


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

Check # 2569

Date of Notification (1) 01 / 27 / 12		Name of Building Owner / Operator (2) Kraft Foods																													
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation																													
Street Address 2211 Route 208 North		City, State, Zip Code Fairlawn, New Jersey, 07410																													
Name of Contact TOMMY FARMER		Telephone Number 2012 FEB 15 PM 3:07																													
FACILITY INFORMATION																															
Name of Facility Where Abatement is Taking Place (3) Kraft 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 2211 Route 208		Square Feet 1,000,000																													
City (5) Fairlawn		County (6) Bergen	County Code (7)																												
Current Use (Prior if being demolished) Bakery/WAREHOUSE		# Of Floors 3																													
Building Age 40 +																															
Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO																													
Street Address 907 Doolittle Drive		LVI Environmental Services Inc.																													
City, State, Zip Code Bridgewater, NJ 08807		Street Address 462 Getty Avenue																													
Project Mngr. For Monitoring Firm Eric Houseknecht		City, State, Zip Code Clifton, NJ 07011																													
Telephone Number 908-218-1108		Telephone Number 973-772-3660																													
Sched. Start Date (10) 02 / 18 / 12		Sched. Completion Date (11) 02 / 20 / 12																													
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: SAT-SUN <input checked="" type="checkbox"/> Other - Describe: 7:00AM - 11:59PM		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 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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure																															
Location of Asbestos Containing 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																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>R</td> <td>R</td> <td>E</td> <td>E</td> </tr> <tr> <td>E</td> <td>E</td> <td>N</td> <td>N</td> </tr> <tr> <td>M</td> <td>P</td> <td>C</td> <td>C</td> </tr> <tr> <td>O</td> <td>A</td> <td>A</td> <td>L</td> </tr> <tr> <td>V</td> <td>I</td> <td>P</td> <td>O</td> </tr> <tr> <td>A</td> <td>R</td> <td>S</td> <td>S</td> </tr> <tr> <td>L</td> <td></td> <td>U</td> <td>U</td> </tr> </table>				R	R	E	E	E	E	N	N	M	P	C	C	O	A	A	L	V	I	P	O	A	R	S	S	L		U	U
R	R	E	E																												
E	E	N	N																												
M	P	C	C																												
O	A	A	L																												
V	I	P	O																												
A	R	S	S																												
L		U	U																												
BAKERY	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE INSULATION	80 LF																												
BAKERY/G20	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE INSULATION	75 LF																												
DC WAREHOUSE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE INSULATION	6 LF																												
BAKERY WAREHOUSE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE INSULATION	30 LF																												
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste																												
City, State NEWARK, NJ		Disposal Date	Name of Registered Landfill I.E.S.I.																												
City, State BETHLEHEM, PA 18105																															
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature 																												
		Date 02/14/12																													

Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Main- tenance/ 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
DC WAREHOUSE CL 18-19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	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"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<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"/>
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	<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"/>
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	<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"/>

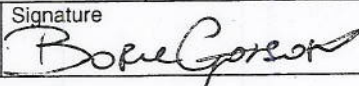
RECEIVED
2012 FEB 15 PM 4:07
ASBESTOS CONTROL
& LICENSING

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

Date of Notification (1) 01 / 27 / 12		Name of Building Owner / Operator (2) Kraft Foods	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		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 2211 Route 208 North		City, State, Zip Code Fairlawn, New Jersey, 07410	
Name of Contact TOMMY FARMER		Telephone Number AS 2012 FEB 15 PM 1:07	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Kraft 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 2211 Route 208		Square Feet 1,000,000 # Of Floors 3 Building Age 40 +	
City (5) Fairlawn	County (6) Bergen	County Code (7)	Current Use (Prior if being demolished) Bakery/WAREHOUSE
Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO. 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	
Scheduled Start Date (10) 02 / 18 / 12		Sched. Completion Date (11) 02 / 20 / 12	
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: MON-FRI <input checked="" type="checkbox"/> Other - Describe: 7:00AM - 11:59PM		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 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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos Containing 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			
BAKERY	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE INSULATION	80 LF
BAKERY/G20	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE INSULATION	75 LF
DC WAREHOUSE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE INSULATION	6 LF
BAKERY WAREHOUSE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE INSULATION	30 LF
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste
City, State NEWARK, NJ		Name of Registered Landfill I.E.S.I.	
		Disposal Date	City, State BETHLEHEM, PA 18105
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i> Date 01/27/12

