

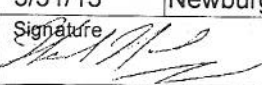
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

675

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2013 FEB 14 PM 2:08

HEALTH CONTROL & LICENSING

Date of Notification (1) <b>February 12, 2013</b>		Name of Building Owner/Operator (2) <b>Viasant, LLC</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>105 Chesley Dr.</b>							
		City, State, Zip Code <b>Media, PA 19063</b>							
		Name of Contact <b>PM</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Former Yates Foil</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>88 Rte 130 South</b>		Square Feet	# of Floors						
City (5) <b>Bordentown, NJ</b>		Bldg. Age							
County (6) <b>Burlington</b>	County Code (7) <i>(STATE USE ONLY)</i> _____	Current Use (Prior if being demolished) <b>empty</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc.</b>		ASCM No. <b>0021</b>	Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>						
Street Address <b>907 Doolittle Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>	Telephone No. <b>(908) 218-1108</b>	Telephone No. <b>(973) 759 - 5000</b>	License No. <b>00781</b>						
Start Date (10) <b>2/21/13</b>	Scheduled Completion Date (11) <b>3/31/13</b>	Name of OSHA Monitor <b>The MACK Group, LLC.</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>1500 Kings HWY N, STE 209</b>							
		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input 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
see attached		<input checked="" type="checkbox"/>		see attached	see attached	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Freehold / Newark Carting / Rovic</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>Cumberland Co./ BFI / GROWS / TRRF</b>					
City, State <b>Freehold / Newark / Riverdale, NJ</b>		Disposal Date <b>3/31/13</b>		City, State <b>Newburg / Imperial / Morrisville, PA</b>					
Completed by <b>Mike Cooper</b>		Title <b>President</b>	Signature 			Date <b>2/12/13</b>			

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

Job #: 1302-1722  
Check #: 3007

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Date of Notification (1) <b>2/11/13</b>		Name of Building Owner / Operator (2) <b>Mrs. Jean Wheeler</b>	
Agencies Notified	Type Notification	Street Address <b>20 Orourke Drive</b>	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Hamilton, NJ 08691</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact <b>Mr. Greg Schwartz, Owner's Rep.</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residential Property</b>			Type of Facility (4)		
Street Address <b>20 Orourke Drive</b>			<input type="checkbox"/> School (K-12)		
City (5) <b>Hamilton</b>			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
County (6) <b>Mercer</b>			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County Code (7)			Square Feet <b>700</b>	# of Floors <b>1</b>	Bldg. Age <b>1969</b>
Current Use (Prior if being demolished) <b>Residential Property</b>					

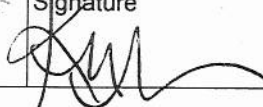
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>		
Street Address <b>PO Box 316</b>			Street Address <b>3859 Sylon Blvd.</b>		
City, State & Zip Code <b>Thorofare, NJ 08086</b>			City, State & Zip Code <b>Hainesport, NJ 08036</b>		
Project Manager for Monitoring Firm <b>Dave or Steve Flanigan</b>		Telephone Number <b>856-848-0800</b>	Telephone Number <b>609-702-0400</b>	License Number <b>00862</b>	

Scheduled Start Date (10) <b>2/25/13</b>	Scheduled Completion Date (11) <b>2/27/13</b>	Name of OSHA Monitor <b>EMSL Analytical</b>			
Occupancy Status During Abatement (Check only one)		Street Address <b>107 Haddon Ave.</b>			
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State & Zip Code <b>Westmont, NJ 08108</b>			
<input type="checkbox"/> Abatement Performed Outside of Normal Hours					
<input type="checkbox"/> Describe:					
<input checked="" type="checkbox"/> Isolated Area					

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Negative Pressure Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor Tile &amp; Mastic</b>	<b>680 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Horizon Disposal</b>		NJDEP Waste Hauler ID No. <b>22612</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>GROWS</b>	
City, State <b>Trenton, NJ</b>		Disposal Date <b>2/27/13</b>		City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Kim Trumbetti</b>		Title <b>Admin.</b>	Signature 		Date <b>2/11/13</b>

