


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

CK 3018

Date of Notification (1) 2/18/13		Name of Building Owner/Operator (2) Bill Mills / 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 218 West 20th St							
		City, State, Zip Code Ship Bottom NJ 08008							
		Name of Contact Bill							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Bill Mills/ 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 218 West 20th St		Square Feet 1000+	# of Floors 1						
City (5) Ship Bottom NJ 08008		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) 3/1/13	Scheduled Completion Date (11) 3/8/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1000 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 3/8/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 2/18/13		

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


CK 1116

Date of Notification (1) 2-20-2013		Name of Building Owner/Operator (2) Elena M. Creegan		<div style="border: 2px solid black; padding: 10px; text-align: center;"> <b>RECEIVED</b>   FEB 25 2013   <b>ASBESTOS CONTROL &amp; REMEDIATION</b> </div>					
Agencies Notified		Type Notification				Street Address 126 Highland 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 Jersey City NJ. 07306			
						Name of Contact Elena M. Creegan			
<b>FACILITY INFORMATION</b>									
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 126 Highland Ave.				Square Feet 2,500					
City (5) Jersey City NJ. 07306				# of Floors 2					
County (6) Hudson.				Bldg. Age 70+					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Green Environmental Services.					
Street Address				Street Address 235 Virginia Ave.					
City, State, Zip Code				City, State, Zip Code Jersey City NJ 07304.					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-333-8855					
Start Date (10) 3-4-2013.		Scheduled Completion Date (11) 3-4-2013		License No. 01174					
Name of OSHA Monitor Green Environmental Services.									
Occupancy Status During Abatement (Check Only One)				Street Address 235 Virginia ave.					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Jersey City NJ. 07304					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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		Pipe Insulation	150LF.	x			
Name of Registered Waste Hauler Tri-State Transfer Assoc.		NJDEP Waste Hauler ID No. 2A456		Cubic Yards of Waste 2		Name of Registered Landfill Minerva Enterprise.			
City, State Bronx - New York		Disposal Date 3-5-2013		City, State Wynesburg-Ohio.					
Completed by Tiffany Nunez.		Title Office Manager.		Signature		Date 2-20-2012			



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

CL 3000

Date of Notification (1) 2/18/13		Name of Building Owner/Operator (2) Richard Maccia / Private Home							
Agencies Notified	Type Notification	Street Address 964 Jennifer Lane	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  FEB 25 2013 </div>						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Richerd							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Richard Maccia / Private Home		Type of Facility (4)							
Street Address 964 Jennifer Lane		<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) Manahawkin NJ 08050		Square Feet 1000+	# of Floors 2 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) 3/1/13	Scheduled Completion Date (11) 3/8/13	Name of OSHA Monitor Same							
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: _____		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	2500 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 3/8/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 2/18/13		



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

Date of Notification (1) <b>February 21, 2013</b>		Name of Building Owner/Operator (2) <b>DnA Demolition</b>	
Agencies Notified	Type of Notification	Street Address	<div style="border: 2px solid black; padding: 10px; transform: rotate(-5deg); display: inline-block;"> <b>RECEIVED</b>  <b>4 21282</b>  <b>FEB 25 2013</b>  <b>ASBE</b>  <b>CONTROL &amp; LICENSING</b> </div>
<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 Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>2156 Camplain Road</b>  City, State, Zip Code <b>Hillsborough, NJ 08844</b>	
		Name of Contact <b>Antonio Dimuzio</b>  Telephone Number _____	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>405 North Street</b>					
City <b>Point Pleasant Beach</b>	County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Square feet <b>1500 sf</b>	# of Floors <b>1</b>	Bldg. Age <b>60</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>
Scheduled Start Date (10) <b>02/21/13</b>		Scheduled Completion Date (11) <b>02/22/13</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<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)  YES NO N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	X	Asbestos siding	1500 sf	X			

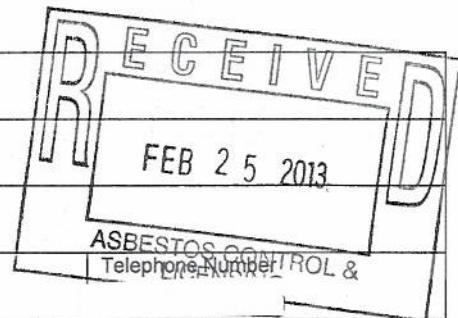
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>	Disposal Date <b>02/23/13</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>2/21/2013</b>

\*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) 2-20-2013		Name of Building Owner/Operator (2) Towana Copeland.							
Agencies Notified	Type Notification	Street Address 142 Ashland 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 Bloomfield NJ. 07003							
		Name of Contact Towana Copeland.							
<b>FACILITY INFORMATION</b>									
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 142 Ashland Ave.		Square Feet 3.999	# of Floors 2						
City (5) Bloomfield NJ. 07003		Bldg. Age 80+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services.						
Street Address		Street Address 235 Virginia Ave.							
City, State, Zip Code		City, State, Zip Code Jersey City NJ 07304.							
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 3-2-2013.	Scheduled Completion Date (11) 3-3-2013	Name of OSHA Monitor Green Environmental Services.							
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 235 Virginia ave.							
		City, State, Zip Code Jersey City NJ. 07304							
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 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
Attic		x		Wall Plaster.	560SF.	x			
Name of Registered Waste Hauler Tri-State Transfer Assoc.		NJDEP Waste Hauler ID No. 2A456	Cubic Yards of Waste 4	Name of Registered Landfill Minerva Enterprise.					
City, State Bronx - New York		Disposal Date 3-4-2013		City, State Wynesburg-Ohio.					
Completed by Tiffany Nunez.		Title Office Manager.		Signature			Date 2-20-2012		

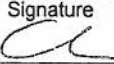




\* Emergency \*

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

CK 3031

Date of Notification (1) 2/21/13		Name of Building Owner/Operator (2) Bruce Orsini / Private Home		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  FEB 25 2013  ASBESTOS CONTROL &amp; </div>					
Agencies Notified	Type Notification	Street Address 12 Mary Jeanne							
<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 <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Bruce		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Bruce Orsini / Private Home				Type of Facility (4)					
Street Address 12 Mary Jeanne				<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.)					
City (5) Manahawkin NJ 08050				Square Feet 1000+	# of Floors 1				
County (6) Ocean				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.	Telephone No. 856-753-9800	License No. 00727					
Start Date (10) 2/22/13	Scheduled Completion Date (11) 2/25/13		Name of OSHA Monitor Same						
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: _____			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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 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 2/25/13		City, State Morrisville PA 19067				
Completed by Anthony T Perna		Title President		Signature 		Date 2/21/13			



