u>

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

Date of Notification (1) 2/4/13		Name of Building Owner/Operator (2) Stanly Baguchinsay / Private Home							
Agencies Notified	Type Notification	Street Address 1179 Beach Haven West Blvd							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08005							
		Name of Contact Stanly	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Stanly Baguchinsay/ Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1179 Beach Haven West Blvd		Square Feet 1000 +	# of Floors 1						
City (5) Manahawkin NJ 08005		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 2/13/13	Scheduled Completion Date (11) 2/18/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1100 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 2/18/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 2/4/13		

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

Date of Notification (1) 1/30/13		Name of Building Owner/Operator (2) Paulsboro Refining Company	
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	Notification Type (X) Initial Notification () Amended Certification () Cancelled	Street Address 800 Billingsport Rd	
		City, State, Zip Code Paulsboro, NJ 08066	
		Name of Contact Ravi Jarecha	Tel. Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Paulsboro Refining Company		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 800 Billingsport Rd		Sq. Feet N/A # of Floors N/A	
City (5) Paulsboro	County (6) Gloucester	County Code (7) (State Use Only)	Bldg. Age N/A Current Use (prior if being demolished) Oil Refinery
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Contractor (9) K A Industrial Services LLC
Street Address		Street Address 800 Billingsport Rd	
		City, State, Zip Code Paulsboro, NJ 08066	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 856-224-4392	License Number 00857
Scheduled Start Date (10) 2/13/13	Scheduled Completion Date (11) 2/22/13	Name of OSHA Monitor Kenny Atlantic Industrial Services, LLC	
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Other - Describe - Removal within restricted work area in outside areas		Street Address 800 Billingsport Rd	
		City, State, Zip Code Paulsboro NJ 08066	
Source of Work (Check all that apply) () Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)
PDA Unit I-Transite Panel Siding on substation	X	Non-Friable transite panels	~1,000 SF
Name of Reg. Waste Hauler Waste Management, Inc.		NJDEP Waste Hauler ID # 17273	Cubic Yards of Waste < 1 CY
City, State South Harrison, NJ		Disp. Date Various	Name of Reg. Landfill Gloucester County Landfill
Completed by (Print or Type) ANDREW GREEN	Title MANAGER - KENNY ATLANTIC	Signature  Site Operations Supervisor	Date 1/30/13

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

Telephone 609-984-6620

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

CHECK # 11918

Date of Notification (1) <u>2-7-13</u>		Name of Building Owner/Operator (2) <u>MOUNTAIN LAKES BOARD OF ED</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>400 BOULEVARD</u> City, State, Zip Code <u>MOUNTAIN LAKES, NJ 07046</u> Name of Contact <u>MARK PRISWA</u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>MOUNTAIN LAKES SCHOOL</u>		Type of Facility (4) <input type="checkbox"/> Public Contracts <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 <u>51 GLEN ROAD</u>		Square Feet <u>5000</u>	# of Floors
City (5) <u>MOUNTAIN LAKES</u>		Bldg. Age 	
County (6) <u>MORRIS</u>	County Code (7) (STATE USE ONLY) 	Current Use (Prior if being demolished) 	
Name of Monitoring Firm Hired by Building Owner (8) <u>DETAIL ASSOCIATES</u>	ASCM No. <u>00012</u>	Name of Abatement Contractor (9) <u>ABS ENVIRONMENTAL SERVICES, LLC</u>	
Street Address <u>300 GRAND AVENUE</u>		Street Address <u>4 E GATE DR, PO Box 483</u>	
City, State, Zip Code <u>ENGLEWOOD NJ 07631</u>		City, State, Zip Code <u>GLENNWOOD NJ 07418</u>	
Project Manager for Monitoring Firm <u>STEPHEN JARACZEWSKI</u>	Telephone No. <u>201-589-6788</u>	Telephone No. <u>973-583-8500</u>	License No. <u>703</u>
Start Date (10) <u>2/16/13</u>	Scheduled Completion Date (11) <u>3/16/13</u>	Contract No. 	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor 	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure	
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	
<u>SEE ATTACHED</u>			<u>PIPE INSULATION</u>
Name of Registered Waste Hauler 	NJDEP Waste Hauler ID No. 	Cubic Yards of Waste 	Name of Registered Landfill
City, State 	Disposal Date 	City, State 	
Completed By <u>ANDREW SCOTT HIGGINS</u>	Title <u>OWNER</u>	Signature <u>[Signature]</u>	Date <u>2-7-13</u>