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

Job #: 1205-1645  
 Check #: NA

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 ASBESTOS ABATEMENT & LIGANDS

Date of Notification (1) <b>1/24/13</b>		Name of Building Owner / Operator (2) <b>Ms. Brown</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>14 West Hereford Avenue</b>
			City, State & Zip Code <b>Cape May Courthouse, NJ 08210</b>
			Name of Contact <b>Ms. Brown</b>
		Telephone Number	

**FACILITY INFORMATION**


Name of Facility Where Abatement is Taking Place (3) <b>Residential Property</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>14 West Hereford Avenue</b>			Square Feet <b>849 SF</b>	# of Floors <b>2</b>	Bldg. Age <b>1960</b>
City (5) <b>Cape May Court House</b>	County (6) <b>Cape May</b>	County Code (7)	Current Use (Prior if being demolished) <b>Residential Property</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Tiger Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>		
Street Address <b>234 20<sup>th</sup> Avenue</b>		Street Address <b>3859 Sylon Blvd.</b>			
City, State & Zip Code <b>Brick, NJ 08724</b>		City, State & Zip Code <b>Hainesport, NJ 08036</b>			
Project Manager for Monitoring Firm <b>Kelly Walton</b>		Telephone Number <b>732-948-9458</b>	Telephone Number <b>609-702-0400</b>	License Number <b>00862</b>	

Scheduled Start Date (10) <b>2/11/13</b>	Scheduled Completion Date (11) <b>2/13/13</b>	Name of OSHA Monitor <b>EMSL Analytical</b>			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area		Street Address <b>107 Haddon Ave.</b>			
		City, State & Zip Code <b>Westmont, NJ 08108</b>			

Scope of Work (Check all that apply)

<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 ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Exterior Material on Furnace</b>	<b>56 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Horizon Disposal</b>	NJDEP Waste Hauler ID No. <b>22612</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS</b>
City, State <b>Trenton, NJ</b>	Disposal Date <b>2/13/13</b>	City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Kim Trumbetti</b>	Title <b>Admin.</b>	Signature 	Date <b>2/8/13</b>

No check

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

Job #: 1301-1719  
Check #: NA

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Date of Notification (1) <b>1/22/13</b>		Name of Building Owner / Operator <b>Benjamin Moore &amp; Co.</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended #2 OFF HOLD <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>360 Route 206, PO Box 4000</b>	
		City, State & Zip Code <b>Flanders, NJ 07836-4000</b>	
		Name of Contact <b>Mr. J. Dennis Recca, P.E.</b>	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Benjamin Moore</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>134 Lister Avenue</b>			Square Feet <b>NA</b>	# of Floors <b>NA</b>	Bldg. Age <b>NA</b>
City (5) <b>Newark</b>	County (6) <b>Essex</b>	County Code (7)	Current Use (Prior if being demolished) <b>Tank Farm</b>		

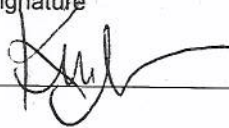
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>		
Street Address <b>PO Box 316</b>		Street Address <b>3859 Sylon Blvd.</b>			
City, State & Zip Code <b>Thorofare, NJ 08086</b>		City, State & Zip Code <b>Hainesport, NJ 08036</b>			
Project Manager for Monitoring Firm <b>Dave or Steve Flanigan</b>		Telephone Number <b>856-848-0800</b>	Telephone Number <b>609-702-0400</b>	License Number <b>00862</b>	

Scheduled Start Date (10) <b>1/23/13</b>	Scheduled Completion Date (11) <b>2/4/13</b>	Name of OSHA Monitor <b>EMSL Analytical</b>			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area		Street Address <b>107 Haddon Ave.</b>			
		City, State & Zip Code <b>Westmont, NJ 08108</b>			