# State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

ck# 1044

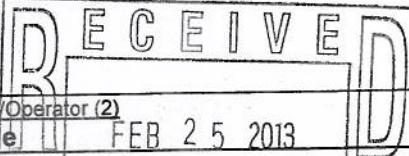
Date of Notification (1) <b>February 19, 2012</b>		Name of Building Owner/Operator (2) <b>Bloomfield College</b>	
Agencies Notified	Notification Type	Street Address <b>467 Franklin Street</b>	
<input checked="" type="checkbox"/> EPA x DCA x DOL <input checked="" type="checkbox"/> DEP x DOH	<input checked="" type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Certification # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	City, State, Zip Code <b>Bloomfield, NJ 07003</b>	
		Name of Contact <b>Jack Mc Grane</b>	Telephone Number <b>ASBESTOS LIC</b>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Bloomfield College-</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>3,000</b> # of Floors: <b>3</b> Bldg. Age: <b>50+ years</b>	
Street Address <b>37-59 Broad Street</b>		Current Use (prior if being demolished): <b>Vacant</b>	
City (5) <b>Bloomfield</b>	County (6) <b>Essex</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Envirovision, inc.</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Street Address <b>20-21 Wagaraw Road, Bldg # 34A</b>		Street Address <b>268 MAIN STREET</b>	
City, State, Zip Code <b>Fairlawn, NJ 07410</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Project Manager for Monitoring Firm <b>Fred Larson</b>	Telephone Number <b>973-636-9145</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>November 29, 2012</b>	Scheduled Completion Date (11) <b>April 1, 2013</b>	Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe <b>7am-7pm</b> Other - Describe: <b>Non Sub-Chapter 8</b> <b>Vacant-Scheduled For Demolition</b>		Street Address <b>20-21 WARGARAW ROAD, Bldg # 34A</b>	
		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$		Renovation Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure <input checked="" type="checkbox"/> Tent /Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) Abatement Type Remove Repair Encap Enclose
Basement		VAT & Mastic	150 SF <input checked="" type="checkbox"/>
1 <sup>st</sup> Floor		VAT & Mastic	800 SF <input checked="" type="checkbox"/>
		TSI	150 LF <input checked="" type="checkbox"/>
2 <sup>nd</sup> Floor		Plaster	1,900 SF <input checked="" type="checkbox"/>
		Plaster	2,800 SF <input checked="" type="checkbox"/>
3 <sup>rd</sup> Floor		VAT & Mastic	800 SF <input checked="" type="checkbox"/>
Roof		Plaster	3,700 SF <input checked="" type="checkbox"/>
		Roofing & Flashing	8,180 SF <input checked="" type="checkbox"/>
		Exterior Skim Coat Plaster	600 SF <input checked="" type="checkbox"/>
		Exterior Caulking	20 LF <input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>80</b>	Name of Registered Landfill <b>Meadowfill Landfill</b>
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> <b>NJ DEP # 12561</b>		Disposal Date <b>April 1, 2013</b>	City, State <b>Route 2, Box 68</b> <b>Bridgeport, WVA</b> <b>304-842-2784</b>
Hauler #2) <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>			
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Marin Graure</i>	Date <b>February 19, 2013</b>

GAC # 2012-360- Note: Amendment #1 Changes: Add acm roofing and skim coat plaster, new completion date



# State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



Date of Notification (1) <b>November 19, 2012</b>			Name of Building Owner/Operator (2) <b>Bloomfield College</b>		
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOH			Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		
Street Address <b>467 Franklin Street</b>			City, State, Zip Code <b>Bloomfield, NJ 07003</b>		
Name of Contact <b>Jack Mc Grane</b>			Telephone Number <b>ASBESTOS CONTROL &amp; LICENSING</b>		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>Bloomfield College-</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>3,000</b> # of Floors: <b>3</b> Bldg. Age: <b>50+ years</b>		
Street Address <b>45 Broad Street</b>			Current Use (prior if being demolished): <b>Vacant</b>		
City (5) <b>Bloomfield</b>	County (6) <b>Essex</b>	County Code (7) (State Use Only)	Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Envirovision, inc.</b>		
Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>			Street Address <b>20-21 Wagaraw Road, Bldg # 34A</b>		
City, State, Zip Code <b>Fairlawn, NJ 07410</b>			City, State, Zip Code <b>Butler, NJ 07405</b>		
Project Manager for Monitoring Firm <b>Fred Larson</b>		Telephone Number <b>973-636-9145</b>	Telephone Number <b>973-492-0477</b>		License Number <b>00840</b>
Scheduled Start Date (10) <b>November 29, 2012</b>		Scheduled Completion Date (11) <b>March 1, 2013</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe <b>7am-7pm</b> Other - Describe: <b>Non Sub-Chapter 8</b> <b>Vacant-Scheduled for Demolition</b>			Street Address <b>20-21 WARGARAW ROAD, Bldg # 34A</b>		
City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>					
Source of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		Renovation Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure <input checked="" type="checkbox"/> Tent /Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose	
Basement 1 <sup>st</sup> Floor		TSI Transite Panels VAT & Linoleum & Mastic VAT & Mastic	2,000 LF 150 SF 500 SF 5,600 SF	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 40	Name of Registered Landfill Meadowfill Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561			Disposal Date March 1, 2013	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784	
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551					
Completed by (Print or Type) Marin Graure		Title SENIOR PROJECT MANAGER	Signature Marin Graure		Date November 19, 2012

GAC # 2012-360



# State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

RECEIVED  
FEB 25 2013  
ASBESTOS CONTROL & LICENSING

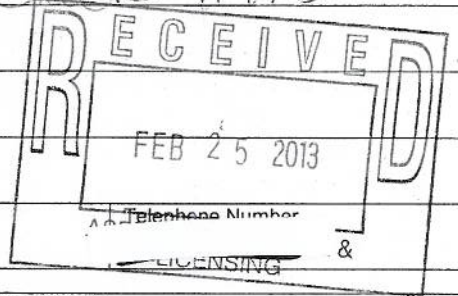
Date of Notification (1) <b>February 19, 2012</b>		Name of Building Owner/Operator (2) <b>Bloomfield College</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Certification # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Name of Facility Where Abatement is Taking Place (3) <b>Bloomfield College</b>		Street Address <b>467 Franklin Street</b>	
Street Address <b>460-470 Franklin Street</b>		City, State, Zip Code <b>Bloomfield, NJ 07003</b>	
City (5) <b>Bloomfield</b>		County (6) <b>Essex</b>	
County Code (7) (State Use Only)		Name of Contact <b>Jack Mc Grane</b>	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Envirovision, inc.</b>		Telephone Number	
Street Address <b>20-21 Wagaraw Road, Bldg # 34A</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>3,000</b> # of Floors: <b>3</b> Bldg. Age: <b>50+ years</b>	
City, State, Zip Code <b>Fairlawn, NJ 07410</b>		Current Use (prior if being demolished): <b>Vacant</b>	
Project Manager for Monitoring Firm <b>Fred Larson</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Telephone Number <b>973-636-9145</b>		Street Address <b>268 MAIN STREET</b>	
Scheduled Start Date (10) <b>November 29, 2012</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Scheduled Completion Date (11) <b>April 1, 2013</b>		Telephone Number <b>973-492-0477</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe <b>7am-7pm</b> Other - Describe: <b>Non Sub-Chapter 8</b> <b>Vacant-Scheduled For Demolition</b>		License Number <b>00840</b>	
Source of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Renovation Demolition		Street Address <b>20-21 WARGARAW ROAD, Bldg # 34A</b>	
Location of Asbestos-Containing Material (ACM) in Facility (13)		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA		Amount (Specify SF or LF)	
Basement		150 SF	
1st Floor		800 SF	
2nd Floor		150 LF	
3rd Floor		1,900 SF	
Roof		2,800 SF	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)		3,700 SF	
VAT & Mastic		800 SF	
VAT & Mastic		5,900 SF	
TSI		360 SF	
Plaster			
Plaster			
VAT & Mastic			
Plaster			
Roofing & Flashing			
Exterior Skim Coat Plaster			
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		Cubic Yards of Waste: <b>80</b>	
NJDEP Waste Hauler ID # See Below		Name of Registered Landfill <b>Meadowfill Landfill</b>	
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> <b>NJ DEP # 12561</b>		Disposal Date <b>April 1, 2013</b>	
Hauler #2) <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>		City, State <b>Route 2, Box 68</b> <b>Bridgeport, WVA</b> <b>304-842-2784</b>	
Completed by (Print or Type) <b>Marin Graure</b>		Signature <b>Marin Graure</b>	
Title <b>SENIOR PROJECT MANAGER</b>		Date <b>February 19, 2013</b>	

GAC # 2012-360- Note: Amendment #1 Changes: Add acm roofing and skim coat plaster, new completion date



