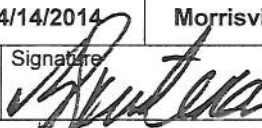


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 02 / 14 / 14		Name of Building Owner/Operator (2) Monmouth County Prosecutors Office							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (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 132 Jersey Ville Avenue City, State, Zip Code Freehold NJ 07728 Name of Contact Tom Aloia							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Existing Bldg 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 132 Jersey Ville Avenue									
City (5) Freehold NJ 07728		Square Feet 46,000 Sf.	# of Floors 1						
		Bldg. Age 1960							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Prosecutor's Office							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No. 30	Name of Abatement Contractor (9) APS Contractors Inc.						
Street Address 120 North Warren St.		Street Address 155-161 Pennsylvania Avenue							
City, State, Zip Code Trenton		City, State, Zip Code Paterson, NJ 07503							
Project Manager for Monitoring Firm Ryan Broadwater	Telephone No. 4200	Telephone No. 973-754-1908	License No. 00875						
Start Date (10) 03 / 17 / 14	Scheduled Completion Date (11) 04 / 14 / 14	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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Throat Bldg	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	3,600 sf.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC Rm 1022	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fiberglass Wall Insul/Cement Brd Panels	324sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC Rm1038	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic/Cork Floor Tile	144sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC Rms 1016,1017 & 1040	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cement Piping/Pipe Insulation	553 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Atlantic Carting, Inc.		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 30 Yards	Name of Registered Landfill Grows Landfill					
City, State Wayne, NJ 07470		Disposal Date 04/14/2014		City, State Morrisville, PA 19067					
Completed By (Print or Type) Svetozar Savreski		Title President		Signature 			Date		

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

RECEIVED
2014 FEB 20 PM 5:48
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 02/12/14		Name of Building Owner/Operator (2) ANGELA GIUFFRIDA	
Agencies Notified	Type Notification	Street Address 503 HOLLYWOOD AVENUE	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code HO-HO-KUS, NJ 07423	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact ANGELA GIUFFRIDA	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) ANGELA GIUFFRIDA			Type of Facility (4)		
Street Address 503 HOLLYWOOD AVENUE			<input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
City (5) HO-HO-KUS	County (6) BERGEN	County Code (7) (State use only)	Square Feet	# of Floors	Bldg. Age
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 01169
Start Date (10) 02/27/14	Sched. Completion Date (11) 03/14/14		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one)			Street Address 20 California Avenue	
<input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)			<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation					
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition					

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT RECREATION		<input checked="" type="checkbox"/>		PIPE INSULATION	6 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT CRAWL SPACE		<input checked="" type="checkbox"/>		PIPE INSULATION	10 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 02/28/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/12/14

CK 065504

D&S Proj. #: 2014-59

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

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2014 FEB 20 PM 5:48
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 01/12/13		Name of Building Owner/Operator (2) ELAINE O'CONNEL, EXECUTRIC	
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 592 W. ENGLEWOOD AVENUE		City, State, Zip Code TEANECK, NJ	
Name of Contact ELAINE O'CONNEL, EXECUTRIC		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) ELAINE O'CONNEL, EXECUTRIC			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 592 W. ENGLEWOOD AVENUE			Square Feet # of Floors Bldg. Age		
City (5) TEANECK	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address _____			Street Address 20 California Ave.	
City, State, Zip Code _____			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm _____		Phone Number _____	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 02/26/14		Sched. Completion Date (11) 03/12/14		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				
Name of OSHA Monitor D & S Restoration, Inc.				
Street Address 20 California Avenue				
City, State, Zip Code Paterson, NJ 07503				

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l		
	Yes	No	N/A								
BASEMENT (BOILER & LAUNDRY RM)		X		PIPE INSULATION	108 L FT	X					

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 02/27/14		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature _____	
				Date 02/12/14	

check # 8913

RECEIVED
2014 FEB 20 PM 5
ASBESTOS
& LICE
Number

Feb. 18. 2014 1:17PM

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to N.J.A.C. 17:27 and 17:28.7)

RECEIVED

Check No. 8254 P. 2

2014 FEB 20 PM 5:40

3200 POL - 10 DAY

Date of Notification (1) 02/17/14 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified EPA DEP DCA DOH	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Notification Amended <input type="checkbox"/> Notification Cancellation	Street Address P.O. box 2150 City, State, Zip Code Princeton NJ 08543 Name of Contact Robert Ortega Telephone Number	

