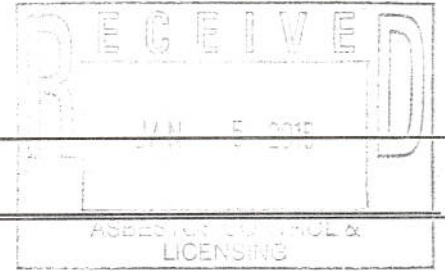


D&S Proj. #: 2015-07

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



Date of Notification (1) 1/12/13 10/14		Name of Building Owner/Operator (2) MARK GORDON	
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		Street Address 11 BURNETT TERRACE City, State, Zip Code MAPLEWOOD, NJ 07040	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact MAPLEWOOD, NJ 07040	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) MAPLEWOOD, NJ 07040			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 11 BURNETT TERRACE			Square Feet # of Floors Bldg. Age		
City (5) MAPLEWOOD	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 01/21/15		Sched. Completion Date (11) 01/31/15	Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

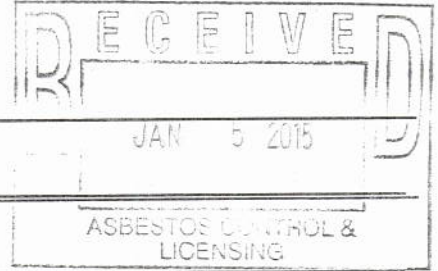
Scope of Work (check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l		
	Yes	No	N/A								
BASEMENT		<input checked="" type="checkbox"/>		PASTER CEILING	876 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 10 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 01/26/15		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 12/30/14

CK 005773

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

D&S Proj. #: 2015-05



Date of Notification (1) 10/11/10 12/11/15		Name of Building Owner/Operator (2) JULIAN STEARNS	
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 869 Ridgewood Road		City, State, Zip Code MILLBURN, NJ 07041	
Name of Contact JULIAN STEARNS		Telephone Number	

FACILITY INFORMATION

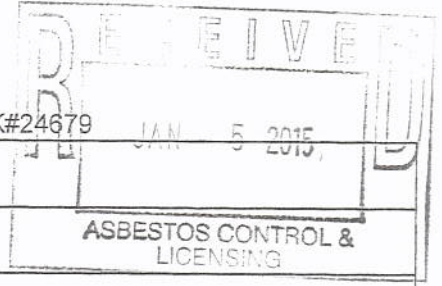
Name of facility where abatement is taking place (3) JULIAN STEARNS			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 869 Ridgewood Road			Square Feet		
City (5) MILLBURN			County (6) essex		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 01/15/15		Sched. Completion Date (11) 01/30/15			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					
Name of OSHA Monitor D & S Restoration, Inc.					
Street Address 20 California Avenue					
City, State, Zip Code Paterson, NJ 07503					

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l		
	Yes	No	N/A								
BASEMENT		X		PIPE INSULATION	100 L FT	X					

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 01/16/15		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 01/02/2015

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

CK#24679



Date of Notification (1) 12/31/2014		Name of Building Owner/Operator (2) JEAN GANDY	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 109 JASON COURT City, State, Zip Code DELRAN, NJ 08075 Name of Contact DAVID J. D'ANDREA
			Telephone Number
	ASBESTOS CONTROL & LICENSING		
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PRIVATE RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)	
Street Address 10 PANCOAST BLVD.		Square Feet	
City (5) DELRAN, NJ		# of Floors Bldg. Age	
County BURLINGTON		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) AMERITECH HOME SERVICES, INC.		Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.	
Street Address 259 DRUM PT. ROAD, SUITE 7		Street Address 15 BLACK FOREST ROAD	
City, State, Zip Code BRICK, NJ 08723		City, State, Zip Code HAMILTON, NJ 08691	
Project Manager for Monitoring Firm ROD MORRIS	Telephone No. 732-664-7788	Telephone No. 609-890-7110	License No. 00676
Start Date (10) 1/2/2015	Scheduled Completion Date (11) 1/2/2015	Name of OSHA Monitor AMERITECH	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours		Street Address 259 DRUM POINT ROAD, SUITE 7 City, State, Zip Code BRICK, NJ 08723	
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 type="checkbox"/> Non-Exempted (*) & 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)
	Yes	No	
ATTIC			VERMICULITE CEILING
Name of Registered Waste Hauler TIMSTER TRUCKING		NJDEP Waste Hauler ID No. 21079	Cubic Yards of Waste 5 YDS
City, State WEST CREEK, NJ 08092		Disposal Date 1/5/2015	
Name of Registered Landfill TULLYTOWN		City, State TULLYTOWN, PA.	
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature <i>David D'Andrea</i>	Date 12/31/2014