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

*Check 11945*



Date of Notification (1) 2/20/13		Name of Building Owner/Operator (2) Mr. & Mrs. Cooper							
Agencies Notified	Type Notification	Street Address 200 Grove Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Verona NJ 07044							
		Name of Contact Anne Cooper							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)							
Street Address 200 Grove Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Verona		Square Feet 2500	# of Floors 2						
		Bldg. Age 50							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-583-8500						
		License No. 703							
Start Date (10) 3/5/13	Scheduled Completion Date (11) 3/11/13	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<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: _____		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 type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	50 LF	x			
Name of Registered Waste Hauler Tri-State Transfer		NJDEP Waste Hauler ID No. 02325	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Enterprises					
City, State Bronx NY		Disposal Date TBD		City, State Waynesburg OH					
Completed by Andrew Scott Higgins		Title President	Signature 			Date 2/20/13			



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

Check# 1579

Date of Notification (1) 02 / 20 / 13		Name of Building Owner/Operator (2) Charlene Medina		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">R E C E I V E D</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">FEB 25 2013</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">ASBESTOS CONTROL &amp; REMEDIATION</div>
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Street Address 1314 79th Street		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code North Bergen, NJ 07047		
		Name of Contact Charlene Medina		

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private house			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 1314 79th Street			Square Feet		
City (5) North Bergen, NJ 07047			# of Floors		Bldg. Age
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address				Street Address 576 Valley Rd #283	
City, State, Zip Code				City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-638-1777	
Start Date (10) 03 / 02 / 13		Scheduled Completion Date (11) 03 / 03 / 13		License No. 01127	
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			Name of OSHA Monitor Envirovision Consultants, Inc		
			Street Address 20-21 Wagaraw Road, Bldg. # 34A		
			City, State, Zip Code Fair Lawn, NJ 07410		

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation
<input type="checkbox"/> > 160 sf or >260 lf	<input type="checkbox"/> Demolition

☐ Clean up and decontamination  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glovebag Procedure  
☐ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N. Jevtic		Title Owner		Signature <i>N. Jevtic</i>	
Date 02/20/2013					

ASB-41

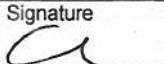
MAY 11

\* 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)

CK 3017

Date of Notification (1) 2/16/13		Name of Building Owner/Operator (2) Evan Ofstedel / Private Home		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  FEB 25 2013 </div>					
Agencies Notified	Type Notification	Street Address 991 Brown Rd							
<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 Bridgewater NJ 08807  Name of Contact Evan							
<div style="border: 1px solid black; padding: 2px;"> Telephone Number _____ &amp; _____ </div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Evan Ofstedel / 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 991 Brown Rd				Square Feet 1000+					
City (5) Bridgewater NJ 08807				# of Floors 1					
County (6) Hunterdon				Bldg. Age 35+					
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 License No. 00727					
Start Date (10) 2/18/13		Scheduled Completion Date (11) 2/20/13		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One)				Street Address					
<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>home owner will be home</u>				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) <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	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 2/20/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 2/16/13		



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

via U.S. Mail

Ch# 1047

RECEIVED  
FEB 26 PM 2:26  
NJ DEPT OF ENVIRONMENTAL PROTECTION

Date of Notification (1) <b>2/20/13</b>		Name of Building Owner/Operator (2) <b>CARTOS FINANCIAL CORP.</b>						
Agency Notified <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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>3 WHIPPANY AVE</b> City, State, Zip Code <b>WARREN N.J.</b>						
		Name of Contact <b>Ms MARIA LEWIS</b>	Telephone Number <div style="background-color: black; width: 100px; height: 1.2em;"></div>					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>3 WHIPPANY AVE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>WARREN N.J.</b>		Square Feet <b>3,000</b>	# of Floors <b>2</b>					
City (5)		Bldg. Age <b>65</b>						
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENT</b>						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>NOVATECH INC</b>					
Street Address		Street Address <b>P.O. Box 814</b>						
City, State, Zip Code		City, State, Zip Code <b>OLD BRIDGE N.J. 08857</b>						
Project Manager for Monitoring Firm		Telephone No. <b>732 238x7560</b>	License No. <b>00806</b>					
Start Date (10) <b>3/1/13</b>	Scheduled Completion Date (11) <b>4/1/13</b>	Name of OSHA Monitor <b>NOVATECH INC</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>P.O. Box 814</b>						
		City, State, Zip Code <b>OLD BRIDGE N.J. 08857</b>						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input 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
<b>Boiler Room</b>			<input checked="" type="checkbox"/>	<b>FLOOR TILE</b>	<b>&lt; 35 SF</b>	<input checked="" type="checkbox"/>		
<b>HALL</b>			<input checked="" type="checkbox"/>	<b>FLOOR TILE</b>	<b>&lt; 35 SF</b>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>NOVATECH INC</b>		NJDEP Waste Hauler ID No. <b>18501</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>G.R.O.W.S. PA.</b>				
City, State <b>OLD BRIDGE N.J. 08857</b>		Disposal Date <b>4/4/13</b>	City, State <b>PA.</b>	Signature <b>Carlos Almeida</b>				
Completed by <b>Carlos Almeida</b>		Title <b>PRESIDENT</b>	Date <b>2/20/13</b>					



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

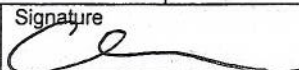
Date of Notification (1) 02/19/13 Ck# 2494 \$200		Name of Building Owner/Operator (2) City of Perth Amboy							
Agencies Notified	Type Notification	Street Address 260 High Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Perth Amboy, NJ 08861							
		Name of Contact Gary A. Muska	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Perth Amboy Public Library		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 196 Jefferson Street		Square Feet 10,000	# of Floors 2						
City (5) Perth Amboy, NJ 08861		Bldg. Age 55+							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Library							
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 65 Jackson Drive		Street Address 606 McBride Avenue							
City, State, Zip Code Cranford, New Jersey 07016		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 908-497-8900	License No. 01104						
Start Date (10) 03/08/13	Scheduled Completion Date (11) 03/11/13	Name of OSHA Monitor J&S Environmental Labs							
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 2333 Route 22 West							
		City, State, Zip Code Woodland Park, New Jersey 07424							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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 Boiler Room	X			Air cell Pipe Insulation	100 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424			Disposal Date 03/12/13	City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>			Date 02/19/13			



\* Emergency \*

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

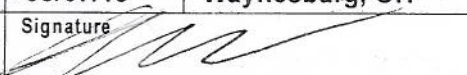
CK 3025

Date of Notification (1) 2/19/13		Name of Building Owner/Operator (2) All Risk							
Agencies Notified	Type Notification	Street Address 501 Kennedy Blvd							
<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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Somerdale NJ 08083							
		Name of Contact Tom	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Borough of Pleasant Police Beach Station		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 Arnold & Boardwalk		Square Feet 800	# of Floors 2						
City (5) Point Pleasant Beach NJ 08742		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. 856-753-9800	License No. 00727						
Start Date (10) 2/20/13	Scheduled Completion Date (11) 2/21/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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 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
boardwalk level			x	Floor Tile only	200 Sf	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 2/21/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 2/19/13		