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

1887

Date of Notification (1) 02 / 13 / 12			Name of Building Owner/Operator (2) Boonton Board of Education			RECEIVED			
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH (NJAC 5:16) <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 434 Lathern Ave			2012 FEB 15 PM 2:07		
				City, State, Zip Code Boonton, NJ 07005			ESTOS CONTROL		
				Name of Contact John Kasternakis			Telephone Number		
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) John Hill 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 435 Lathron Ave.									
City (5) Boonton, NJ 07005						Square Feet 45,028	# of Floors 3	Bldg. Age 1922	
County (6) Morris			County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) School			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Remediation & Management			ASCM No.		Name of Abatement Contractor (9) SMAC Corp.				
Street Address 49 Prestile Pl.			Street Address 27 EAST 33RD STREET						
City, State, Zip Code Trenton, NJ 08691			City, State, Zip Code PATERSON NJ 07514						
Project Manager for Monitoring Firm Gary Ceuerence			Telephone No. 609-259-8077		Telephone No. 973-345-4055		License No. 01110		
Start Date (10) 02 / 23 / 12		Scheduled Completion Date (11) 08 / 24 / 12		Name of OSHA Monitor EMSL ANALYTICAL, 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 1056 SHELTON AVE					
				City, State, Zip Code PISCATAWAY NJ 08854					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input 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
Boiler Mortar	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Room	100SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pipe & Elbow insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hallways	1,500LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Floor Tile Mastic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1st, 2nd, 3rd Floor	3,000SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ceiling Plaster	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Room	2,000SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SMAC Corp			NJDEP Waste Hauler ID No. 18590		Cubic Yards of Waste 30 Yards	Name of Registered Landfill Grows Landfill			
City, State 27 E 33rd Street, Paterson, NJ - 07514					Disposal Date 08/24/2012	City, State Morrisville, PA			
Completed By (Print or Type) Borce Gjorsoski		Title President			Signature 		Date 2/13/12		

2410


DOE - 28 DAY

FEB-10-2012 16:35 From:ASBESTOS

* Emergency *

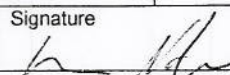
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 2410

Date of Notification (1) 2/10/12		Name of Building Owner/Operator (2) Ollice Bates							
Agencies Notified	Type Notification	Street Address 3803 Witherspoon Av							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Pennsauken NJ 08110							
		Name of Contact Ollice	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ollice Bates		Type of Facility (4)							
Street Address 3803 Witherspoon Av		<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) Pennsauken NJ 08110		Square Feet 1000 +	# of Floors 1						
County (6) Camden		County Code (7) (STATE USE ONLY)	Bldg. Age 35 +						
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) 2/11/12	Scheduled Completion Date (11) 2/13/12	Name of OSHA Monitor Pernaco Inc							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 329							
<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: Home owner will be Home		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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) <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
Basement			x	Floor Tile only	500 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 2/13/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 2/10/12		

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

357

Date of Notification (1) 02/10/12		Name of Building Owner/Operator (2) PM Color Management							
Agencies Notified	Type Notification	Street Address 1000 South Elmora Ave.							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth NJ. 07202							
		Name of Contact Patricia Goldsmith	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Color Plaza		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 1001 Newark Ave.		Square Feet 50,000	# of Floors 2						
City (5) Elizabeth		Bldg. Age 61							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Industrial building							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address _____		Street Address 156 Maple Ave.							
City, State, Zip Code _____		City, State, Zip Code Wallington NJ. 07057							
Project Manager for Monitoring Firm _____	Telephone No. _____	Telephone No. 973-406-7341	License No. 01107						
Start Date (10) 02/13/12	Scheduled Completion Date (11) 02/29/12	Name of OSHA Monitor Leslaw Nalodka							
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 156 Maple Ave.							
		City, State, Zip Code Wallington NJ. 07057							
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
demolition debris mixed with ACM			*	roofing, mastic	120cy.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 120cy.	Name of Registered Landfill GROWS					
City, State Newark NJ.		Disposal Date 02/29/12		City, State Morrisville PA					
Completed by Leslaw Nalodka		Title President	Signature 			Date 02/10/12			

LESCO SERVICES INC. FAX #1 862-221-9207

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

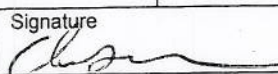
Check #
8122

Date of Notification (1) 2-13-12		Name of Building Owner/Operator (2) Accent Garden Market						
Agency 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 328 Hurffville Greenloch Rd						
		City, State, Zip Code Sewell NJ 08080						
		Name of Contact Phil Franchi jr						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Single family property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 10 East Landing Road		Square Feet	# of Floors 1					
City (5) Gloucester Twp NJ		Bldg. Age 60+-						
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Shed/garage out Bldg.						
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies, Inc					
Street Address P.O. Box 337		Street Address P.O. Box 337						
City, State, Zip Code New Egypt NJ 08533		City, State, Zip Code New Egypt NJ 08533						
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609-758-3365	License No. 00394					
Start Date (10) 2-23-12	Scheduled Completion Date (11) 2-28-12	Name of OSHA Monitor EPC Technologies, 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 P.O. Box 337						
		City, State, Zip Code New Egypt NJ 08533						
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) 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
exterior walls			X	Siding Shingles	900 SF	X		
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 5	Name of Registered Landfill Waste Management				
City, State NE NJ		Disposal Date 2-28-12	City, State Moar'sville PA					
Completed by Steve Schenker	Title President	Signature Steve Schenker				Date 2-13-12		