ASB-41

* Do not use this form for asbestos licensure exempted activities

CHECK #
3098

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

RECEIVED
JAN 5 2015

Date of Notification (1) <u>12/30/14</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>300 77TH AVE</u>		City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u>	
Name of Contact <u>FALAN EDUARDI</u>		Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		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 <u>7408 PLEASURE LANE</u>		Square Feet _____ # of Floors _____ Bldg _____	
City (5) <u>SEA ISLE CITY</u>		Current Use (Prior to being demolished) <u>VACANT</u>	
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____	
Street Address _____		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
City, State, Zip Code _____		Street Address <u>369 S. SPRUCE AVE.</u>	
Project Manager for Monitoring Firm _____		City, State, Zip Code <u>MAPLE SHADE, N.J. 08053</u>	
Telephone No. _____		Telephone No. <u>856-779-0472</u>	
License No. _____		License No. <u>00444</u>	
Start Date (10) <u>1/12/15</u>		Scheduled Completion Date (11) <u>1/17/15</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 _____		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2160 sf or 2260 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code <u>MAPLE SHADE, N.J. 0</u>		City, State, Zip Code <u>MAPLE SHADE, N.J. 0</u>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>		s. Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes _____ No _____ N/A <u>X</u>	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>		Amount (Specify SF or LF) <u>2000 LF</u>	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	
City, State <u>MAPLE SHADE, N.J.</u>		Cubic Yards of Waste _____	
Disposal Date _____		Name of Registered Landfill <u>C.M.C.M.V.A.</u>	
City, State <u>WOODBINE, N.J.</u>		Signature <u>Joseph Klemm</u>	
Date <u>1/13/15</u>		Completed By <u>JOSEPH KLEMM</u>	
Title <u>V/P</u>		Date <u>1/13/15</u>	

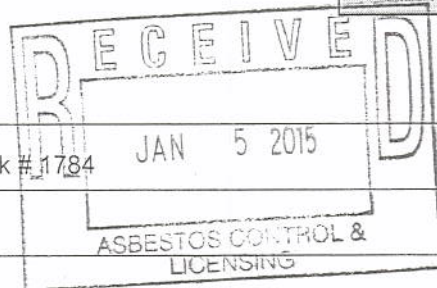
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

RECEIVED
JAN 5 2015

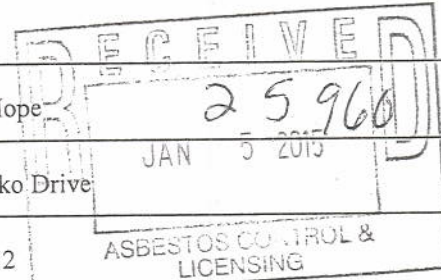
Date of Notification (1) <u>12/30/14</u>		Name of Building Owner/Operator (2) <u>P. NELANDS CONSULTING</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>300 77TH ST.</u>		City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u>	
Name of Contact <u>FRANK EDWARDS</u>		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		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 building homes, etc.)	
Street Address <u>773 SUMMIT DRIVE</u>		Square Feet	
City (5) <u>AVICOM</u>		# of Floors	
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08055</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	
Telephone No.		License No. <u>00444</u>	
Start Date (10) <u>1/12/15</u>		Scheduled Completion Date (11) <u>1/17/15</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		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
		Street Address <u>369 S. SPRUCE AVE.</u>	
		City, State, Zip Code <u>MAPLE SHADE, N.J. 0</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> 23 sf or 23 ft <input type="checkbox"/> 2160 sf or 2260 ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mem. 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 IN FACILITY</u> (13)		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)	
<u>SIDING</u>		<u>2000.0</u>	
<u>TRANSITE</u>		<u>X</u>	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NUDEP Waste Hauler ID No. <u>17904</u>	
Cubic Yards of Waste		Name of Registered Landfill <u>C.M.C.M.V.A.</u>	
Disposal Date		City, State <u>WOODBINE, N.J.</u>	
Completed By <u>JOSEPH KLEMM</u>		Signature <u>Joseph Klemm</u>	
Title <u>V/P</u>		Date <u>1/13/15</u>	