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Pipe Chase	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar Coating	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar Material	1,165 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Horizon Disposal</b>		NJDEP Waste Hauler ID No. <b>22612</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>GROWS</b>	
City, State <b>Trenton, NJ</b>		Disposal Date <b>2/4/13</b>	City, State <b>Morrisville, PA</b>		
Completed By (Print or Type) <b>Kim Trumbetti</b>		Title <b>Admin.</b>	Signature 		Date <b>2/01/13</b>

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

Job #: 1301-1715  
Check #: NA

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Date of Notification (1) <b>1/9/13</b>		Name of Building Owner / Operator (2) <b>Ms. Debra Furnari</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>224 1<sup>st</sup> Avenue</b>	
		City, State & Zip Code <b>Ortley Beach, NJ 08751</b>	
		Name of Contact <b>Ms. Debra Furnari</b>	
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residential Property</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>224 1<sup>st</sup> Avenue</b>			Square Feet <b>850</b>	# of Floors <b>2</b>	Bldg. Age <b>1955</b>
City (5) <b>Ortley Beach (Seaside Heights)</b>	County (6) <b>Ocean</b>	County Code (7)	Current Use (Prior if being demolished) <b>Residential Property</b>		

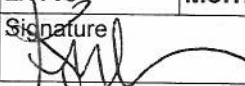
Name of Monitoring Firm Hired by Building Owner (8) <b>Tiger Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>		
Street Address <b>16 West Elizabeth Avenue</b>		Street Address <b>3859 Sylon Blvd.</b>			
City, State & Zip Code <b>Linden, NJ 07036</b>		City, State & Zip Code <b>Hainesport, NJ 08036</b>			
Project Manager for Monitoring Firm <b>Kelly Walton (Shera)</b>		Telephone Number <b>848-448-4418</b>	Telephone Number <b>609-702-0400</b>	License Number <b>00862</b>	

Scheduled Start Date (10) <b>2/4/13</b>	Scheduled Completion Date (11) <b>2/7/13</b>	Name of OSHA Monitor <b>EMSL Analytical</b>			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area		Street Address <b>107 Haddon Ave.</b>			
		City, State & Zip Code <b>Westmont, NJ 08108</b>			

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Negative Pressure Enclosure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Great Room/Kitchen</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor Tile</b>	<b>300 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Horizon Disposal</b>		NJDEP Waste Hauler ID No. <b>22612</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS</b>	
City, State <b>Trenton, NJ</b>		Disposal Date <b>2/7/13</b>		City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Kim Trumbetti</b>		Title <b>Admin.</b>	Signature 		Date <b>1/31/13</b>

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

Job #: 1301-1719  
Check #: NA

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2013 FEB 14 PM 2:00  
& LICENSING

Date of Notification (1) <b>1/22/13</b>		Name of Building Owner / Operator (2) <b>Benjamin Moore &amp; Co.</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended #1 ON HOLD <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>360 Route 206, PO Box 4000</b>
			City, State & Zip Code <b>Flanders, NJ 07836-4000</b>
			Name of Contact <b>Mr. J. Dennis Recca, P.E.</b>
			Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Benjamin Moore</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12)	
Street Address <b>134 Lister Avenue</b>		Special buildings, homes, etc.)	
City (5) <b>Newark</b>	<b>ON HOLD 1/31/13 DUE TO WEATHER</b>		Bldg. Age <b>NA</b>

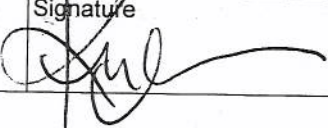
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>	
Street Address <b>PO Box 316</b>		Street Address <b>3859 Sylon Blvd.</b>		
City, State & Zip Code <b>Thorofare, NJ 08086</b>		City, State & Zip Code <b>Hainesport, NJ 08036</b>		
Project Manager for Monitoring Firm <b>Dave or Steve Flanigan</b>		Telephone Number <b>856-848-0800</b>	Telephone Number <b>609-702-0400</b>	License Number <b>00862</b>