Wildwood School			
Basement Boys Room	Pipe Insulation	1 LF	Repair ends
Basement Girls Room	Cardboard Pipe Insulation	1 LF	Repair ends
Janitors' Closet	Pipe Insulation	1 LF	Repair
Room 106	Pipe Insulation above ceiling	1 LF	Repair
Boiler Room	Pipe Insulation Fitting	1 LF	Repair
Slop Sink – Library	Pipe Insulation Fitting	1 LF	Repair

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

CHECK # 1191

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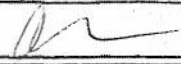
Date of Notification (1) <u>2-7-13</u>		Name of Building Owner/Operator (2) <u>MOUNTAIN LAKES BOARD OF EDUCATION</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>400 BOULEVARD</u>	
		City, State, Zip Code <u>MOUNTAIN LAKES, NJ</u>	
		Name of Contact <u>MARK PRUSINA</u>	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>910 POWERVILLE ROAD</u>		Type of Facility (4) <input type="checkbox"/> Public Contracts <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 <u>910 POWERVILLE ROAD</u>		Square Feet	# of Floors
City (5) <u>MOUNTAIN LAKES</u>		Bldg. Age	
County (6) <u>MORRIS</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <u>DETAIL ASSOCIATES</u>	ASCM No. <u>00012</u>	Name of Abatement Contractor (9) <u>APS ENVIRONMENTAL SERVICES, LLC</u>	
Street Address <u>300 GRAND AVE.</u>		Street Address <u>4 E GATE DR., PO BOX 483</u>	
City, State, Zip Code <u>ENGLEWOOD NJ 07631</u>		City, State, Zip Code <u>ENGLEWOOD NJ 07418</u>	
Project Manager for Monitoring Firm <u>STEPHEN JARACEWOSKI</u>	Telephone No. <u>201-569-6708</u>	Telephone No. <u>973-583-8500</u>	License No. <u>703</u>
Start Date (10) <u>2/11/13</u>	Scheduled Completion Date (11) <u>3/11/13</u>	Contract No.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor	
		Street Address	
		City, State, Zip Code	

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 type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	

Location of Asbestos-Containing Material (ACM) IN Facility (13) <u>TO BE ABATED</u>	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
<u>SEE ATTACHED</u>				<u>PIPE INSULATION</u>			<input checked="" type="checkbox"/>	

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
City, State	Disposal Date	City, State	

Completed By <u>ANDREW SCOTT HIGGINS</u>	Title <u>OWNER</u>	Signature 	Date <u>2-7-13</u>
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 02/01/2013		Name of Building Owner/Operator (2) THE PRUDENTIAL INSURANCE COMPANY OF AMERICAS							
Agencies Notified		Street Address 751 BROAD STREET FIFTH FLOOR							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
		City, State, Zip Code NEWARK, NEW JERSEY 07102							
		Name of Contact MR. RICHARD HUMMERS							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FORMER KLEIN BUILDING		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 689-691 BROAD STREET		Square Feet 60,000	# of Floors 10						
City (5) NEWARK		Bldg. Age							
County (6) ESSEX		Current Use (Prior if being demolished) VACANT (PRIOR USE COMMERCIAL)							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS INC.		County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) PAL ENVIRONMENTAL SERVICES						
Street Address 655 WEST SHORE TRAIL		Street Address 11-02 QUEENS PLAZA SOUTH							
City, State, Zip Code SPARTA, NJ 07871		City, State, Zip Code LONG ISLAND CITY, NY 11101							
Project Manager for Monitoring Firm BILL KERBEL		Telephone No. 973-729-5649	Telephone No. 718-349-0900						
Start Date (10) 02/18/2013		Scheduled Completion Date (11) 05/18/2013	License No. 00853						
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: BUILDING IS VACANT & SCHEDULED FOR DEMOLITION		Name of OSHA Monitor MARTIN MCREA							
		Street Address 714 KENNEDY BLVD							
		City, State, Zip Code BAYONNE, NJ 07002							
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 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 ACM TABLE FOR				SEE ATTACHED ACM TABLE FOR	SEE ATTACHED	X			
DETAILS				DETAILS	ACM TABLE				
					FOR DETAILS				
Name of Registered Waste Hauler ATC/TST		NJDEP Waste Hauler ID No. 24310/19551		Cubic Yards of Waste 160	Name of Registered Landfill MINERVA ENTERPRISES				
City, State SHIRLEY, NY 11967/BRONX, NY 10464		Disposal Date 3/18/2013		City, State WAYNESBURG, OH 44688	Date 02/01/2013				
Completed by ANN ALI		Title ADMINISTRATIVE		Signature					

[Handwritten Signature]

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Prudential Insurance Company of America
 Block 52 Buildings
 Newark, NJ