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

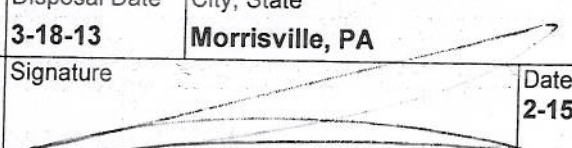
Check No. **21085**

Date of Notification (1) <b>February 20, 2013</b>		Name of Building Owner/Operator (2) <b>Peter Lin</b>							
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <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 <b>65 Stonebridge Road</b> City, State, Zip Code <b>Montclair, NJ 07042</b> Name of Contact <b>Peter Lin</b> Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>N/A</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>35 College Avenue</b>		Square Feet <b>1,800</b>	# of Floors <b>2</b> Bldg. Age <b>50+/-</b>						
City (5) <b>Montclair, NJ 07042</b>		County Code (7) (STATE USE ONLY) <b>Essex</b>							
County (6) <b>Essex</b>		Current Use (Prior if being demolished) <b>Residential</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>McCabe Environmental Services, L.L.C.</b>		ASCM No. <b>00118</b>	Name of Abatement Contractor (9) <b>B&amp;N&amp;K Restoration Co., Inc., 22-2674200</b>						
Street Address <b>464 Valley Brook Avenue</b>		Street Address <b>223 Randolph Avenue</b>							
City, State, Zip Code <b>Lyndhurst, NJ 07071-1998</b>		City, State, Zip Code <b>Clifton, N.J 07011</b>							
Project Manager for Monitoring Firm <b>Ellen McCabe</b>		Telephone No. <b>201-438-4839</b>	Telephone No. <b>973-478-4681</b> License No. <b>00120</b>						
Start Date (10) <b>March 04, 2013</b>	Scheduled Completion Date (11) <b>March 31, 2013</b>		Name of OSHA Monitor <b>McCabe Environmental Services, L.L.C.</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>464 Valley Brook Avenue</b> City, State, Zip Code <b>Lyndhurst, NJ 07071-1998</b>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
<b>Basement</b>	<input checked="" type="checkbox"/>			<b>Thermal Systems Insulation (7 Elbows)</b>	<b>7 LF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>B&amp;N&amp;K Restoration Co., Inc., 22-2674200</b>		NJDEP Waste Hauler ID No. <b>12695</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Minerva Enterprises, Inc.</b>					
City, State <b>Clifton, N.J 07011</b>		Disposal Date <b>03/07/13</b>		City, State <b>Waynesburg, OH</b>					
Completed by <b>G. Roger Woodman</b>		Title <b>Project Manager</b>		Signature 			Date <b>2/20/2013</b>		



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

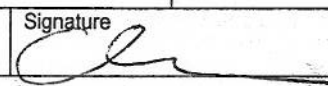
CHECK # 1026

Date of Notification (1) <b>2-15-13</b>		Name of Building Owner / Operator (2) <b>Comcast Cable / c/o Sabre Industries (Chad Sumner 317-501-0925)</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation							
Street Address <b>451 Ridge Road</b>		City, State & Zip Code <b>Lyndhurst, NJ 07071</b>							
Name of Contact <b>Bill Rosenberger, Ops Mgr., ENRC</b>		Telephone Number <b>1</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Comcast Cable (same)</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>451 Ridge Road</b>		Square Feet <b>5000</b>	# of Floors <b>2</b>						
City (5) <b>Lyndhurst</b>	County (6) <b>Bergen</b>	Bldg. Age <b>Unknown</b>							
County Code (7)		Current Use (Prior if being demolished) <b>None</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>NA</b>		ASCM No.							
Street Address		Name of Abatement Contractor (9) <b>Mid Atlantic Abatement, LLC</b>							
City, State & Zip Code		Street Address <b>PO Box 1314</b>							
Project Manager for Monitoring Firm		City, State & Zip Code <b>Cherry Hill, NJ 08003</b>							
Telephone Number		Telephone Number <b>609-567-0950</b>	License Number <b>01187</b>						
Scheduled Start Date (10) <b>2-19-13</b>	Scheduled Completion Date (11) <b>3-11-13</b>		Name of OSHA Monitor <b>EMSL Analytical</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>107 Haddon Ave.</b>							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		City, State & Zip Code <b>Westmont, NJ 08108</b>							
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
<b>1<sup>st</sup> Floor/basement stair foyer</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Linoleum &amp; mastic</b>	<b>20 sf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1<sup>st</sup> Floor porch</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Linoleum &amp; mastic</b>	<b>50 sf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2<sup>nd</sup> floor corridor under carpet</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor tile 9"x9"</b>	<b>130 sf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Roof/parapet wall</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Tar</b>	<b>285 sf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Roof/chimney area</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Tar</b>	<b>10 sf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste <b>30 cu.yds.</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>3-18-13</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Theodore S. Budzynski</b>		Title <b>Gen. Mgr.</b>	Signature 				Date <b>2-15-13</b>		



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

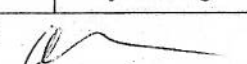
CK 13028

Date of Notification (1) 2/20/13		Name of Building Owner/Operator (2) Albert & Carol Stauss / Private Home							
Agencies Notified	Type Notification	Street Address 20 East Pimlico Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Little Egg Harbor, NJ 08087							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Albert							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Albert & Carol Stauss		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 20 East Pimlico Road		Square Feet 1000	# of Floors 1						
City (5) Little Egg Harbor, NJ 08087		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
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) 2/5/13	Scheduled Completion Date (11) 2/11/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 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 2/11/13	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 2/20/13			



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


check 11947

Date of Notification (1) 2/19/13		Name of Building Owner/Operator (2) US Masters Residential Property USA Fund							
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 1000 Plaz Two, Floor 10, Harborside Financial Center							
		City, State, Zip Code Jersey City, NJ 07311							
		Name of Contact Daniel Bailey	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) house		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 385 First Street		Square Feet 2500	# of Floors 1						
City (5) Jersey City		Bldg. Age 50							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood NJ 07418							
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. 973-583-8500						
			License No. 703						
Start Date (10) 2/28/13	Scheduled Completion Date (11) 3/15/13	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 type="checkbox"/> ≥3 sf or ≥3 lf <input 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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			x	asbestos siding	1000 SF	x			
Name of Registered Waste Hauler Tri-State Transfer		NJDEP Waste Hauler ID No. 02325	Cubic Yards of Waste	Name of Registered Landfill Minerva Enterprises					
City, State Bronx NY		Disposal Date TBD	City, State Waynesburg OH						
Completed by Andrew Scott Higgins		Title President	Signature 				Date 2/19/13		



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

*Check 11841*

Date of Notification (1) 2/19/13		Name of Building Owner/Operator (2) Consolidated Bearings Company, Ltd							
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Wing Drive							
		City, State, Zip Code Cedar Knolls, NJ 07927							
		Name of Contact Robert Perkins	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)  Street Address 10 Wing Drive		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.)							
City (5) Cedar Knolls		Square Feet 2800	# of Floors 1						
County (6) Morris		County Code (7) (STATE USE ONLY)	Bldg. Age 50						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-583-8500						
Start Date (10) 3/2/13		Scheduled Completion Date (11) 3/9/13	License No. 703						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor							
		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <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
warehouse			x	pipe fittings	20		X		
warehouse			x	roof drain insulation	20 LF		X		
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
City, State		Disposal Date		City, State					
Completed by Andrew Scott Higgins		Title President		Signature 			Date 2/19/13		



APPROVED  
NJ Dept. of Health & Senior Services  
(Signature)  
Date: 2/19/13 Time: 10:30

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

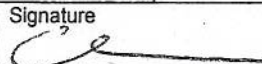
RECEIVED  
Check # 8092  
2013 FEB 25 PM 2:08