Name of Facility Where Abatement is Taking Place (3) Princeton University -- 5 Ivy Lane Princeton New Jersey				Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter s (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address 5 Ivy Lane				Square Feet 38800		
City (5) Princeton		County (6)		County Code (7) (STATE USE ONLY)		# of Floors 3
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC				Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address 3 Terri Lane				Street Address 90 LaCrosse Avenue		
City, State, Zip Code Burlington NJ 08016				City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Mike Keck				Telephone Number 609-386-8800		Licence Number 1109
Scheduled Start Date (10) 02/18/14 Month/Day/Year		Sched. Completion Date (11) 02/21/14 Month/Day/Year		Name of OSHA Monitor Criterion Labs		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 6:00 PM - 5:00 AM Other - Describe: various shifts				Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation		Full Containment with Negative Pressure <input type="checkbox"/> Mist - Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friction 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	ENCAPSULATION	ENCLOSURE
1st floor closet		<input checked="" type="checkbox"/>		pipe insulation	8 LF	<input checked="" type="checkbox"/>			
exterior stucco		<input checked="" type="checkbox"/>		exterior of building	1 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Robinson Waste Disposal Services		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 1	Name of Registered Landfill GROWS	
City, State Trenton NJ		Disposal Date As Needed		City, State Morrillville PA		
Completed By (Print or Type) Mark Goshaw		Title Project Manager		Signature Mark Goshaw		Date 2-17-2014

ABS-41
JUN 95

G4667

* Emergency *

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

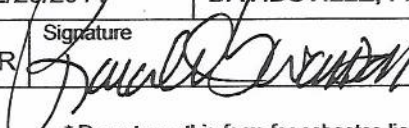
ck 3015
2014 FEB 20 PM 3:35
RECEIVED
NJ DEPT OF ENVIRONMENT & LICENSING

Date of Notification (1) 2/17/14		Name of Building Owner/Operator (2) Eagleswood Township							
Agencies Notified	Type Notification	Street Address 146 Division Street							
<input checked="" 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 type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Creek NJ 08092							
		Name of Contact Lisa Hand	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Eagleswood Township		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 146 Division Street		Square Feet 1000+	# of Floors 2						
City (5) West Creek NJ 08092		Bldg. Age 35+							
County (6) Ocean	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. _____	Telephone No. 856-753-9800						
Start Date (10) 2/18/14		Scheduled Completion Date (11) 2/21/14	Name of OSHA Monitor Same						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Basement area closed		Street Address _____							
		City, State, Zip Code _____							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Basement	x			Floor Tile	1000 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 2/21/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature _____			Date 2/17/14		

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

Check # 1512

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ASBESTOS CONTROL & LICENSING
2014 FEB 20 PM 3:35

Date of Notification (1) 02/14/2014		Name of Building Owner/Operator (2) NIPRO GLASS AMERICAS							
Agencies Notified	Type Notification	Street Address 1633 WHEATON AVE.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code MILLVILLE, NJ 08332							
		Name of Contact ROBERT NEILSON	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NIPRO GLASS AMERICAS		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 1633 WHEATON AVE		Square Feet 3000	# of Floors 1						
City (5) MILLVILLE, NJ 08332		Bldg. Age 40							
County (6) CUMBERLAND	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) COMMERCIAL							
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOCIATES		ASCM No. _____	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN							
City, State, Zip Code WEST BERLIN, NJ 08091		City, State, Zip Code MULLICA HILL, NJ 08062							
Project Manager for Monitoring Firm SCOTT MAGEE		Telephone No. 856-673-8858	Telephone No. 610-304-4676						
		License No. 01145							
Start Date (10) 02/24/2014	Scheduled Completion Date (11) 02/25/2014	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>COMMERCIAL/MINI ENCLOSURE WITH NEG. AIR</u>		Street Address 200 RT 130 NORTH							
		City, State, Zip Code CINNAMINSON, NJ 08077							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
MAINTENANCE SHOP			X	PIPE WRAP	4 LF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 3	Name of Registered Landfill SOUTHERN ALLEGHENIES LANDFILL					
City, State MULLICA HILL, NJ		Disposal Date 2/26/2014		City, State DAVIDSVILLE, PA					
Completed by RON SWANSON		Title PROJECT COORDINATOR	Signature 	Date 02/14/2014					