* Emergency *

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

CK 2414

Date of Notification (1) 2/13/12		Name of Building Owner/Operator (2) Wayne & Josie Wynn Residence							
Agencies Notified	Type Notification	Street Address 689 West Wheat Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Vinland, NJ 08360							
		Name of Contact Wayne	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Wayne & Josie Wynn Residence		Type of Facility (4) <input 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 689 West Wheat Road		Square Feet 1000+	# of Floors 1						
City (5) Vinland, NJ 08360		Bldg. Age 35+							
County (6) Cumberland	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) 2/14/12	Scheduled Completion Date (11) 2/16/12	Name of OSHA Monitor Pernaco Inc							
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: Home Owner will be Home		Street Address PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
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
Basement			x	Floor Tile / Mastic	800 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 2/16/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 2/13/12		

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

Check # 6219

Date of Notification (1) February 13, 2012		Name of Building Owner / Operator (2) TD Bank	
Agencies Notified	Type Notification	Street Address 53 South Laurel Street	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	City, State & Zip Code Bridgeton, NJ 08302	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) TD Bank		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, home, etc.)	
Street Address 53 South Laurel Street		Square Feet 10,000	# of Floors 3
City (5) Bridgeton		Bldg. Age 50	
County (6) Cumberland		Current Use (Prior if being demolished) Banking Facility	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) EFI Global		ASCM No.	
Street Address 187 Ballardvale Street, Ste A215		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Wilmington, MA 01887		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Sean Cassidy		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) February 15, 2012	Scheduled Completion Date (11) March 7, 2012	Name of OSHA Monitor Synatech, 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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 10 LF or ≥ 25 sf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) 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
Basement, 1st and 2nd Floors			X	Pipe Fitting Insulation	400 LF	X			
HVAC Room 1 and Room 003			X	Asbestos-containing Dust	≤ 3 SF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 15	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date March 8, 2012	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane F. Aloia</i>	Date February 13, 2012

CRB 1360

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

RECEIVED

Date of Notification (1) 2-13-12		Name of Building Owner/Operator (2) 134 BAY STREET FERRIE	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 1000 MAXWELL LANE		City, State, Zip Code HOBOKEN NJ 07030	
Name of Contact KEARNEY		Telephone Number MA224	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 134 BAY STREET LLC		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 134 BAY STREET		Square Feet 55000	
City (5) Jersey City		# of Floors 2	
County (6) Hudson		Bldg. Age 80	
County Code (7) (STATE USE ONLY) WAR-HOUSE		Current Use (Prior to being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ACE INSULATION CO. INC.	
Street Address		Street Address 95 MONTROSE RD	
City, State, Zip Code		City, State, Zip Code COLTS NECK NJ 07722	
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	
Start Date (10) 2-22-12		License No. 00029	
Scheduled Completion Date (11) 3-22-12		Name of OSHA Monitor ACE INSULATION CO. INC.	
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: 7am - 7pm		Street Address 95 MONTROSE RD	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> < 3 sf or < 3 ft <input checked="" type="checkbox"/> > 160 sf or > 260 ft		City, State, Zip Code COLTS NECK NJ 07722	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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)	
Roof		45000 SF	
Floor Tile		3000 SF	
FURNACE GASKE		5 SF	
Name of Registered Waste Hauler ACE INSULATION CO.		RIDEP Waste Hauler ID No. 12086	
City, State COLTS NECK NJ 07722		Cubic Yards of Waste 2.00	
Name of Registered Landfill GROWS		City, State Tullytown PA	
Disposal Date 2-22-12		Signature Jack GALL	
Completed By Jack GALL		Title DPS mgr	
Date 2-13-12			

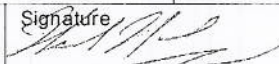
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

1842

Date of Notification (1) 02/09/12 Ck: 1842 \$200		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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 51 North Lyle Avenue							
		City, State, Zip Code Tenaflly, New Jersey 07670							
		Name of Contact Kazumasa Ochaia							
		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 51 North Lyle Avenue		Square Feet 10,000	# of Floors 2						
City (5) Tenaflly, New Jersey 07670		Bldg. Age 55+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Lilich Corporation							
Street Address		Street Address 606 McBride Avenue							
City, State, Zip Code		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm		Telephone No. 973-225-8400	License No. 01104						
Start Date (10) 02/21/12	Scheduled Completion Date (11) 02/22/12	Name of OSHA Monitor J&S Environmental Labs 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 <input checked="" type="checkbox"/> Other - Describe: 9 AM Start		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 St Floor Kitchen		X		TSI	32 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424			Disposal Date 02/24/12	City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>			Date 02/09/12			

