

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

ETS JOB # 3909/13

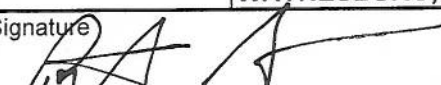
AMENDMENT # 1

Date of Notification (1) 1/25/2013		Name of Building Owner / Operator THE PORT AUTHORITY OF NEW YORK & NEW JERSEY/LUFTHANSA	
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		Street Address
	<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		241 ERIE STREET, ROOM 236
			City, State & Zip Code
			JERSEY CITY, NJ 07310
		Name of Contact	Telephone Number
		MR. RALPH CAMPIONE	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) TERMINAL B, B-3 SATELLITE DEPARTURES LEVEL-LUFTHANSA LOUNGE			Type of Facility (4) <input type="checkbox"/> School (K-12)	
Street Address NEWARK INTERNATIONAL AIRPORT			<input type="checkbox"/> Subchapter 8 (Other than K-12)	
			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City (5) NEWARK	County (6) ESSEX	County Code (7)	Square Feet 1.2 MIL.	# of Floors 2
			Bldg. Age 50+	
Name of Monitoring Firm Hired by Building Owner (8) OMEGA ENVIRONMENTAL SERVICES INC.			Name of Abatement Contractor (9) ETS CONTRACTING, INC.	
Street Address 280 HUYLER STREET			Street Address 160 CLAY STREET	
City, State & Zip Code S. HACKENSACK, NJ 07606			City, State & Zip Code BROOKLYN, NY 11222	
Project Manager for Monitoring Firm MR. ANTON REZIN		Telephone Number (201) 489-8700	Telephone Number 718-706-6300	License Number 00511
Scheduled Start Date (10) 2/8/2013	Scheduled Completion Date (11) 5/31/2013		Name of OSHA Monitor TESTOR TECH., INC.	
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: Monday - Friday from 7:00 AM - 3:30 PM <input type="checkbox"/> Other - Describe:			Street Address 10 59 JACKSON AVE	
			City, State & Zip Code L.I.C., NY 11101	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
TERM#B CONNECTOR, DEPT LEVEL LUFTHANSA LOUNGE	NO	FIREPROOFING	395 LF	REMOVAL
TERM#B CONNECTOR, DEPT LEVEL LUFTHANSA LOUNGE	NO	FIREPROOFING	4,685 SF	ENCAPSULATION
Name of Registered Waste Hauler TRI-STATE TRANSFER		NJDEP Waste Hauler ID # 2A-456	Cu. Yds. of Waste 120	Name of Registered Landfill MINERVA ENTERPRISES, INC.
City, State 1199 RANDALL AVENUE, BRONX, NY 10474		Disposal Date TBD	City, State 9000 MINERVA ROAD, WAYNESBURG, OH 44688	
Completed By (Print or Type) Richie Smith		Title Sr. Project Executive	Signature 	Date 2/7/2013