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



Date of Notification (1) December 31, 2014		Name of Building Owner/Operator (2) Brandon Gery		Check # 1784	
Agencies Notified		Type Notification		Street Address	
<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		466 Buttonwood Avenue	
				City, State, Zip Code Maple Shade, NJ 08052	
		Name of Contact Brandon Gery		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Gery Residence				Type of Facility (4)	
Street Address 466 Buttonwood 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) Maple Shade				Square Feet 1,500	# of Floors 2
				Bldg. Age 100	
County (6) Burlington		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services			ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341			Street Address 623 Cutler Avenue		
City, State, Zip Code Chesterfield, NJ 08515			City, State, Zip Code Maple Shade, NJ 08052		
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070		Telephone No. 856-755-0099	License No. 00842
Start Date (10) January 10, 2015		Scheduled Completion Date (11) January 12, 2015		Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One)				Street Address 200 Route 130 North	
<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 Cinnaminson, NJ 08077	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Hallway		XXX		Paper on Ductwork	40 SF
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 1	Name of Registered Landfill Western Berks Community Landfill
City, State Freehold, NJ		Disposal Date 1/12/2015		City, State Birdsboro, PA	
Completed by Christina Lynch		Title Operations Manager			Signature
					Date 12/31/2014

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



Date of Notification (1) December 30, 2014		Name of Building Owner/Operator (2) A Future with Hope	
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 1001 Wickapecko Drive	City, State, Zip Code Ocean, NJ 07712
		Name of Contact Lou	Telephone Number

FACILITY INFORMATION

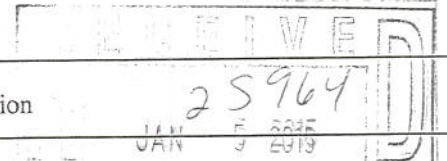
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 133 Marlin Road			Square feet 800 sf		
City Tuckerton	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	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) 12/30/14		Scheduled Completion Date (11) 12/31/14		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 checked="" type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			<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		
			<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) 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	R	E			E			
Exterior		X		Asbestos siding	4500 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 12/31/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 12/30/2014

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

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



Date of Notification (1) December 30, 2014		Name of Building Owner/Operator (2) Seminole Construction	
Agencies Notified	Type of Notification	Street Address	City, State, Zip Code
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	128 Bartlett Avenue	ASBESTOS CONTROL & LICENSING
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	West Creek, NJ 08092	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact Joyce	Telephone Number

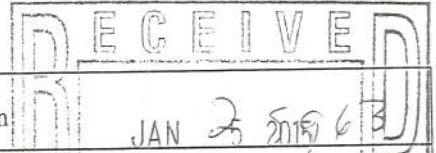
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 43 Holly Lane			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City LBI (Loveladies)			County (6) Ocean		
			County Code (7) (STATE USE ONLY)		
Square feet 1500 sf			# of Floors 1		Bldg. Age 60
Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		
Street Address			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number			Telephone Number 732-349-9932		
Scheduled Start Date (10) 12/31/14			License Number 00624		
Scheduled Completion Date (11) 1/2/15			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) <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	1400 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 1/5/15		City, State Tullytown, Pennsylvania						
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 				Date 12/30/2014		

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

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



Date of Notification (1) December 30, 2014		Name of Building Owner/Operator (2) Seminole Construction	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	128 Bartlett Avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	West Creek, NJ 08092	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Joyce	

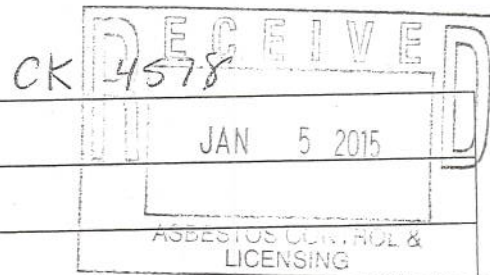
FACILITY INFORMATION


Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 133 Lawrence Drive			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Beach Haven West			Square feet 1500 sf		
			# of Floors 1		
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 60		
Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		
Street Address			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number			Telephone Number 732-349-9932		
Scheduled Start Date (10) 12/31/14			License Number 00624		
Scheduled Completion Date (11) 1/2/15			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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Full Containment with Negative Pressure		
			<input type="checkbox"/> Mini-Enclosure		
<input type="checkbox"/> Renovation			<input type="checkbox"/> Glovebag Procedure		
<input checked="" type="checkbox"/> Demolition			<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	1250 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 1/5/15	City, State Tullytown, Pennsylvania				
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager	Signature 			Date 12/30/2014	