Date of Notification (1) <u>2/18/13</u>		Name of Building Owner/Operator (2) <u>Stacey Lawrence</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Abatement <input checked="" type="checkbox"/> Emergency (including pollution) <input type="checkbox"/> Cancellation	
Street Address <u>81 SHERIDAN AVE</u>		City, State, Zip Code <u>HO-HO-KUS, NJ 07423</u>	
Name of Contact <u>Stacey Lawrence</u>		Telephone Number <u></u>	
Name of Facility Where Abatement is Taking Place (3) <u>LAWRENCE</u>			
Street Address <u>81 SHERIDAN AVE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (e.g., public & commercial buildings, homes, etc.)	
City (5) <u>HO-HO-KUS</u>		Square Feet <u>1,725</u>	
County (6) <u>BERGEN</u>		# of Floors <u>3</u>	
County Code (7) <u>STATE USE ONLY</u>		Bldg. Age <u>+50</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>ASCM Inc.</u>		Current Use (Prior to being demolished) <u>RESIDENCE</u>	
Street Address <u></u>		Name of Abatement Contractor (9) <u>A. Marc Contracting Inc.</u>	
City, State, Zip Code <u></u>		Street Address <u>105 Lowell Road</u>	
Project Manager for Monitoring Firm <u></u>		City, State, Zip Code <u>Glen Rock, N.J. 07452</u>	
Start Date (10) <u>2/18/13</u>		Telephone No. <u>201-262-5841</u>	
Scheduled Completion Date (11) <u>3/18/13</u>		License No. <u>00156</u>	
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: <u></u>		Name of OSHA Monitor <u>Omega Environmental Services Inc.</u>	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 of or less <input type="checkbox"/> 26 of or more <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exhausted (*) and Non-Flexible Procedure		Street Address <u>280 Lloyer Street</u>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12) <u>Basement</u>		City, State, Zip Code <u>Hackensack, NJ 07603</u>	
Is Location Normally Used Solely by Maintenance/Custodial Staff (13) Yes No N/A		Description of Asbestos Containing Material (ACM) (e.g., thermal system insulation, surfacing, VAW, or other asbestos-containing material)	
		Amount (Specify Sq. or LF) <u>180 LF</u>	
		Abatement Type Removal Repair Encapsulation Enclosure	
Name of Registered Waste Hauler <u>Rovic Transport</u>		Name of Registered Landfill <u>ESI PA Bethlehem Landfill Corp.</u>	
City, State <u>Riverdale, New Jersey 07457</u>		City, State <u>Bethlehem, PA 18015</u>	
Completed by <u>JOSEPH VECATURO</u>		Date <u>2/18/13</u>	
Title <u>C.O.O.</u>		Signature <u>J. Vecaturo</u>	



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

*CR 3026*

Date of Notification (1) 2/20/13		Name of Building Owner/Operator (2) Lisa Zorovich / Private Home							
Agencies Notified	Type Notification	Street Address 102 North Burgee Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Egg harbor NJ 08087							
		Name of Contact Lisa							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Lisa Zorovich / 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 102 North Burgee Drive		Square Feet 1000	# of Floors 1						
City (5) Little Egg harbor NJ 08087		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
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) 3/4/13	Scheduled Completion Date (11) 3/8/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior siding			x	Exterior Siding	1200 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 3/8/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 2/20/13		



State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 Pursuant to NJAC 26:27 and 26:28

Check # 8098

2013 FEB 25

APPROVED  
 NJ Dept. of Health & Senior Services  
 Date: 2/19/13 Time: 7:30

2/19/13

**Agencies Notified**

☐ EPA  
☐ DEP  
☐ DCL  
☐ DCH  
☐ DCA

**Type Modification**

☐ Initial  
☐ Amended  
☒ Emergency (including justification)  
☐ Cancellation

**Name of Building Owner/Operator (2)**  
 Rena Goldsmith

**Street Address**  
 5-42 River Rd.

**City, State, Zip Code**  
 Fair Lawn, N.J. 07410

**Name of Contact**  
 MS Goldsmith

**Telephone Number**

**Name of Facility Where Abatement is Taking Place (3)**  
 GOLDSMITH

**Street Address**  
 5-42 River Rd.

**City (5)**  
 Fair Lawn

**County (6)**  
 Bergen

**County Code (7)**  
 (STATE USE ONLY)

**Type of Facility (4)**

☐ School (K-12)  
☐ Subchapter S (Other than K-12)  
☒ Other (i.e. private & commercial buildings, houses, etc.)

**Square Feet**  
 1,650

**# of Floors**  
 3

**Est. Age**  
 50+

**Current Use (Prior if being demolished)**  
 Residence

**Name of Monitoring Firm Hired by Building Owner (8)**  
 A. Mac Contracting Inc.

**Street Address**  
 105 Lowell Road

**City, State, Zip Code**  
 Glen Rock, N.J. 07452

**Project Manager for Monitoring Firm**

**Telephone No.**

**Start Date (10)**  
 2/20/13

**Scheduled Completion Date (11)**  
 3/20/13

**Company/State Filing Abatement (Check Only One)**

☒ Facility Closed/Worked During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Other - Describe:

**Name of OSHA Monitor**  
 Omega Environmental Services Inc.

**Street Address**  
 280 Hyatt Street

**City, State, Zip Code**  
 Hackensack, NJ 07608

**Scope of Work (Check All that Apply)**

☒ 25' or greater  
☐ 2' to 25' or 2' to 25' ft

☒ Remediation  
☐ Demolition

☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Cleaning Procedure  
☐ Non-Encapsulated (?) and Non-Facile Procedures

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Construction Staff? (12)			Description of Asbestos-Containing Material (ACM) (e.g. Insulation, Siding, Gypsum, V.A.T., or other applications)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	NEA			Removal	Repair	Encapsulate	Enclose
Basement			✓	PIPE INSULATION	5	✓			

**Name of Registered Waste Handler**  
 Rovic Transport

**NIEP Photo Header #1 No.**  
 20785

**Cubic Yards of Waste**  
 1

**Name of Registered Landfill**  
 ESI PA Bethlehem Landfill Corp.

**City, State**  
 Riverdale, New Jersey 07457

**Disposal Date**  
 2/20/13

**City, State**  
 Bethlehem, PA 18015

**Completed by**  
 Joseph Voralino

**Title**  
 G.P.O.

**Signature**  
 J. Voralino

**Date**  
 2/19/13

\* Do not use this form for asbestos removal or encapsulation activities.



State of New Jersey  
 DIVISION OF ASBESTOS ABATEMENT  
 PERMIT TO RIAC 828 and 12-229

2013 FEB 25

Check # 8098



Date of Notification (1)		Name of Building Owner/Operator (2)	
2/19/13		THERMO FISHER SCIENTIFIC	
Agencies Notified		Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> EOH <input checked="" type="checkbox"/> DCA		1 REAGONT LANE	
Type Notification		City, State, Zip Code	
<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Consultation		FAIRLAWN, N.J. 07410	
Name of Facility Where Abatement is Taking Place (3)		Name of Contact	
THERMO FISHER SCIENTIFIC		Robert Beck	
Facility Address		Telephone Number	
1 REAGONT LANE			
City (5)		Type of Facility (4)	
Fairlawn		<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.)	
County (6)		Square Feet	
Bergen		60,000	
County Code (7)		# of Floors	
STATE USE ONLY		2	
Name of Manufacturing Firm owned by Building Owner (8)		City, Age	
		50+	
Street Address		Current Use (Prior to being demolished)	
105 Lowell Road		COMMERCIAL	
City, State, Zip Code		Name of Abatement Contractor (9)	
Glen Rock, N.J. 07452		A. Mac Contracting Inc.	
Project Manager for Monitoring Firm		Street Address	
		280 Huyler Street	
Start Date (10)		City, State, Zip Code	
2/20/13		Hackensack, NJ 07605	
Scheduled Completion Date (11)		Telephone No.	
3/20/13		201-262-5841	
Occupancy Status During Abatement (Check Only One)		License No.	
<input checked="" type="checkbox"/> Facility Closed/Abandoned During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		00156	
Scope of Work (Check All That Apply)		Name of OSHA Monitor	
<input checked="" type="checkbox"/> 25 or 23 ff <input type="checkbox"/> 400 or 220 ff		Omega Environmental Services Inc.	
<input type="checkbox"/> Remediation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Flexible Procedure		Street Address	
		280 Huyler Street	
Location of Asbestos Containing Material (ACM)		City, State, Zip Code	
BOLD ROOM		Hackensack, NJ 07605	
Is Location Material Used Only by Maintenance/Construction Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. asbestos pipe insulation, surfacing, VAV, or other non-friable)	
YES NO N/A		PIPE INSULATION	
		12 LF	
		4 LF	
Amount (Specify SF or LF)		Abatement Type	
		Removal	
		Repair	
		Encapsulate	
		Remove	
Name of Registered Waste Hauler		Name of Registered Lessor	
Rovic Transport		ESI PA Bethlehem Landfill Corp.	
City, State		City, State	
Riverside, New Jersey 07457		Bethlehem, PA 18015	
Completed by		Signature	
Joseph Vaccaro		J. Vaccaro	
Date		Date	
2-19-13		2/19/13	