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

No
check

ETS JOB # 3909/13

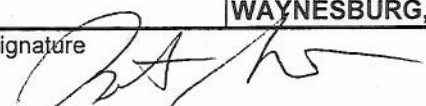
AMENDMENT # 2

Date of Notification (1) 2/7/2013		Name of Building Owner / Operator (2) THE PORT AUTHORITY OF NEW YORK & NEW JERSEY/LUFTHANSA	
Agencies Notified	Type Notification	Street Address 241 ERIE STREET, ROOM 236	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State & Zip Code JERSEY CITY, NJ 07310	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification	Name of Contact MR. RALPH CAMPIONE	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) TERMINAL B, B-3 SATELLITE DEPARTURES LEVEL-LUFTHANSA LOUNGE			Type of Facility (4) <input type="checkbox"/> School (K-12)		
Street Address NEWARK INTERNATIONAL AIRPORT			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City (5) NEWARK	County (6) ESSEX	County Code (7)	Square Feet 1.2 MIL.	# of Floors 2	Bldg. Age 50+
			Current Use (Prior if being demolished) AIRPORT		
Name of Monitoring Firm Hired by Building Owner (8) OMEGA ENVIRONMENTAL SERVICES INC.		ASCM No. 00120	Name of Abatement Contractor (9) ETS CONTRACTING, INC.		
Street Address 280 HUYLER STREET		Street Address 160 CLAY STREET			
City, State & Zip Code S. HACKENSACK, NJ 07606		City, State & Zip Code BROOKLYN, NY 11222			
Project Manager for Monitoring Firm MR. ANTON REZIN		Telephone Number (201) 489-8700	Telephone Number 718-706-6300	License Number 00511	
Scheduled Start Date (10) 2/11/2013	Scheduled Completion Date (11) 5/31/2013		Name of OSHA Monitor TESTOR TECH., INC.		
Occupancy Status During Abatement (Check only one)			Street Address 10 59 JACKSON AVE		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State & Zip Code L.I.C., NY 11101		
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Monday - Friday from 7:00 AM - 3:30 PM					
<input type="checkbox"/> Other - Describe:					

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"/> Large Project		<input type="checkbox"/> Mini-Enclosure	
<input type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM		<input type="checkbox"/> Glovebag Procedure	
<input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM		<input type="checkbox"/> Other:	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
TERM#B CONNECTOR, DEPT LEVEL LUFTHANSA LOUNGE	NO	FIREPROOFING	395 LF	REMOVAL
TERM#B CONNECTOR, DEPT LEVEL LUFTHANSA LOUNGE	NO	FIREPROOFING	4,685 SF	ENCAPSULATION
Name of Registered Waste Hauler TRI-STATE TRANSFER	NJDEP Waste Hauler ID # 2A-456	Cu. Yds. of Waste 120	Name of Registered Landfill MINERVA ENTERPRISES, INC.	
City, State 1199 RANDALL AVENUE, BRONX, NY 10474		Disposal Date TBD	City, State 9000 MINERVA ROAD, WAYNESBURG, OH 44688	
Completed By (Print or Type) Richie Smith	Title Sr. Project Executive	Signature 	Date 2/7/2013	

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

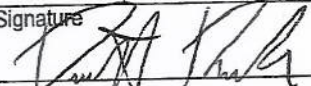
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2013 FEB 12 PM 2:08

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 2 / 11 / 13		Name of Building Owner/Operator (2) GINA MACDONALD						
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 82 COLUMBIA STREET City, State, Zip Code JERSEY CITY NJ 07030 Name of Contact GINA MACDONALD Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Street Address 82 COLUMBIA STREET City (5) JERSEY CITY County (6) HUDSON		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.) Square Feet 500 # of Floors 3 Bldg. Age 40+ County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) RESIDENTIAL						
Name of Monitoring Firm Hired by Building Owner (8) GL ENVIRONMENTAL SERVICES		Name of Abatement Contractor (9) PRESTIGE DEVELOPMENT SERVICES INC Street Address 199 INCOLN AVENUE SUITE 204 City, State, Zip Code BRONX, NY 10451						
Project Manager for Monitoring Firm GREGORY BROWN		Telephone No. 3743930791	Telephone No. 7184012744 License No. 01083					
Start Date (10) 2 / 25 / 13	Scheduled Completion Date (11) 8 / 25 / 13	Name of OSHA Monitor						
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: 7AM-7PM / PM-AM		Street Address City, State, Zip Code						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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 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) 300	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
BASEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 ATC WASTE HAULING		NJDEP Waste Hauler ID No. DEPSW2431	Cubic Yards of Waste 2	Name of Registered Landfill MINERVA ENTERPRISES				
City, State 2 MORICHES MIDDLE ISLAND DRIVE SHIRLEY NY			Disposal Date 2/26/13	City, State WAYNESBURG, OHIO				
Completed By (Print or Type) CLAUDIA FITZPATRICK		Title PRESIDENT	Signature 		Date 2/11/2013			