Scheduled Start Date (10) <b>1/23/13</b>	Scheduled Completion Date (11) <b>2/4/13</b>	Name of OSHA Monitor <b>EMSL Analytical</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area		Street Address <b>107 Haddon Ave.</b>		
		City, State & Zip Code <b>Westmont, NJ 08108</b>		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Pipe Chase	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar Coating	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar Material	1,165 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Horizon Disposal</b>		NJDEP Waste Hauler ID No. <b>22612</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>GROWS</b>	
City, State <b>Trenton, NJ</b>		Disposal Date <b>2/4/13</b>	City, State <b>Morrisville, PA</b>		
Completed By (Print or Type) <b>Kim Trumbetti</b>		Title <b>Admin.</b>	Signature 		Date <b>1/31/13</b>

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

Job Number: 1211-1689  
Check: #NA

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ASBESTOS ABATEMENT  
& LICENSING

Date of Notification (1) <b>1/28/13</b>		Name of Building Owner / Operator (2) <b>Johns Manville</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #5 ON HOLD <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>717 17<sup>th</sup> Street</b>	
		City, State & Zip Code <b>Denver, CO 80202</b>	
		Name of Contact <b>Janet Waring, Sourcing Manager</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Johns Manville- Penbryn Plant</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>437 North Grove Street</b>			Square Feet <b>NA</b>	# of Floors	Bldg. Age
City (5) <b>Berlin</b>	County (6) <b>GLE</b>	County Code (7)	Current Use (Prior if being demolished) <b>Plant</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>One Source Safety &amp; Health</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos &amp; Mold Services, Corp.</b>		
Street Address <b>140 South Village Avenue-Suite 130</b>			Street Address <b>3859 Sylon Boulevard</b>		
City, State & Zip Code <b>Exton, PA 19341</b>			City, State & Zip Code <b>Hainesport, NJ 08036</b>		
Project Manager for Monitoring Firm <b>Brian Hovendon</b>		Telephone Number <b>610-524-5525</b>	Telephone Number <b>609-702-0400</b>	License Number <b>00862</b>	
Scheduled Start Date (10) <b>11/19/12</b>		Scheduled Completion Date (11) <b>2/28/13</b>	Name of OSHA Monitor <b>EMSL Analytical</b>		

Occupancy Status During <input type="checkbox"/> Facility Closed/Vac <input type="checkbox"/> Abatement Perform Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		<b>ON HOLD</b>
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Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
"H" Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Deck Panels	2,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"H" Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Field	17,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Horizon Disposal</b>		NJDEP Waste Hauler ID No. <b>22612</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>GROWS Landfill</b>	
City, State <b>Trenton, NJ</b>		Disposal Date <b>1/19/13</b>	City, State <b>Morrisville, PA</b>		
Completed By (Print or Type) <b>Kim Trumbetti</b>		Title <b>Admin.</b>	Signature <i>Kimberly Trumbetti</i>		Date <b>1/28/12</b>

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

Job #: 1301-1718  
Check #: ~~3005~~ 3006

Date of Notification (1) <b>01/28/13</b>		Name of Building Owner / Operator (2) <b>Ms. Marissa Friedmann</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>4 Kermit Street</b>	
		City, State & Zip Code <b>Maplewood, NJ 07040</b>	
		Name of Contact <b>Ms. Marissa Friedmann</b>	Telephone Number <b>[REDACTED]</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residential Property</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>4 Kermit Street</b>			Square Feet <b>2300</b>	# of Floors <b>3</b>	Bldg. Age <b>100</b>
City (5) <b>Maplewood</b>	County (6) <b>Essex</b>	County Code (7)	Current Use (Prior if being demolished) <b>Residential Property</b>		

Name of Monitoring Firm Hired by Building Owner (8) <b>Tiger Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>		
Street Address <b>234 20<sup>th</sup> Avenue</b>		Street Address <b>3859 Sylon Blvd.</b>			
City, State & Zip Code <b>Brick, NJ 08724</b>		City, State & Zip Code <b>Hainesport, NJ 08036</b>			
Project Manager for Monitoring Firm <b>Kelly Walton</b>		Telephone Number <b>732-948-9458</b>	Telephone Number <b>609-702-0400</b>	License Number <b>00862</b>	