Project #

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

Check # 1850

Date of Notification (1) 02/12/2012		Name of Building Owner/Operator (2) Jersey City BOE							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 346 Claremont Ave		City, State, Zip Code Jersey City, NJ 07305							
Name of Contact Kevin O'Shea		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Infinity Institute		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 193 Old Bergen Rd		Square Feet							
City (5) Jersey City, NJ 07305		# of Floors							
County (6) Hudson		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) AHERA		ASCM No.							
Street Address P.O BOX 385		Name of Abatement Contractor (9) Nick Restoration LLC							
City, State, Zip Code Oceanville, NJ 08231		Street Address 72 Brookside Rd							
Project Manager for Monitoring Firm John Smoyer		City, State, Zip Code Randolph NJ 07869							
Telephone No. (609)652-1833		Telephone No. 973-933-2550							
Start Date (10) 03/01/2013		License No. 01133							
Scheduled Completion Date (11) 03/05/2013		Name of OSHA Monitor J&S Environmental							
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 2333 RT 22							
		City, State, Zip Code Union, NJ 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 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 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 Hallway		X		TSI	80 LF	X			
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 33782		Cubic Yards of Waste TBD		Name of Registered Landfill G.R.O.W.S			
City, State Randolph, NJ 07869		Disposal Date TBD		City, State Tullytown, PA					
Completed by Elvira Mrda		Title President		Signature <i>Elvira Mrda</i>		Date 02/12/2013			



No check

ON HOLD

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

Date of Notification (1) <b>1-31-13</b>		Name of Building Owner/Operator (2) <b>CHRISTIAN BROTHERS ACADEMY OF LINCOLN</b>	
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>850 NEWMAN SPRINGS RD.</b> City, State, Zip Code <b>LINCOLN, NJ 07738</b>	
		Name of Contact <b>PERRY NOE</b>	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>CHRISTIAN BROTHERS ACADEMY OF LINCOLN</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>850 NEWMAN SPRINGS RD.</b>		Square Feet <b>25000</b>	# of Floors <b>2</b>
City (5) <b>LINCOLN</b>		Bldg. Age <b>40</b>	
County (6) <b>MONMOUTH</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>FACULTY + STAFF RESIDENCE</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>BSG GROUP</b>		ASCM No.	Name of Abatement Contractor (9) <b>UNIPRO, INC.</b>
Street Address <b>65 JACKSON DR.</b>		Street Address <b>173 KARKUS AVE.</b>	
City, State, Zip Code <b>CRANFORD NJ 07016</b>		City, State, Zip Code <b>WOODBIDGE, NJ 07095</b>	
Project Manager for Monitoring Firm <b>KEVIN BURNS</b>		Telephone No. <b>732-380-1700</b>	License No. <b>00615</b>
Start Date (10) <b>2-18-13</b>	Scheduled Completion Date (11) <b>3-15-13</b>		Name of OSHA Monitor <b>BSG GROUP</b>
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>65 JACKSON DR.</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>CRANFORD, NJ 07016</b>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <b>* SEE ATTACHED FOR PCB/MERCURY/FLUORESCENT LAMP</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <b>X</b>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>VAT + MASTIC</b>	Amount (Specify SF or LF) <b>575 +/- sf.</b>
<b>CLOSETS</b>			
<b>6 FIRE DOORS</b>		<b>FIRE DOORS</b>	<b>150 +/- sf.</b>
<b>WINDOW EXTERIOR (63)</b>		<b>CHANGING</b>	<b>945 +/- LF</b>
Name of Registered Waste Hauler <b>NEWARK CARTING, INC.</b>	NJDEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>30+</b>	Name of Registered Landfill <b>GROWS, INC.</b>
City, State <b>NEWARK, N.J.</b>	Disposal Date <b>3-15-13</b>	City, State <b>MORRISVILLE, PA.</b>	
Completed by <b>DAVID T. TOLCHIN</b>	Title <b>PRES.</b>	Signature <b>David T. Tolch</b>	Date <b>2-15-13</b>



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

Date of Notification (1) <b>1-31-13</b>		Name of Building Owner/Operator (2) <b>CHRISTIAN BROTHERS ACADEMY OF LINCOLN</b>	
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>850 NEWMAN SPRINGS RD.</b> City, State, Zip Code <b>LINCOLN, NJ 07738</b>	
		Name of Contact <b>PERRY HOE</b>	Telephone Number <b>201-225-1122</b>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>CHRISTIAN BROTHERS ACADEMY OF LINCOLN</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>850 NEWMAN SPRINGS RD.</b>		Square Feet <b>25000</b>	# of Floors <b>1</b>
City (5) <b>LINCOLN</b>		Bldg. Age <b>40</b>	
County (6) <b>MONMOUTH</b>		Current Use (Prior if being demolished) <b>VACANT BUILDING (BROTHERS' RESIDENCE)</b>	
County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm hired by Building Owner (8) <b>BSG GROUP</b>		Name of Abatement Contractor (9) <b>UNIPRO, INC.</b>	
Street Address <b>65 JACKSON DR.</b>		Street Address <b>173 KARKUS AVE.</b>	
City, State, Zip Code <b>CRAWFORD NJ 07016</b>		City, State, Zip Code <b>WOODBIDGE, NJ 07095</b>	
Project Manager for Monitoring Firm <b>KEVIN BURNS</b>		Telephone No. <b>732-380-1700</b>	License No. <b>00615</b>
Start Date (10) <b>2-18-13</b>	Scheduled Completion Date (11) <b>3-1-13</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor <b>BSR GROUP</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 250$ lf  <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition  <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address <b>65 JACKSON DR.</b> City, State, Zip Code <b>CRAWFORD, NJ 07016</b>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <b>* SEE ATTACHED FOR PCB/MERCURY / Fluorescent tubes</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <b>X</b>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>VAT + MASTIC</b>
<b>HALWAY @ KITCHEN + VARIOUS CLOSETS</b>			Amount (Specify SF or LF) <b>575 +/- sf.</b>
<b>6 FIRE DOORS</b>			<b>150 +/- sf.</b>
<b>WINDOW EXTERIOR (63)</b>			<b>945 +/- LF</b>
Name of Registered Waste Hauler <b>NEWARK CARTING, INC.</b>		NJDEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>30+</b>
City, State <b>NEWARK, NJ.</b>		Name of Registered Landfill <b>GROW.S. INC.</b>	
Completed by <b>DAVID T. TOLCHIN</b>		City, State <b>MORRISVILLE, PA.</b>	
Title <b>PRES.</b>		Signature <b>David T. Tolch</b>	
		Date <b>1-31-13</b>	

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



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

Date of Notification (1) <b>2-16-13</b>		Name of Building Owner/Operator (2) <b>Barbara Ismail</b>	
Agencies Notified	Type Notification	Street Address <b>31 Haddonfield Rd.</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Short Hills, NJ, 07078</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Barbara Ismail</b>	Telephone Number
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY		
<input type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Same as above</b>		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City (5)	County (6) Essex	Square Feet <b>2100</b>	# of Floors <b>2</b>
	County Code (7) (STATE USE ONLY)	Bldg. Age <b>86</b>	
		Current Use (Prior if being demolished)	

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address		Street Address <b>86 Christopher St.</b>		
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm	Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>		License Number <b>00371</b>
Scheduled Start Date (10) <b>2-26-2013</b>	Sched. Completion Date (11) <b>2-27-2013</b>	Name of OSHA Monitor <b>N/A</b>		
Month Day Year	Month Day Year			
Occupancy Status During Abatement (Check only one)		Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»				
<input type="checkbox"/> Other - Describe: «Other Occupancy Descript»				