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

Date of Notification (1) <u>12</u> / <u>19</u> / <u>2012</u>		Name of Building Owner/Operator (2) Sunoco Partners Marketing and Terminals, L.P. - Eagle Point Facility							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" 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 1240 Crown Point Road City, State, Zip Code Westville, NJ 08093-1000 Name of Contact Dorothy Rurak Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Sunoco Partners Marketing and Terminals, L.P. - Eagle Point Facility		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 1240 Crown Point Road		Square Feet N/A	# of Floors N/A						
City (5) Westville, NJ 08093-1000		Bldg. Age N/A							
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Tank Farm							
Name of Monitoring Firm Hired by Building Owner (8) Kenny Atlantic Industrial Services, LLC.		ASCM No.	Name of Abatement Contractor (9) Kenny Atlantic Industrial Services, LLC.						
Street Address 800 Billingport Road		Street Address 800 Billingport Road							
City, State, Zip Code Paulsboro, NJ 08086		City, State, Zip Code Paulsboro, NJ 08086							
Project Manager for Monitoring Firm Tom Kennedy	Telephone No. (856) 491-5934	Telephone No. (856) 491-5934	License No. 00857						
Start Date (10) <u>01</u> / <u>01</u> / <u>2013</u>	Scheduled Completion Date (11) <u>12</u> / <u>31</u> / <u>2013</u>	Name of OSHA Monitor Kenny Atlantic Industrial Services, LLC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 800 Billingport Road City, State, Zip Code Paulsboro, NJ 08086							
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 checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <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
Various outdoor areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermal systems insulation	3000LF/1500SF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Waste Management of New Jersey		NJDEP Waste Hauler ID No. 17323	Cubic Yards of Waste 800 (estimated)	Name of Registered Landfill Gloucester County Landfill					
City, State Camden, NJ		Disposal Date Various		City, State Swedesboro, NJ					
Completed By (Print or Type) Dorothy Rurak		Title Environmental Specialist		Signature 		Date 12/19/2012			

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

Check #1411

Date of Notification (1) 2-8-2013		Name of Building Owner/Operator (2) Morris Hills Regional District							
Agencies Notified	Type Notification	Street Address 48 Knoll Drive							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Rockaway, NJ 07866-4024							
		Name of Contact Steve A. Ternosky							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Morris Hills High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 520 West Main Street		Square Feet 229,760	# of Floors 2						
City (5) Rockaway		Bldg. Age 53							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No.	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 307 North Walnut Street		Street Address 140 Hamburg Tpke							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Paul F. McCaa		Telephone No. 610-431-7545	Telephone No. (201)710-9725						
Start Date (10) 02/19/2013		Scheduled Completion Date (11) 02/20/2013	License No. 01084						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor GL Group, Inc							
		Street Address 140 Hamburg Tpke							
		City, State, Zip Code Bloomingdale, NJ 07403							
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 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
Stage		X		ACM Wiring	40 LF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS					
City, State Bloomingdale, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 2/8/2013			

Check # 8085

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 17:27 and 17:28)

APPROVED
NJ Dept of Health & Senior Services
Paul L. [Signature]
Date: 2/7/13 Time: 3:00 PM

Date of Notification (1) 2/07/13		Name of Building Owner/Operator (2) DANIEL KIM		Telephone Number	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type of Modification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 50 LANKEE COURT City, State, Zip Code LITTLE FERRY, N.J. 07643 Name of Contact DANIEL KIM	
Name of Facility Where Abatement is Taking Place (3) KIM				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, houses, etc.)	
Street Address 50 LANKEE COURT				Square Feet 1,585	
City (5) LITTLE FERRY				# of Floors 3	
County (6) BERGEN				County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)				Current Use (Prior to being demolished) RESIDENCE	
Street Address				Name of Abatement Contractor (9) A. Mac Contracting Inc.	
City, State, Zip Code				Street Address 105 Lowell Road City, State, Zip Code Glen Rock, N.J. 07452	
Project Manager for Monitoring Firm				Telephone No. 201-262-6841	
Start Date (10) 2/07/13				Scheduled Completion Date (11) 3/08/13	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Name of OSHA Monitor Omega Environmental Services Inc.	
Street Address 280 Huyler Street				City, State, Zip Code Hackensack, NJ 07606	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 2160 sf or 2280 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"/> Gloving Procedure <input type="checkbox"/> Non-Exemplified (*) and Non-Frangible Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)		Is Location Normally Used Strictly by Maintenance/Custodial Staff? (13)		Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous)	
KITCHEN		Yes No N/A		VAT & Mastic	
Bathroom		Yes No N/A		VAT & Mastic	
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste	
City, State Riverton, New Jersey 07457		Disposal Date		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
Completed by JOSEPH VOGATURO		Title C.O.O.		Signature J. Vogaturo	
				Date 2/07/13	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:28 and 12:12B)