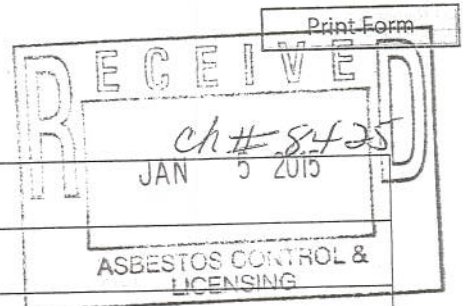
*Do not use this form for asbestos licensure exempted activities.

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



Date of Notification (1) 12/31/14		Name of Building Owner/Operator (2) Somerdale Partners LLC							
Agencies Notified	Type Notification	Street Address 651 Route 73 N Suite 101							
<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 Marlton NJ 08053							
		Name of Contact James Angeloni	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant 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 Corner of Somerdale Rd and RT 30		Square Feet 1000+	# of Floors 1.5						
City (5) Somerdale NJ 08083		Bldg. Age 35+							
County (6) Camden	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) 1/2/14	Scheduled Completion Date (11) 1/3/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Floor Tile / mastic	700 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 1/3/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 12/31/14		

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



Date of Notification (1) December 31, 2014		Name of Building Owner/Operator (2) Mrs. Elizabeth Aspray	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 49 Cleveland Road	
		City, State, Zip Code Caldwell, New Jersey 07006	
		Name of Contact Mrs. Elizabeth Aspray	Telephone Number 973-707-3284

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Mrs. Elizabeth Aspray		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 49 Cleveland Road		Square Feet	# of Floors 1
City (5) Caldwell		Bldg. Age 50+	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8) Izabella Environmental		ASCM No.	Name of Abatement Contractor (9) Slavco Construction Inc.
Street Address 27 Willard Street		Street Address 164 Getty Ave.	
City, State, Zip Code Garfield, New Jersey 07026		City, State, Zip Code Clifton, New Jersey 07011-1802	
Project Manager for Monitoring Firm Boban Mickovski		Telephone No. 973-342-4049	License No. 00724
Start Date (10) December 31st, 2014	Scheduled Completion Date (11) January 6th, 2015	Name of OSHA Monitor Slavco Construction Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Wednesday- Tuesday -8:00am-4:30pm		Street Address 164 Getty Ave.	
		City, State, Zip Code Clifton, New Jersey 07011-1802	

Scope of Work (Check All That Apply)

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

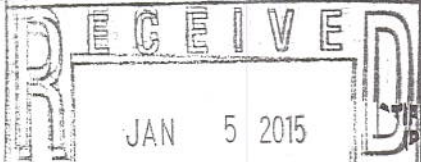
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Entire Basement			x	Vat & Mastic	443SF	x			
	<input checked="" type="checkbox"/>								

Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S Landfill	
City, State Clifton, New Jersey 07011-1802		Disposal Date TBD		City, State Morrisville, Pa	
Completed by Vivian D. Jurcevic	Title Office Manager	Signature <i>Vivian D. Jurcevic</i>		Date 12/31/14	

12/31/2014 08:28

(FAX)

P.002/004

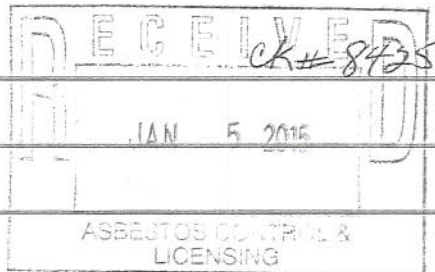


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 Pursuant to NJAC 8:26 and 12:12(b)