Feb 12 2014 09:56am

P001/001

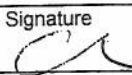
Check # 8377

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

Date of Notification (1) 2/12/14		Name of Building Owner/Operator (2) MATTHEW TROYER		NJ Dept. of Health & Senior Services Date: 2/12/14	
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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 132 BUCKINGHAM ROAD City, State, Zip Code MONTCLAIR, NJ 07042 Name of Contact MATT Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) TROYER			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 132 BUCKINGHAM RD			Square Feet 2800		
City (5) MONTCLAIR			# of Floors 2		
County (6) ESSEX			Bldg. Age 80		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) RES		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
Street Address				Street Address 105 Lowell Road	
City, State, Zip Code				City, State, Zip Code Glen Rock, N.J. 07452	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-262-5841	
Start Date (10) 1/12/14		Scheduled Completion Date (11) 1/13/14		License No. 00156	
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 Other - Describe:				Name of OSHA Monitor Omega Environmental Services Inc.	
				Street Address 280 Huyler Street	
				City, State, Zip Code Hackensack, NJ 07606	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥8 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Basement		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) PIPE	
				Amount (Specify SF or LF) 30 LF	
				Abatement Type Removal Repair Encapsulate Enclosure X	
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 5	
City, State Riverdale, New Jersey 07457		Disposal Date 1/12/14		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State Bethlehem, PA 18015		Completed by R. McDonald		Title President	
Signature [Signature]		Date 2/12/14			

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

CK 3913

Date of Notification (1) 2/14/14		Name of Building Owner/Operator (2) Steve Scalera Private Home							
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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 35 Joshua							
		City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Steve	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Steve Scalera Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 35 Joshua		Square Feet 1000+	# of Floors 2						
City (5) Manahawkin NJ 08050		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 2/17/14	Scheduled Completion Date (11) 2/21/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Exterior Siding			x	Exterior Siding	1600 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 2/21/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 2/14/14		


** Amended * Amended 3. Weather New Check # 3887*
Addtional Material

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

Date of Notification (1) 1/6/14		Name of Building Owner/Operator (2) National Guard Army <i>Amended 3 CK 3912</i>							
Agencies Notified	Type Notification	Street Address 1048 Route 206 South <i>Addtional material</i>							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <i>3</i> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bordentown, NJ 08505							
		Name of Contact Tom	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) National Guard Army		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1048 Route 206 South		Square Feet 1000+	# of Floors 1						
City (5) Bordentown, NJ 08505		Bldg. Age 35+							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Whitman		ASCM No. 00110	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address 7 Pleasant Hill Rd		Street Address PO Box 329							
City, State, Zip Code Cranbury NJ 08512		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	Telephone No. 856-753-9800						
License No. 00727									
Start Date (10) 1/20/14	Scheduled Completion Date (11) <i>2/25/14</i>	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Limited Occupancy</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Wet wrap and cut <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) <i>Office Area 121-124</i>	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) <i>Floor Tile + mastic</i>	Amount (Specify SF or LF) <i>760 SF</i>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Drill Floor BP3			X	Pipe insulation	300 LF	X			
BP1, 2, 3, & 4			X	Fire doors	8 Doors	X			
Kitchen, Dining Room offices &				Pipe Insulation	700 LF	X			
<i>Exterior soffits</i>			X	<i>Transite</i>	<i>2600 SF</i>	X			
Name of Registered Waste Hauler Freehold Cartage Inc.		NJDEP Waste Hauler ID No. s2265	Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S.					
City, State Freehold NJ			Disposal Date TBD	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature <i>[Signature]</i>			Date 1/6/14			

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

CK 3914

Date of Notification (1) 2/14/14		Name of Building Owner/Operator (2) Jim Mucchie Private Home							
Agencies Notified	Type Notification	Street Address 83 Jeffrey							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Manahawkin NJ 08050							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Jim	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jim Mucchie Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 83 Jeffrey		Square Feet 1000+	# of Floors 2						
City (5) Manahawkin NJ 08050		Bldg. Age 35+							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8)		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) 2/17/14	Scheduled Completion Date (11) 2/21/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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 Siding			x	Exterior Siding	1300 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 2/21/14	City, State Morrisville PA 19067					
Completed by Anthony T. Perna		Title President	Signature 			Date 2/17/14			

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

Date of Notification (1) 2-14-14		Name of Building Owner/Operator (2) Rob Curt Ross	
Agencies Notified	Type Notification	Street Address 950 Dogwood Trail.	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Franklin Lakes NJ 07417	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Rob Curt Ross	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

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ASBESTOS CONTROL & LICENSE

FACILITY INFORMATION

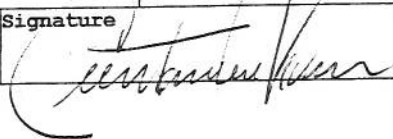
Name of Facility Where Abatement is Taking Place (3) Rob Curt Ross			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 206 Woodside Ave			Square Feet 2800	# of Floors 3	Bldg. Age 105
City (5) Ridgewood NJ 07450	County (6) Essex Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371	
Scheduled Start Date (10) 2 23 2014 Month Day Year	Sched. Completion Date (11) 2 25 2014 Month Day Year	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe insulation	140 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 2-26-14	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 2-14-14		