Check # 8085

Date of Notification (1) 2/07/13		Name of Building Owner/Operator (2) MIGUEL RODRIGUEZ		APPROVED NJ Dept. of Health & Senior Services (Signature) Date: 2/7/13 Time: 2:40	
Agencies Notified <input 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"/> Annual Assessment <input checked="" type="checkbox"/> Emergency (including Justification) <input type="checkbox"/> Cancellation		Street Address 144 ELM ST City, State, Zip Code NEWARK, N.J. 07015	
Name of Facility Where Abatement is Taking Place (3) RODRIGUEZ		Name of Contact MIGUEL RODRIGUEZ		Telephone Number [REDACTED]	
Street Address 144 ELM ST		City (4) NEWARK		County (5) ESSEX	
County Code (7) (STATE USE ONLY)		Type of Facility (6) <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.)		Square Feet 1,750	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.		# of Floors 3	
Street Address [REDACTED]		Street Address 105 Lowell Road		Avg. Age +50	
City, State, Zip Code [REDACTED]		City, State, Zip Code Glen Rock, N.J. 07452		Current Use (Prior to being demolished)	
Project Manager for Monitoring Firm [REDACTED]		Telephone No. 201-262-5841		License No. 00155	
Start Date (10) 2/7/13		Scheduled Completion Date (11) 3/7/13		Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 280 Huyler Street		City, State, Zip Code Hackensack, NJ 07606	
Scope of Work (Check All that Apply) <input checked="" type="checkbox"/> 25 SF or 25 ft <input type="checkbox"/> 2100 SF or 2250 ft		<input checked="" type="checkbox"/> Remediation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Encapsulated (*) and Non-Facile Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)		Is Location Normally Used Solely by Institutional Control Staff? (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, surfacing, VVT, or other miscellaneous)	
Boiler Room				PIPE INSULATION	
				9 LF	
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste	
City, State Riverside, New Jersey 07457		Disposal Date		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State Bethlehem, PA 18015		Signature J. Vortino		Date 2/07/13	

OK 004761

D&S Proj. #: MS 13-45

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

RECEIVED

Date of Notification (1) 10/2/10 15/1/13		Name of Building Owner/Operator (2) PATERSON FIDELCO ASSOCIATES		2013 FEB 12 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"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 501 WATCHUNG AVENUE	
		City, State, Zip Code WATCHUNG, NJ 07069		Telephone Number	
		Name of Contact BARBARA MESSINA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) PATERSON FIDELCO ASSOCIATES			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 85 5TH AVENUE			Square Feet		
City (5) PATERSON			County (6) PASSAIC		# of Floors
			County Code (7) (State use only)		Bldg. Age
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
				License Number 01169	
Start Date (10) 02/19/13		Sched. Completion Date (11) 02/28/13		Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
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Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	116-L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 YDS		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 02/19/13		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 02/05/13	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 17:27 and 17:28)