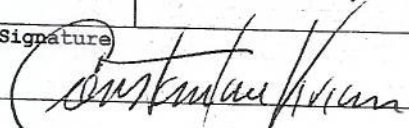
## Scope of Work (Check all that apply)

☒ >3 sf or >3 lf  
☐ >160 sf or >260 lf

☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe insulation	7	X			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste .25	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>2-28-13</b>	City, State <b>Morrisville, PA 19067</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 	Date <b>2-16-13</b>		



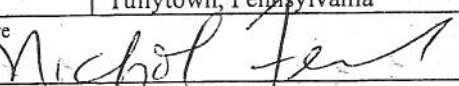
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) February 18, 2013		Name of Building Owner/Operator (2) John Karcher	
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 36 Ronnie Drive	
		City, State, Zip Code Manahawkin, NJ 08050	
		Name of Contact John Karcher	Telephone Number _____

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 36 Ronnie Drive					
City Manahawkin	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1000 sf	# of Floors 1	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 2/18/13		Scheduled Completion Date (11) 2/18/13	Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> 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) YES   NO   N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Exterior		X		Asbestos siding	920 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 2/19/13	City, State Tullytown, Pennsylvania		
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 2/18/2013	

\*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) <div style="text-align: center;">2/15/2013</div>		Name of Building Owner/Operator (2) Garden State Modular Homes, LLC <i>Alt # 21265</i>	
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 96	
		City, State, Zip Code Lavallette, NJ 08735	
		Name of Contact Mark Fertakos	Telephone Number _____

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 221 11 <sup>th</sup> Avenue					
City Seaside Park	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 2000 sf	# of Floors 1	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 2/15/13		Scheduled Completion Date (11) 2/15/13	Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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		

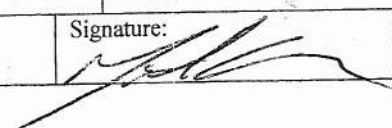
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES   NO   N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Exterior		X		Asbestos siding	1800 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey		Disposal Date 2/18/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>		Date 2/15/2013

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

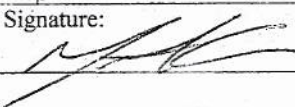


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:20)

Date of Notification (1): 2/19/13		Name of Building Owner/Operator (2): SALMAR REALTY, INC		<div style="border: 1px solid black; padding: 5px; transform: rotate(-10deg); display: inline-block;"> RECEIVED 2013 FEB 25 PM 2:08 </div>					
Agencies Notified	Type Notification	Street Address: 163 WARBURTON AVE.		Telephone Number					
( ) EPA (X) DEP (X) DOL (X) DOH ( ) DCA	(X) Initial Notification ( ) Amendment Notification ( ) Emergency ( ) Cancellation	City, State, Zip Code: HAWTHORNE, NJ 07506							
		Name of Contact: JOHN							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3): APARTMENTS				Type of Facility (4): ( ) School (K-12) ( ) Subchapter 8 (Other than K-12) (X) Other (i.e., private & commercial buildings, homes, etc.)					
Street Address: 47 MARTIN STREET									
City & State (5): PATERSON, NJ				Square Feet: NA	# of Floors: 4    Bldg. Age: NA				
County (6): PASSAIC		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished): RESIDENTIAL/APARTMENTS					
Name of Monitoring Firm Hired by Building Owner: (8) J & S ENVIRONMENTAL			ASCM No.: NA	Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.					
Street Address: 2333 U.S. 22 W. #1				Street Address: 339 North 6 <sup>th</sup> Street					
City, State, Zip Code: UNION, NJ 07083				City, State, Zip Code: Prospect Park, NJ 07508					
Project Manager for Monitoring Firm: SHERRILL			Telephone No.: 908-206-0073	Telephone No.: (973) 595-6955	License No.: 00641				
Start Date (10): 2/28/13		Scheduled Completion Date (11): 3/4/13		Name of OSHA Monitor: S/M Enterprise of New Jersey, Inc.					
Occupancy Status During Abatement (Check only one) (X) Facility Closed/vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours ( ) Other - Describe:				Street Address: 339 N. 6 <sup>TH</sup> . STREET  City, State, Zip Code: PROSPECT PARK, NJ 07538					
Scope of Work (Check all that apply):									
(X) ≥ 3 sf or ≥ 3 lf ( ) ≥ 160 sf or ≥ 260 lf		(X) Renovation ( ) Demolition		( ) Full Containment with Negative Pressure ( ) Wrapping (X) Glovebag Procedure ( ) 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	Wrap&Cut	Encapsulat	Enclosure
BASEMENT		X		PIPE/FITTINGS INSULATION	45 LF	X			
Name of Registered Waste Hauler: NEWARK CARTING, INC.				NJDEP Waste Hauler ID No.: 18693	Cubic Yards of Waste:	Name of Registered landfill: IESI			
City, State: PO BOX 5670, NEWARK NJ 07105		Disposal Date: 3/7/13		City, State: BETHLEHEM, PA 18015					
Completed By: MIKE ALTADOUKA			Title: PRESIDENT	Signature: 		Date: 2/19/13			



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:20)

Date of Notification (1): 2/19/13		Name of Building Owner/Operator (2): SALMAR REALTY, INC		2013 FEB 25 PM 2:08 RECEIVED & LICEN				
Agencies Notified	Type Notification	Street Address: 163 WARBURTON AVE.		City, State, Zip Code: HAWTHORNE, NJ 07506				
( ) EPA (X) DEP (X) DOL (X) DOH ( ) DCA	(X) Initial Notification ( ) Amendment Notification ( ) Emergency ( ) Cancellation	Name of Contact: JOHN		Telephone Number:				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3): APARTMENTS			Type of Facility (4): ( ) School (K-12) ( ) Subchapter 8 (Other than K-12) (X) Other (i.e., private & commercial buildings, homes, etc.)					
Street Address: 45 MARTIN STREET			City & State (5): PATERSON, NJ					
County (6): PASSAIC		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished): RESIDENTIAL/APARTMENTS				
Name of Monitoring Firm Hired by Building Owner (8): J & S ENVIRONMENTAL		ASCM No.: NA		Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.				
Street Address: 2333 U.S. 22 W. #1			Street Address: 339 North 6 <sup>th</sup> Street					
City, State, Zip Code: UNION, NJ 07083			City, State, Zip Code: Prospect Park, NJ 07508					
Project Manager for Monitoring Firm: SHERRILL		Telephone No.: 908-206-0073		License No.: 00641				
Start Date (10): 2/28/13		Scheduled Completion Date (11): 3/4/13		Name of OSHA Monitor: S/M Enterprise of New Jersey, Inc.				
Occupancy Status During Abatement (Check only one) (X) Facility Closed/vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours ( ) Other - Describe:			Street Address: 339 N. 6 <sup>TH</sup> STREET City, State, Zip Code: PROSPECT PARK, NJ 07538					
Scope of Work (Check all that apply): (X) $\geq 3$ sf or $\geq 3$ lf ( ) $\geq 160$ sf or $\geq 260$ lf (X) Renovation ( ) Demolition ( ) Full Containment with Negative Pressure ( ) Wrapping (X) Glovebag Procedure ( ) 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	Wrap&Cut	Encapsulat
BASEMENT		X	PIPE/FITTINGS INSULATION	40 LF	X			
Name of Registered Waste Hauler: NEWARK CARTING, INC.			NJDEP Waste Hauler ID No.: 18693	Cubic Yards of Waste:	Name of Registered landfill: IESI			
City, State: PO BOX 5670, NEWARK NJ 07105		Disposal Date: 3/7/13		City, State: BETHLEHEM, PA 18015				
Completed By: MIKE ALTADOUKA			Title: PRESIDENT	Signature: 		Date: 2/19/13		