Bulk Asbestos Survey
 June 27 - August 10, 2012
 EHI Project #: 0312-4137

Building:

Location/Room	Type of Asbestos Material	Approximate Quantity
689-691 Broad (S. Klein) - Roof – Entire Perimeter	Roof Flashing - Entire Perimeter	1,150 Linear Feet
689-691 Broad (S. Klein) - Roof – Freight Elevator Mechanical Room	Electric Insulator	28 Square Feet
689-691 Broad (S. Klein) - Roof – Freight Elevator Mechanical Room	Electric Wire Insulation Wrap	30 Linear Feet
689-691 Broad (S. Klein) - Roof – Cooling Tower	Transite™ Cooling Tower Siding	520 Square Feet
689-691 Broad (S. Klein) - Roof – Cooling Tower	Transite™ Cooling Tower Baffles	625 Square Feet
689-691 Broad (S. Klein) - Roof – Parapet	Parapet Tar – Entire Parapet Perimeter – Using 2.5' Average Parapet Wall Height	2,875 Square Feet
689-691 Broad (S. Klein) - 8 th Floor – South East Wall	Duct Insulation	2 Square Feet
689-691 Broad (S. Klein) - 7 th Floor – Northwest Area	Grey 9"X9" Floor Tile – Not Mastic	12,500 Square Feet
689-691 Broad (S. Klein) - 6 th Floor – North Side of Floor	Beige 9"X9" Floor Tile & Mastic	2,000 Square Feet
689-691 Broad (S. Klein) - 6 th Floor – Southwest Side of Floor	White 12"X12" Floor Tile & Mastic	3,250 Square Feet
689-691 Broad (S. Klein) - 6 th Floor – Center of Floor	Black 9"X9" Floor Tile & Mastic	13,700 Square Feet

Prudential Insurance Company of America
 Block 52 Buildings
 Newark, NJ

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ASBESTOS CONTROL
& LICENSING

Bulk Asbestos Survey
 June 27 - August 10, 2012
 EHI Project #: 0312-4137

Location/Room	Type of Asbestos Material	Approximate Quantity
689-691 Broad (S. Klein) - 6 th Floor – South Side Central Portion of Floor	Green 9”X9” Floor Tile – Not Mastic	1,550 Square Feet
689-691 Broad (S. Klein) - 5 th Floor – East Side	Beige 9”X9” Floor Tile – Not Mastic – Under Light Pink 9” Floor Tile Below	21,150 Square Feet
689-691 Broad (S. Klein) - 5 th Floor – North Area	Light Pink 9”X9” Floor Tile – Top Layer – Not Mastic	21,150 Square Feet
689-691 Broad (S. Klein) - 5 th Floor – Walls	Wall Plaster – Base Coat	8,500 Square Feet
689-691 Broad (S. Klein) - 5 th Floor – Ceiling Around Escalator	Transite™ Panels	650 Square Feet
689-691 Broad (S. Klein) - 4 th Floor – Center of Floor	Light Pink 9”X9” Floor Tile – Not Mastic – Entire Floor	21,000 Square Feet
689-691 Broad (S. Klein) - 4 th Floor – Walls	Wall Plaster – Base Coat	8,500 Square Feet
689-691 Broad (S. Klein) - 3 rd Floor - Floor	Off White 9”X9” Floor Tile – Not Mastic – Under 12”X12” Floor Tile	1,200 Square Feet
689-691 Broad (S. Klein) - 3 rd Floor – Walls	Wall Plaster – Base Coat	8,500 Square Feet
689-691 Broad (S. Klein) - 3 rd Floor – Floor	White w/ Black 12”X12” Floor Tile & Mastic Over Off White 9”X9” Floor Tile	4,200 Square Feet
689-691 Broad (S. Klein) - 3 rd Floor – Floor	Beige w/ Brown 9”X9” Floor Tile & Mastic	15,400 Square Feet
689-691 Broad (S. Klein) - 3 rd Floor – Floor	Pipe Insulation Debris	Entire Floor 21,150 Square Feet
689-691 Broad (S. Klein) - 2 nd Floor – Floor - Top Layer	Beige w/ Red 9”X9” Floor Tile & Mastic	5,000 Square Feet