Check # 5084

APPROVED
NJ Dept. of Health & Senior Services
Date: 2/6/13 Time: 2:00 PM

Date of Notification (1) 2/06/13		Name of Building Owner (2) Ms. Salamon		Street Address 4 DE BELL COURT		City, State, Zip Code Passaic, N.J. 07055		Name of Contact ALLEN STRAUSS		Telephone Number		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> OCL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Emergency (including justifications) <input type="checkbox"/> Cancellation		Name of Facility Where Abatement is Taking Place (3) SALAMONI		Street Address 4 DE BELL COURT		City (3) Passaic, N.J. 07055		County (3) Passaic		County Code (7) (PLEASE USE ONLY)
Name of Facility Where Abatement is Taking Place (3) SALAMONI		Street Address 4 DE BELL COURT		City (3) Passaic, N.J. 07055		County (3) Passaic		County Code (7) (PLEASE USE ONLY)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Single-Family (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., public & commercial buildings, houses, etc.)		
Name of Facility Where Abatement is Taking Place (3) SALAMONI		Street Address 4 DE BELL COURT		City (3) Passaic, N.J. 07055		County (3) Passaic		County Code (7) (PLEASE USE ONLY)		Separate Plot 1,625		
Name of Facility Where Abatement is Taking Place (3) SALAMONI		Street Address 4 DE BELL COURT		City (3) Passaic, N.J. 07055		County (3) Passaic		County Code (7) (PLEASE USE ONLY)		# of Floors 3		
Name of Facility Where Abatement is Taking Place (3) SALAMONI		Street Address 4 DE BELL COURT		City (3) Passaic, N.J. 07055		County (3) Passaic		County Code (7) (PLEASE USE ONLY)		Bldg. Age 50+		
Name of Facility Where Abatement is Taking Place (3) SALAMONI		Street Address 4 DE BELL COURT		City (3) Passaic, N.J. 07055		County (3) Passaic		County Code (7) (PLEASE USE ONLY)		Current Use (Prior if being demolished) RESIDENCE		
Name of Facility Where Abatement is Taking Place (3) SALAMONI		Street Address 4 DE BELL COURT		City (3) Passaic, N.J. 07055		County (3) Passaic		County Code (7) (PLEASE USE ONLY)		Name of Abatement Contractor (5) A. Mac Contracting Inc.		
Name of Facility Where Abatement is Taking Place (3) SALAMONI		Street Address 4 DE BELL COURT		City (3) Passaic, N.J. 07055		County (3) Passaic		County Code (7) (PLEASE USE ONLY)		Street Address 105 Lowell Road		
Name of Facility Where Abatement is Taking Place (3) SALAMONI		Street Address 4 DE BELL COURT		City (3) Passaic, N.J. 07055		County (3) Passaic		County Code (7) (PLEASE USE ONLY)		City, State, Zip Code Glen Rock, N.J. 07462		
Name of Facility Where Abatement is Taking Place (3) SALAMONI		Street Address 4 DE BELL COURT		City (3) Passaic, N.J. 07055		County (3) Passaic		County Code (7) (PLEASE USE ONLY)		Telephone No. 201-262-5841		
Name of Facility Where Abatement is Taking Place (3) SALAMONI		Street Address 4 DE BELL COURT		City (3) Passaic, N.J. 07055		County (3) Passaic		County Code (7) (PLEASE USE ONLY)		License No. 00158		
Name of Facility Where Abatement is Taking Place (3) SALAMONI		Street Address 4 DE BELL COURT		City (3) Passaic, N.J. 07055		County (3) Passaic		County Code (7) (PLEASE USE ONLY)		Name of OSHA Monitor Omega Environmental Services Inc.		
Name of Facility Where Abatement is Taking Place (3) SALAMONI		Street Address 4 DE BELL COURT		City (3) Passaic, N.J. 07055		County (3) Passaic		County Code (7) (PLEASE USE ONLY)		Street Address 280 Huxley Street		
Name of Facility Where Abatement is Taking Place (3) SALAMONI		Street Address 4 DE BELL COURT		City (3) Passaic, N.J. 07055		County (3) Passaic		County Code (7) (PLEASE USE ONLY)		City, State, Zip Code Hackensack, NJ 07606		