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

4262

Date of Notification (1) February 13, 2012			Name of Building Owner/Operator (2) LEW Corporation					
Agencies Notified		Type Notification	Street Address					
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1090 Bristol Road City, State, Zip Code Mountainside, NJ 07092					
			Name of Contact Project Manager					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) buildings			Type of Facility (4)					
Street Address 68 River Rd.			<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) Summit, NJ 07901			Square Feet	# of Floors	Bldg. Age			
County (6) Union		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) empty					
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC					
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209						
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034						
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	Telephone No. (973) 759 - 5000	License No. 00781				
Start Date (10) 2/25/12		Scheduled Completion Date (11) 3/31/12		Name of OSHA Monitor The MACK Group, LLC.				
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 <input type="checkbox"/> Other - Describe: _____			1500 Kings HWY N, STE 209					
			City, State, Zip Code Cherry Hill, NJ 08034					
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 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
Small building		<input checked="" type="checkbox"/>	windows w/glazing	5	<input checked="" type="checkbox"/>			
Large Building		<input checked="" type="checkbox"/>	transite	4500 s/f	<input checked="" type="checkbox"/>			
"-"		<input checked="" type="checkbox"/>	roofing	600 s/f	<input checked="" type="checkbox"/>			
"-"		<input checked="" type="checkbox"/>	windows w/glazing	14	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold		NJ DEP Waste Hauler ID No. 15939	Cubic Yards of Waste 51.2	Name of Registered Landfill GROWS				
City, State Freehold, NJ		Disposal Date 3/31/12		City, State Morrisville, PA				
Completed by Mike Cooper		Title President	Signature 		Date 2/13/12			

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

7005

Date of Notification (1) 2 / 13 / 12		Name of Building Owner/Operator (2) NJ DPMC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <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 PO BOX 34 City, State, Zip Code Trenton, NJ 08625 Name of Contact Joe Kratochvil							
		Telephone Number ASBESTOS & LICENSE							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Monmouth Battlefield State Park Visitor Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 16 Business Route 33		Square Feet 4066							
City (5) Manalapan, NJ 07726		# of Floors 1							
County (6) Monmouth		Bldg. Age 50 +							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Visitor Center							
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services		Name of Abatement Contractor (9) Controlled Environmental Systems							
Street Address 464 Valley Brook Ave		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm John Shiavella		Telephone No. 201 438 4839							
Telephone No. 215-542-7000		License No. 00847							
Start Date (10) 2 / 27 / 12		Scheduled Completion Date (11) 3 / 31 / 12							
Name of OSHA Monitor CES									
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: 7:00AM - 5:00PM - AM		Street Address 1121 N. Bethlehem Pike - Suite 60							
		City, State, Zip Code Spring House, PA 19477							
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) 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
interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fire door insulation	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Red & Gray Caulk	1350 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	roof flashing	3400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
interior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and Mastic	1500 Sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler STG		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 40	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE		Disposal Date 3/31/12		City, State Waynesburg, OH 44688					
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>		Date 2/13/12			

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

Cancellation
2/13/12

Date of Notification (1) 2 / 6 / 12		Name of Building Owner/Operator (2) 134 Bay Street LLC-- C/O Toll Brothers City Living							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <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 checked="" type="checkbox"/> Cancellation	Street Address 1000 Maxwell Lane City, State, Zip Code Hoboken, NJ 07030 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Block 174 Lot-Plot .A		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 332-50 Marin Blvd		Square Feet 46,000	# of Floors 1						
City (5) Jersey City, 07302		Bldg. Age 50+							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Warehouse							
Name of Monitoring Firm Hired by Building Owner (8) Lew Corporation		ASCM No.	Name of Abatement Contractor (9) Controlled Environmental Systems						
Street Address 1090 Bristol Rd		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Mountainside, NJ 07092		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm	Telephone No. 908 654 8068	Telephone No. 215-542-7000	License No. 00847						
Start Date (10) 2 / 21 / 12	Scheduled Completion Date (11) 3 / 30 / 12	Name of OSHA Monitor CES							
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: 7:00AM-5:00PM PM- AM		Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477							
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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	46,000SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tile & Mastic	5000	<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 STG		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 250	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 3/31/12		City, State Waynesburg, OH 44688					
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>		Date 2/6/2012			

Patricia Visco 2/13/12