Scheduled Start Date (10) <b>1/29/13</b>	Scheduled Completion Date (11) <b>1/29/13</b>	Name of OSHA Monitor <b>EMSL Analytical</b>			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area		Street Address <b>107 Haddon Ave.</b>			
		City, State & Zip Code <b>Westmont, NJ 08108</b>			

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Negative Pressure Enclosure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Wrap & Cut Methodologies
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

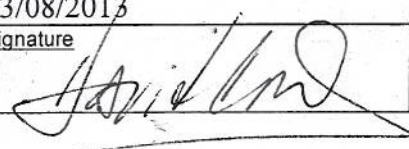
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation</b>	<b>135 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Kitchen Area</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation</b>	<b>18 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Horizon Disposal</b>		NJDEP Waste Hauler ID No. <b>22612</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>GROWS</b>	
City, State <b>Trenton, NJ</b>		Disposal Date <b>1/30/13</b>	City, State <b>Morrisville, PA</b>		
Completed By (Print or Type) <b>Kim Trumbetti</b>		Title <b>Admin.</b>	Signature <i>Kimberly Trumbetti</i>	Date <b>1/28/13</b>	



STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

U17111-10225

Date of Notification (1) 02/11/2013		Name of Building Owner/Operator (2) Ark Management Corp.						
Agencies Notified ( X ) EPA ( X ) NJDEP ( X ) NJ DOL ( X ) DOH ( ) DCA		Type of Notification ( X ) Initial Notification ( ) Amended Amendment # _____ ( ) Emergency (including justification) ( ) Cancellation		Street Address 2035 Kennedy Blvd. City, State, Zip Code North Bergen, NJ 07047				
		Name of Contact Ken Afarian		Tel. Number _____				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential Property			Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) ( X ) Other (i.e. private & commercial bldgs., homes, etc.)					
Street Address 39 74 <sup>th</sup> Street			Sq. Feet: <u>10,000</u> # of Floors <u>6</u> Bldg. Age <u>60</u>					
City (5) North Bergen	County (6) Hudson	County Code (7) (State Use Only)	Current Use (if being demolished):					
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No. N/A	Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc.					
Street Address N/A		Street Address 3300 Hudson Avenue						
City, State, Zip Code N/A		City State, Zip Code Union City, NJ 07087						
Project Manager for Monitoring Firm N/A	Telephone Number		Telephone Number (201)325-0055	License Number 01124				
Scheduled Start Date (10) 02/25/2013	Scheduled Completion Date (11) 03/08/2013		Name of OSHA Monitor ISES, Inc.					
Occupancy Status During Abatement (Check only one) ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - ( X ) Other - Describe: Work area in basement unoccupied during abatement			Street Address 3300 Hudson Avenue					
			City, State, Zip Code Union City, NJ 07087					
Source of Work (Check all that apply) ( ) Demolition ( X ) Renovation								
( ) Minor Project (< 25 SF or < 10 LF ACM) ( ) Small Project (>25 <160 SF or >10 <260 LF ACM) ( X ) Large Project (>160 SF or > 260 LF ACM)			( X ) Full Containment with Negative Pressure ( X ) Mini-Enclosure ( X ) Glove-bag Procedure ( ) Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of 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
Basement Area	X		TSI Pipe Insulation	280 LFT	X			
Basement Area	X		TSI Boiler and Tank Insulation	300 SFT	X			
Name of Reg. Waste Hauler Vision Transport		NJDEP Waste Hauler ID # 22393	Cubic Yards of Waste 15	Name of Reg. Landfill Cumberland County Landfill				
City, State 369 Raymond Blvd., Newark, NJ 07105		Disp. Date 03/08/2013		City, State Newburg, PA 17242				
Completed by (Print or Type) David Camacho	Title Project Supervisor	Signature 		Date 02/11/2013				

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