Name of Facility Where Abatement is Taking Place (3) SALAMONI		Street Address 4 DE BELL COURT		City (3) Passaic, N.J. 07055		County (3) Passaic		County Code (7) (PLEASE USE ONLY)		Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sq ft or less <input checked="" type="checkbox"/> 26 sq ft or more <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Gloving Procedure <input checked="" type="checkbox"/> Non-Encapsulated (*) and Non-Flexible Procedure		
Name of Facility Where Abatement is Taking Place (3) SALAMONI		Street Address 4 DE BELL COURT		City (3) Passaic, N.J. 07055		County (3) Passaic		County Code (7) (PLEASE USE ONLY)		Location of Asbestos-Containing Material (ACM) TO BE REMOVED in Facility (10)		
Name of Facility Where Abatement is Taking Place (3) SALAMONI		Street Address 4 DE BELL COURT		City (3) Passaic, N.J. 07055		County (3) Passaic		County Code (7) (PLEASE USE ONLY)		Is Location Normally Used Only by Maintenance/ Custodial Staff? (12) Yes No N/A		
Name of Facility Where Abatement is Taking Place (3) SALAMONI		Street Address 4 DE BELL COURT		City (3) Passaic, N.J. 07055		County (3) Passaic		County Code (7) (PLEASE USE ONLY)		Description of Asbestos-Containing Material (ACM) (e.g., thermal system insulation, surfacing, VAC, or other miscellaneous) PIPE INSULATION		
Name of Facility Where Abatement is Taking Place (3) SALAMONI		Street Address 4 DE BELL COURT		City (3) Passaic, N.J. 07055		County (3) Passaic		County Code (7) (PLEASE USE ONLY)		Amount (Specify SF or LF) 165 LF		
Name of Facility Where Abatement is Taking Place (3) SALAMONI		Street Address 4 DE BELL COURT		City (3) Passaic, N.J. 07055		County (3) Passaic		County Code (7) (PLEASE USE ONLY)		Abatement Type Removal Repair Enclosure		
Name of Facility Where Abatement is Taking Place (3) SALAMONI		Street Address 4 DE BELL COURT		City (3) Passaic, N.J. 07055		County (3) Passaic		County Code (7) (PLEASE USE ONLY)		Name of Registered Waste Hauler Road Transport		
Name of Facility Where Abatement is Taking Place (3) SALAMONI		Street Address 4 DE BELL COURT		City (3) Passaic, N.J. 07055		County (3) Passaic		County Code (7) (PLEASE USE ONLY)		NJDEP Waste Hauler ID No. 20735		
Name of Facility Where Abatement is Taking Place (3) SALAMONI		Street Address 4 DE BELL COURT		City (3) Passaic, N.J. 07055		County (3) Passaic		County Code (7) (PLEASE USE ONLY)		City, State, Zip Code Riverdale, New Jersey 07457		
Name of Facility Where Abatement is Taking Place (3) SALAMONI		Street Address 4 DE BELL COURT		City (3) Passaic, N.J. 07055		County (3) Passaic		County Code (7) (PLEASE USE ONLY)		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.		
Name of Facility Where Abatement is Taking Place (3) SALAMONI		Street Address 4 DE BELL COURT		City (3) Passaic, N.J. 07055		County (3) Passaic		County Code (7) (PLEASE USE ONLY)		Disposal Date City, State, Zip Code Bethlehem, PA 18015		
Name of Facility Where Abatement is Taking Place (3) SALAMONI		Street Address 4 DE BELL COURT		City (3) Passaic, N.J. 07055		County (3) Passaic		County Code (7) (PLEASE USE ONLY)		Completed by JOSEPH VOGALINO		
Name of Facility Where Abatement is Taking Place (3) SALAMONI		Street Address 4 DE BELL COURT		City (3) Passaic, N.J. 07055		County (3) Passaic		County Code (7) (PLEASE USE ONLY)		Title S-O-O		
Name of Facility Where Abatement is Taking Place (3) SALAMONI		Street Address 4 DE BELL COURT		City (3) Passaic, N.J. 07055		County (3) Passaic		County Code (7) (PLEASE USE ONLY)		Signature J. Vogalino		
Name of Facility Where Abatement is Taking Place (3) SALAMONI		Street Address 4 DE BELL COURT		City (3) Passaic, N.J. 07055		County (3) Passaic		County Code (7) (PLEASE USE ONLY)		Date 2/06/13		