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

Date of Notification (1) 02/21/2013		Name of Building Owner/Operator (2) Borough of Wood-Ridge		2013 FEB 25 PM 2:08					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 85 Humboldt Street City, State, Zip Code Wood-Ridge NJ 07075 Name of Contact Allen Barnett Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Wood-Ridge Intermediate 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 151 1st Street				Square Feet _____ # of Floors 2 Bldg. Age 50 years					
City (5) Wood-Ridge				Current Use (Prior if being demolished) Middle School					
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Name of Abatement Contractor (9) Savic Construction Corp					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No. 0030		Street Address 205 Route 46 Suite 15					
Street Address 120 North Warren Street		City, State, Zip Code Totowa, NJ 07512							
City, State, Zip Code Trenton, New Jersey 08608		Telephone No. 212-952-7300		Telephone No. 973-339-9735 License No. 01034					
Project Manager for Monitoring Firm Ronald Jones		Name of OSHA Monitor Savic Construction Corp							
Start Date (10) 03/04/2013		Scheduled Completion Date (11) 03/29/2013		Street Address 205 Route 46 Suite 15					
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: _____				City, State, Zip Code Totowa, NJ 07512					
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
Multiple classroom windows		X		Exterior asbestos caulking	74 openings	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste _____		Name of Registered Landfill GROWS			
City, State Newark NJ		Disposal Date 03/29/2013		City, State Morrisville, PA					
Completed by Milos Savic		Title Project Manager		Signature <i>Milos Savic</i>		Date 02/21/2013			

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

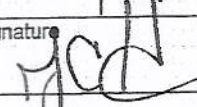


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 02 / 20 / 13			Name of Building Owner/Operator (2) Levin Management						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #002 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address PO Box 326					
				City, State, Zip Code Plainfield, NJ 07061-0326					
		Name of Contact Gerald O Brien		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Space 7 Twin City Shopping 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 and commercial buildings, homes, etc.)					
Street Address 36 Garfield Avenue									
City (5) Jersey City, NJ				Square Feet 25000	# of Floors 1				
				Bldg. Age 60					
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCN No. 00021		Name of Abatement Contractor (9) Alliance Environmental Systems					
Street Address 28 N. Pennell Road		Street Address 550 East Union Street							
City, State, Zip Code Media, PA 19063		City, State, Zip Code West Chester, PA 129382							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (800) 969-6238		Telephone No. 610-701-9000	License No. 00508				
Start Date (10) 02 / 11 / 13		Scheduled Completion Date (11) 03 / 01 / 13		Name of OSHA Monitor AET					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM- PM 3:30PM- AM				Street Address 28 N. Pennell Road					
				City, State, Zip Code Media, PA 19063					
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	25000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mastic	25000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Area, back rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pipe fittings	150 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"/>
Name of Registered Waste Hauler N.E.T.S.		NJDEP Waste Hauler ID No. 18947		Cubic Yards of Waste 60	Name of Registered Landfill BFI Imperial				
City, State Hazelton, PA				Disposal Date TBD	City, State Imperial, PA				
Completed By (Print or Type) John Heemer		Title Estimator		Signature John C. Heemer		Date 2/20/13			



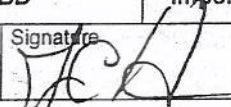
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 01 / 21 / 13		Name of Building Owner/Operator (2) Levin Management							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #001 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 326							
		City, State, Zip Code Plainfield, NJ 07061-0326							
		Name of Contact Gerald O'Brien	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Space 7 Twin City Shopping 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 and commercial buildings, homes, etc.)							
Street Address 36 Garfield Avenue		Square Feet 25000	# of Floors 1						
City (5) Jersey City, NJ		Bldg. Age 60							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) AET		ASC No. 00021	Name of Abatement Contractor (9) Alliance Environmental Systems						
Street Address 28 N. Pennell Road		Street Address 550 East Union Street							
City, State, Zip Code Media, PA 19063		City, State, Zip Code West Chester, PA 129382							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (800) 969-6238	Telephone No. 610-701-9000						
License No. 00508									
Start Date (10) 02 / 11 / 13	Scheduled Completion Date (11) 03 / 01 / 13	Name of OSHA Monitor AET							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-____PM/3:30PM-____AM		Street Address 28 N. Pennell Road							
		City, State, Zip Code Media, PA 19063							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	25000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mastic	25000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Area, back rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pipe fittings	150 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"/>
Name of Registered Waste Hauler N.E.T.S.		NJDEP Waste Hauler ID No. 18947	Cubic Yards of Waste 60	Name of Registered Landfill BFI Imperial					
City, State Hazelton, PA		Disposal Date TBD		City, State Imperial, PA					
Completed By (Print or Type) John Heemer		Title Estimator		Signature 		Date 1/21/13			



13008

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

Date of Notification (1) <b>01 / 16 / 13</b>		Name of Building Owner/Operator (2) <b>Levin Management</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>PO Box 326</b>							
		City, State, Zip Code <b>Plainfield, NJ 07061-0326</b>							
		Name of Contact <b>Gerald O Brien</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Space 7 Twin City Shopping center</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>36 Garfield Avenue</b>		Square Feet <b>25000</b>	# of Floors <b>1</b>						
City (5) <b>Jersey City, NJ</b>		Bldg. Age <b>60</b>							
County (6) <b>Hudson</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>AET</b>	ASCM No. <b>00021</b>	Name of Abatement Contractor (9) <b>Alliance Environmental Systems</b>							
Street Address <b>28 N. Pennell Road</b>		Street Address <b>550 East Union Street</b>							
City, State, Zip Code <b>Media, PA 19063</b>		City, State, Zip Code <b>West Chester, PA 129382</b>							
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>	Telephone No. <b>(800) 969-6238</b>	Telephone No. <b>610-701-9000</b>	License No. <b>00508</b>						
Start Date (10) <b>02 / 04 / 13</b>	Scheduled Completion Date (11) <b>02 / 22 / 13</b>	Name of OSHA Monitor <b>AET</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7AM-3:30PM</b> -____AM		Street Address <b>28 N. Pennell Road</b>							
		City, State, Zip Code <b>Media, PA 19063</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	25000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mastic	25000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>N.E.T.S.</b>		NJDEP Waste Hauler ID No. <b>18947</b>		Cubic Yards of Waste <b>60</b>	Name of Registered Landfill <b>BFI Imperial</b>				
City, State <b>Hazleton, PA</b>		Disposal Date <b>TBD</b>		City, State <b>Imperial, PA</b>					
Completed By (Print or Type) <b>John Heemer</b>		Title <b>Estimator</b>		Signature 		Date <b>1/16/13</b>			



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

Date of Notification (1) 2013 FEB 25 PM 2:08		Name of Building Owner/Operator (2) Hartz Mountain							
Agencies Notified	Type Notification	Street Address 192 Bloomfield Ave.							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 Bloomfield, NJ							
		Name of Contact Mark Pietrucha	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Hartz Mountain		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 192 Bloomfield Ave.		Square Feet 600	# of Floors 1						
City (5) Bloomfield		Bldg. Age 80							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) vacant/electrical room							
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 00021	Name of Abatement Contractor (9) Alliance Environmental Systems, Inc.						
Street Address 28 N. Pennell Rd.		Street Address 550 East Union St.							
City, State, Zip Code Media, PA 19063		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Eric Houseknect		Telephone No. 908-296-1132	License No. 00508						
Start Date (10) 3/11/13	Scheduled Completion Date (11) 3/19/13	Name of OSHA Monitor AET							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 28 N. Pennell Rd.							
		City, State, Zip Code Media, PA 19063							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" 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) <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
Roof of electrical room			X	built up roofing	1000 SF	X			
Electrical room			X	Transite insulators	20 SF	X			
Electrical Room			X	wire wrap	500 LF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 054126164	Cubic Yards of Waste 20	Name of Registered Landfill Grows Landfill					
City, State Freehold, NJ			Disposal Date 3/25/13	City, State Falls Township, PA					
Completed by Robert M. Casciato		Title President	Signature 	Date 2/20/13					