Print Form

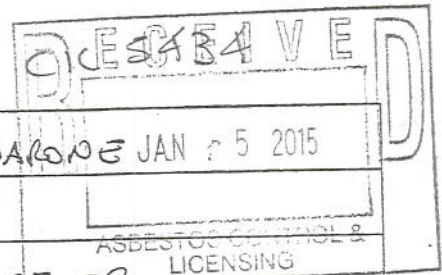
Date of Notification (1) December 31, 2014		Name of Building Owner/Operator (2) Mrs. Elizabeth Aspray		DCL-1001 CK-8425	
Agencies Notified		Type Notification		Street Address 49 Cleveland Road	
<input checked="" type="checkbox"/> BPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including Relocation) <input type="checkbox"/> Cancellation		City, State, Zip Code Caldwell, New Jersey 07006	
		Name of Contact Mrs. Elizabeth Aspray		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Mrs. Elizabeth Aspray				Type of Facility (4)	
Street Address 49 Cleveland Road				<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.)	
City (5) Caldwell, New Jersey 07006				Square Feet	Bldg. Age
County (6) Essex				County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) Commercial Bldg.
Name of Monitoring Firm Hired by Building Owner (8) Isabella Environmental		ASCM No.		Name of Abatement Contractor (9) Slavco Construction Inc.	
Street Address 27 Willard Street		Street Address 164 Getty Ave.			
City, State, Zip Code Garfield, New Jersey 07026		City, State, Zip Code Clifton, New Jersey 07011-1802			
Project Manager for Monitoring Firm Boban Mickovski		Telephone No. 973-342-4048		Telephone No. 973-478-4848	License No. 00724
Start Date (10) December 24th, 2014		Scheduled Completion Date (11) January 1, 2015		Name of OSHA Monitor Slavco Construction Inc.	
Occupancy Status During Abatement (Check Only One)				Street Address 164 Getty Ave.	
<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: Wednesday-Friday 9:00am-5:00pm				City, State, Zip Code Clifton, New Jersey 07011-1802	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> 25 SF or less if <input checked="" type="checkbox"/> 25 SF or less if <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-Frangible 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)	
		Yes No N/A		Amount (Specify SF or LF)	
First Floor Closet				26SF	
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508		Name of Registered Landfill G.M.O.W.S Landfill	
City, State Clifton, New Jersey 07011-1802		Disposal Date TBD		City, State Morrisville, Pa	
Completed by Vivian D. Jurcavio		Title Office Manager		Signature Vivian D. Jurcavio	
				Date December 24th, 2014	

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



Date of Notification (1) December 31, 2014		Name of Building Owner/Operator (2) Mrs. Elizabeth Aspray							
Agencies Notified	Type Notification	Street Address 49 Cleveland 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 Caldwell, New Jersey 07006							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Mrs. Elizabeth Aspray							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mrs. Elizabeth Aspray		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 49 Cleveland Road		Square Feet	# of Floors 1						
City (5) Caldwell, New Jersey 07006		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial Bldg.							
Name of Monitoring Firm Hired by Building Owner (8) Izabella Environmental		ASCM No.	Name of Abatement Contractor (9) Slavco Construction Inc.						
Street Address 27 Willard Street		Street Address 164 Getty Ave.							
City, State, Zip Code Garfield, New Jersey 07026		City, State, Zip Code Clifton, New Jersey 07011-1802							
Project Manager for Monitoring Firm Boban Mickovski		Telephone No. 973-342-4049	License No. 00724						
Start Date (10) December 24th, 2014	Scheduled Completion Date (11) January 1, 2015	Name of OSHA Monitor Slavco Construction Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Wednesday-Friday 9:00am-5:00pm</u>		Street Address 164 Getty Ave.							
		City, State, Zip Code Clifton, New Jersey 07011-1802							
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
First Floor Closet			x	Vat & Mastic	25SF	x			
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Clifton, New Jersey 07011-1802			Disposal Date TBD	City, State Morrisville, Pa					
Completed by Vivian D. Jurcevic		Title Office Manager	Signature <i>Vivian D. Jurcevic</i>			Date December 24th, 2014			

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



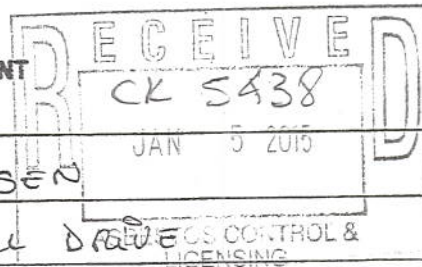
Date of Notification (1) 12/30/14		Name of Building Owner/Operator (2) ESTATE OF SUSAN BARONE JAN 5 2015	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 151 LINDEN AVE	
		City, State, Zip Code GLEN RIDGE, NJ, 07028	
		Name of Contact MS. C. MATKEKE	
		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) ESTATE OF SUSAN BARONE		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 151 LINDEN AVE		Square Feet 2200	# of Floors 2
City (5) GLEN RIDGE		Bldg. Age 1935	
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc	
Street Address		Street Address 450 South River St	
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388
Start Date (10) 1/15/15	Scheduled Completion Date (11) 1/16/15	Name of OSHA Monitor Omega Environmental	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM		Street Address 280 Huyler St	
		City, State, Zip Code S. Hackensack, N.J. 07606	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	THERMAL SYSTEM INSULATION	135 LF	X			