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Location/Room	Type of Asbestos Material	Approximate Quantity
689-691 Broad (S. Klein) - 2 nd Floor – Floor – Bottom Layer	9"X9" Floor Tile & Padding – Under Some of the Red 9" Floor Tile	2,500 Square Feet
689-691 Broad (S. Klein) - 2 nd Floor – Walls	Wall Plaster – Base Coat – 14" High Ceilings	9,910 Square Feet
689-691 Broad (S. Klein) - 2 nd Floor – Floor	Gray 9"X9" Floor Tile – Not Mastic	2,500 Square Feet
689-691 Broad (S. Klein) - 2 nd Floor – Windows	Glazing Compound	14 Windows
689-691 Broad (S. Klein) - 1 st Floor Mezzanine – Walls	Wall Plaster – Base Coat – 8' High Ceilings	3,625 Square Feet
689-691 Broad (S. Klein) - 1 st Floor Mezzanine – Above Halsey St. Doors	Pipe Insulation – Straight Sections	10 Linear Feet
689-691 Broad (S. Klein) - 1 st Floor – Loading Dock	Transite™ Wall Panels Above Doors	100 Square Feet
689-691 Broad (S. Klein) - 1 st Floor – Loading Dock	Pipe Insulation	60 Linear Feet
689-691 Broad (S. Klein) - 1 st Floor – Southwest Section of Floor	Beige 9"X9" Floor Tile	1,200 Square Feet
689-691 Broad (S. Klein) - 1 st Floor – Southwest Section of Floor	Floor Covering - Under Beige 9"X9" Floor Tile	650 Square Feet
689-691 Broad (S. Klein) - 1 st Floor – Southwest Section of Floor	Yellow/Red 9"X9" Floor Tile & Mastic	250 Square Feet
689-691 Broad (S. Klein) - 1 st Floor – West End of Floor – Under Mezzanine	Pipe Insulation – Straight Sections & Fittings	50 Linear Feet

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Location/Room	Type of Asbestos Material	Approximate Quantity
689-691 Broad (S. Klein) - 1 st Floor – Walls – Includes Area Under Mezzanine	Wall Plaster – Base Coat – 8' High Ceilings Under Mezzanine & 16' High Ceilings in Non Mezzanine Area – Additional Sampling May Be Required	11,120 Square Feet
689-691 Broad (S. Klein) - 1 st Floor – Corridor East of Boiler Room	Pipe Insulation – Straight Sections & Fittings	125 Linear Feet
689-691 Broad (S. Klein) - 1 st Floor – Room South of Boiler Room	Pipe Insulation – Straight Sections & Fittings	30 Linear Feet
689-691 Broad (S. Klein) - 1 st Floor – Corridor Outside of Freight Elevator	Pipe Insulation – Straight Sections & Fittings	225 Linear Feet
689-691 Broad (S. Klein) - Basement – Boiler Room	Boiler Insulation – 3 Boilers	1,500 Square Feet
689-691 Broad (S. Klein) - Basement – Boiler Room	Pipe Insulation – Misc. Dia. Pipes & Fittings	250 Linear Feet
689-691 Broad (S. Klein) - Basement – Boiler Room	Pipe Insulation Debris on Floor	1,500 Square Feet
689-691 Broad (S. Klein) - Basement – Electrical Room - Off Boiler Room	Pipe Insulation – Misc. Dia. Pipes & Fittings	3 Linear Feet
689-691 Broad (S. Klein) - Basement – Electrical Room – Off Boiler Room	Pipe Insulation Debris on Floor – Includes Soil	900 Square Feet
689-691 Broad (S. Klein) - Basement – Room South of Boiler Room	Tank Insulation Similar to Boiler Insulation	100 Square Feet

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Location/Room	Type of Asbestos Material	Approximate Quantity
689-691 Broad (S. Klein) - Basement - Rooms & Corridors South of Boiler Room	Pipe Insulation Debris on Floor	300 Square Feet
689-691 Broad (S. Klein) - Basement - HVAC Room	Pipe Insulation Debris on Floor	1,350 Square Feet
689-691 Broad (S. Klein) - Basement - West Stairwell	Pipe Insulation	8 Linear Feet
689-691 Broad (S. Klein) - Basement - Center Stairwell	Pipe Insulation Debris on Floor	300 Square Feet
689-691 Broad (S. Klein) - Basement - Main East / West Section of Building	Pipe Insulation Debris on Floor	1,980 Linear Feet

5.03 Asbestos Materials - 693-695 Broad Street - Former Sitt Building (Includes original 5 story building designated 693A and 3 level rear extension designated 693B in this report.)

Provided below is a summary of the identified asbestos materials for the former Sitt Building located at 693-695 Broad Street including those materials found in the rear addition to the building:

Location/Room	Type of Asbestos Material	Approximate Quantity
693-695 Broad - Basement - Rear Storage Room	Off White 12"X12" Floor Tile - Not Mastic	180 Square Feet
693-695 Broad - Basement - Entire Basement Floor	Brown 9"X9" Floor Tile	6,750 Square Feet