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

Date of Notification (1) February 17, 2014		Name of Building Owner/Operator (2) Hoboken Western Edge	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P O Box 5124	
		City, State, Zip Code Hoboken, NJ 07030	
		Name of Contact Mr. Villamar	Telephone Number

FACILITY INFORMATION

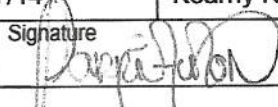
Name of Facility Where Abatement is Taking Place (3) Warehouse			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 1200-1318 Madison Street					
City Hoboken	County (6) Hudson	County Code (7) (STATE USE ONLY)	Square feet 20,000 sf	# of Floors 1	Bldg. Age 80
			Current Use (Prior if being demolished) Warehouse		
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Rte. 9, Unit 61			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Toms River, NJ 08755			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 732-349-9932	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 2/18/14		Scheduled Completion Date (11) 2/28/14	Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input checked="" 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) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R E M O V E L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Throughout building		X		Asbestos pipe insulation	1050 lf	X			
Boiler room			X	Asbestos pipe insulation	50 lf	X			
Boiler room			X	Asbestos boiler insulation	250 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 20	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 3/3/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 2/17/2014

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

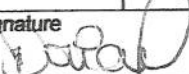
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 2/10/14		Name of Building Owner/Operator (2) Anna Fitzpatrick							
Agencies Notified	Type Notification	Street Address 311 Main ST							
<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	City, State, Zip Code Matawan NJ 07747							
		Name of Contact Anna Fitzpatrick	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		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 311 Main ST		Square Feet 3400	# of Floors 1						
City (5) Matawan NJ		Bldg. Age 79yrs							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Lewis Consulting Group		ASCM No. _____	Name of Abatement Contractor (9) DYV Enterprises LLC						
Street Address 2519 Highway 35 Build A Suit 202		Street Address 254 Cumberland Ave							
City, State, Zip Code Manasquan, NJ 08730		City, State, Zip Code Paterson NJ 07502							
Project Manager for Monitoring Firm Clive Williams		Telephone No. 917-9920081	License No. 01129						
Start Date (10) 2-25-14	Scheduled Completion Date (11) 2-27-14	Name of OSHA Monitor Lewis Consulting Group							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____ City, State, Zip Code _____							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</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		TSI Thermal system insulation	10lf	x			
Name of Registered Waste Hauler DYV Enterprises LLC		NJDEP Waste Hauler ID No. 00341	Cubic Yards of Waste 2cy	Name of Registered Landfill Clean Earth of North Jersey					
City, State Paterson NJ		Disposal Date 2/27/14		City, State Kearny NJ					
Completed by Dorian Carpio		Title Project Manager		Signature 		Date 2-10-14			

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2-12-14		Name of Building Owner/Operator (2) Renata Santos							
Agencies Notified	Type Notification	Street Address 794 President street, 2R							
<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	City, State, Zip Code Brooklyn NY 11215							
		Name of Contact Patrick McGovern	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		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 40 Salter Place		Square Feet 1,661	# of Floors 1						
City (5) Maplewood NJ		Bldg. Age 99yrs							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) J&S Environmental Laboratories LLC		ASCM No.	Name of Abatement Contractor (9) DYV Enterprises LLC						
Street Address 2333 Route 22 West		Street Address 254 Cumberland Ave							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Paterson NJ 07502							
Project Manager for Monitoring Firm		Telephone No. 908-2060073	Telephone No. 973-9426924						
		License No. 01129							
Start Date (10) 2-26-14	Scheduled Completion Date (11) 3-3-14	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Laundry room			x	9x9 Floor tile Brown(VAT)	80 SF	x			
Basement Main room			x	9x9 Floor tile Green(VAT)	56 SF	x			
Crawl-Space Area			x	Thermal system insulation	90 LF	x			
Basement Boiler room			x	Thermal system insulation	2 LF	x			
Name of Registered Waste Hauler DYV Enterprises LLC		NJDEP Waste Hauler ID No. 00341		Cubic Yards of Waste 10cy	Name of Registered Landfill Waste Management				
City, State Paterson NJ		Disposal Date 3-4-14		City, State Tullytown, PA					
Completed by Dorian Carpio		Title Project Manager		Signature 		Date 2-12-14			