Name of Registered Waste Hauler Best Removal Inc	NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2429	Name of Registered Landfill Minerva Enterprises, LLC
City, State Hackensack, N.J. 07601		Disposal Date 1/16/15	City, State Waynesburg, Oh, 44688
Completed by J. Maiorano	Title Estimator	Signature <i>[Signature]</i>	Date 12/30/14

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



Date of Notification (1) 12/31/14		Name of Building Owner/Operator (2) MR. LARRY EISEN	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 390 MAPLE HILL DRIVE	
		City, State, Zip Code HACKENSACK, NJ 07601	
		Name of Contact MR. EISEN	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MR. L. EISEN		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 390 MAPLE HILL DRIVE		Square Feet 2500	# of Floors 2
City (5) HACKENSACK		Bldg. Age 80 years	
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc	
Street Address		Street Address 450 South River St	
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388
Start Date (10) 1/14/15	Scheduled Completion Date (11) 1/15/15	Name of OSHA Monitor Omega Environmental	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM		Street Address 280 Huyler St	
		City, State, Zip Code S. Hackensack, N.J. 07606	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BASEMENT	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) THERMAL SYSTEM INSULATION
Amount (Specify SF or LF) 155 LF	Abatement Type		
	Removal	Repair	
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Name of Registered Landfill Minerva Enterprises, LLC
City, State Hackensack, N.J. 07601		Cubic Yards of Waste 3 1/2 yd	City, State Waynesburg, Oh, 44688
Completed by J. Maiorano		Title Estimator	Signature <i>J. Maiorano</i>
			Date 12/31/14

RECEIVED

218 B.C.M.
3602

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(P. 1524-10 NJAC 8:60 and 12:120)

2015 JAN -5 PM 7:10

Date of Notification

12/31/14

ASBESTOS CONTROL
& LICENSING

☐ Initial
☐ Amend
☐ Emergency
☐ Justification
☐ Cancellation

Type of Notification

☐ Initial
☐ Amend
☐ Emergency
☐ Justification
☐ Cancellation

Name of Building Owner/Operator (2)

EARTHTECH CONTRACTING

Street Address

155 RT. 50

City, State, Zip Code

GREENFIELD N.J 08230

Name of Contact

BRUCE BREUNIG

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Being Performed

RESIDENCE

Street Address

311 48TH ST.

City

OCEAN CITY

County

CAPE MAY

Name of Monitoring Firm Hired by Building Owner

N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

ASCM No.

Name of Abatement Contractor (2)

KLEMMCO INC.

Street Address

309 S SPRUCE AVE.

City, State, Zip Code

MAPLE SHADE N.J 08052

Telephone No.

856-779-0472

License No.

00144

Start Date

1/12/15

Scheduled Completion Date

1/19/15

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other Describe

Scope of Work (Check all that apply)

☐ 151 or 23
☐ 151 or 230

☐ Renovation
☒ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedure
☐ Non-Exhausted ("I") and Non-Frangible Procedure

Location of Asbestos Containing Material (ACM) to be Abated

1. Floor

Location Normally Used for Maintenance

1. Floor

Description of Asbestos Containing Material (ACM) to be Abated

1. Floor

Amount (Specify S, L, F)

Estimated

Actual

SIPING

TRASHITE

Name of Registered Waste Hauler

KLEMMCO INC.

ASCM Waste Number

17827

Cubic Yards of Waste

5

Disposal Date

Name of Registered Landfill

C.M.C. M.U.A.

City, State

WOODBINE, N.J.

City, State, Zip Code

MAPLE SHADE N.J 08052

Signature

Joseph Klemm

Date

12/31/14

Completed By

JOSEPH KLEMM

OWNER

CNECIC #
3602

RECEIVED

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

2015 JAN -5 PM 7:10 /31/14

ASBESTOS CONTROL
& LICENSING

Agencies Notified
☐ DOH
☐ DOH
☐ DOH

Type Notification
☒ Initial
☐ Amended
☐ Amendment #
☐ Emergency including
☐ Justification
☐ Cancellation

Name of Building Owner/Operator (2)
EARTHTECH CONTRACTING

Street Address
155 RT. 50

City, State, Zip Code
GREENFIELD N.J. 08230

Name of Contact
BRUCE BREUNIG

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
RESIDENCE

Street Address
136 BAYSIDE DRIVE

City (5)
OCEAN CITY

County (5)
CAPE MAY

County Code
USE ONLY

Type of Facility (4)
☐ School (K-12)
☐ Subchapter S (Other than K-12)
☒ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet
1000

of Floors
2

Block Age
40 Y

Current Use (Prior if being demolished)
VACANT

Name of Monitoring Firm Hired by Building Owner (8)
N/A

ASCM No.

Name of Abatement Contractor (9)
KLEMMCO INC.

Street Address
369 S. SPRUCE AVE.

City, State, Zip Code
MAPLE SHADE, N.J. 08052

Telephone No.
856-779-0422

License No.
20444

San Date (10)
1/12/15

Scheduled Completion Date (11)
1/14/15

Name of OSHA Monitor
JOSEPH KLEMM

Street Address
369 S. SPRUCE AVE.

City, State, Zip Code
MAPLE SHADE, N.J. 08052

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe

Scope of Work (Check all that apply)
☐ 20 sq ft or 23 ft
☐ 250 sq ft or 260 ft

☐ Renovation
☒ Demolition

☐ Full Containment with Negative Pressure
☐ Mtn. Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Exempt Procedure

Location of Asbestos-Containing Material (ACM) (12)	Is Location Normally Used Solely by Custodial Staff (12)	Description of Asbestos Containing Material (ACM) (12)	Amount (Specify SF or LF)	Removal	Regulation
SIDING TO BE ABATED N. FACED (13)	YES	TRADITE	1800 SF	X	

Name of Registered Waste Hauler
KLEMMCO INC.

USEP Waste Hauler ID No.
17907

Cubic Yards of Waste
5

Disposal Date

Name of Registered Landfill
C.M.C.M.U.A.

City, State
WOODBINE, N.J.

City, State, Zip Code
MAPLE SHADE, N.J. 08052

Signature
Joseph Klemm

Date
12/31/14

Completed By
JOSEPH KLEMM

Title
OWNER

CH 363

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

RECEIVED

Date of Notification (1) <u>1/12/15</u>		Name of Building Owner/Operator (2) <u>MEU + MACHINES</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <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 <u>225 FREMONT AVE</u>	
		City, State, Zip Code <u>WOODBINE, N.J. 08270</u>	
		Name of Contact <u>LISA</u>	Telephone No. <u>100-2008</u>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>410 E. SAINT JOHN'S AVE</u>		Square Foot <u>1000</u>	# of Floors <u>2</u>
City (5) <u>VICTUS</u>		Block Age <u>40+</u>	
County (6) <u>Cape May</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>
Start Date (10) <u>1/12/15</u>	Scheduled Completion Date (11) <u>1/19/15</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</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:		Street Address <u>369 S. SPRUCE AVE.</u>	
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	

Scope of Work (Check all that apply)

<input type="checkbox"/> 23 sq ft or 23 lb	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> 2160 sq ft or 2260 lb	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted ("I") and Non-Frangible Procedure

Location of Asbestos-Containing Material (ACM) (13) <u>TO BE ABATED IN FACILITY</u>	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	In-place
<u>SIDING</u>			X	<u>TRANSITE</u>	<u>1500 LF</u>	X		

Name of Registered Waste Hauler <u>KLEMMCO INC.</u>	WDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>1/12/15</u>


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

RECEIVED

Date of Notification (1) 12/31/14		Name of Building Owner/Operator (2) Thomas Leonard		2015 JAN -5 PM 7:07				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 113 Joseph Street				
		City, State, Zip Code Lavallette, NJ 08155		Name of Contact Eric Plautis				
				Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 113 Joseph Street			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) Lavallette			Square Feet 859	# of Floors 1	Bldg. Age 62			
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)		ASCM No.	Name of Abatement Contractor (9) Brick Industries Inc.					
Street Address			Street Address P.O. Box 915					
City, State, Zip Code			City, State, Zip Code Brick, NJ 08723					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-899-4499	License No. 01196				
Start Date (10) 1/12/15		Scheduled Completion Date (11) 1/22/15		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"/> ≥ 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 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
			X Asbestos Drywall	1000 SF	X			
			X Asbestos floor tile	120 SF	X			
Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 12	Name of Registered Landfill GROW				
City, State Brick, NJ		Disposal Date 1/23/15	City, State PA					
Completed by Eric Plautis		Title President	Signature Eric Plautis		Date 12/31/14			

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

RECEIVED

Date of Notification (1) December 29, 2014		Name of Building Owner/Operator (2) Hamilton Township Board of Education		Check # 1781	
Agencies Notified		Type Notification		Street Address	
<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		5801 3rd Street	
				City, State, Zip Code Mays Landing, NJ 08330	
				Name of Contact	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Shaner School				Type of Facility (4)	
Street Address 5801 3rd Street				<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.)	
City (5) Mays Landing				Square Feet 5,000	# of Floors 2
County (6) Atlantic				County Code (7) (STATE USE ONLY)	Bldg. Age 100
Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental Compliance, LLC			ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 167			Street Address 623 Cutler Avenue		
City, State, Zip Code Hammonton, NJ 08037			City, State, Zip Code Maple Shade, NJ 08052		
Project Manager for Monitoring Firm Cathy Ledden			Telephone No. 609-685-9984	Telephone No. 856-755-0099	License No. 00842
Start Date (10) January 12, 2015		Scheduled Completion Date (11) February 13, 2015		Name of OSHA Monitor EMSL Analytical, Inc.	
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: _____				200 Route 130 North	
				City, State, Zip Code Cinnaminson, NJ 08077	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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)
	Yes	No	N/A		
Exterior		XXX		Window Caulking	1,800 LF
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 80	Name of Registered Landfill Western Berks Community Landfill
City, State Freehold, NJ		Disposal Date 2/13/2015		City, State Birdsboro, PA	
Completed by Christina Lynch		Title Operations Manager		Signature 	Date 12/29/2014

CHECK #
3596

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

RECEIVED

2015 JAN -5 PM 7:02

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) <u>12/29/14</u>		Name of Building Owner/Operator (2) <u>P. NELANDS CONSTRUCTION</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>300 77TH ST.</u>		City, State, Zip Code <u>SEA TLE CITY, N.J. 08243</u>	
Name of Contact <u>FRANK EDWARDS</u>		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		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 <u>7408 PLEASURE AVE.</u>		Square Feet	# of Floors
City (5) <u>SEA TLE CITY</u>		Blog	
County (6) <u>Cape May</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 0805</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0477</u>	License No. <u>00444</u>
Start Date (10) <u>1/7/15</u>	Scheduled Completion Date (11) <u>1/14/15</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</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:		Street Address <u>369 S. SPRUCE AVE.</u>	
		City, State, Zip Code <u>MAPLE SHADE, N.J. 0805</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input type="checkbox"/> ≥ 160 sf or ≥ 260 ft		<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 type="checkbox"/> Non-Exempted (1) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM): <u>TO BE ABATED IN FACILITY (13)</u>	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)
<u>SIDING</u>	<u>X</u>	<u>TRANSITE</u>	<u>1400 SF</u>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.V.A.</u>
City, State <u>MAPLE SHADE, N.J.</u>	Disposal Date	City, State <u>WOODBINE, N.J.</u>	
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>12/29/14</u>

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

RECEIVED

2015 JAN -5 PM 7:03

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/29/14		Name of Building Owner / Operator (2) State of NJ Department of Corrections	
Agencies Notified	Type Notification	Street Address PO Box 11401	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Yardville, NJ 08620	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended R#1-12/29/14	Name of Contact Alan Cieslik	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Mountainview Correctional Facility-			Type of Facility (4)		
Street Address 31 Petticoat Lane			<input type="checkbox"/> School (K-12)		
City (5) Annadale			<input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)		
County (6) Hunderton			<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County Code (7)			Square Feet 20000	# of Floors 2	Bldg. Age 30+
Current Use (Prior if being demolished) Correctional					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 120 N. Warren St			Street Address 1123 Beaver Street		
City, State & Zip Code Trenton, NJ 08608			City, State & Zip Code Bristol, PA 19007		
Project Manager for Monitoring Firm Rollie Jones			Telephone Number 609-392-4200		License Number 00509
Scheduled Start Date (10) 1/12/15		Scheduled Completion Date (11) 1/16/15		Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one)			Street Address 1123 Beaver Street		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State & Zip Code Bristol, PA 19007		
<input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm					
Describe: 7AM to 3:30 PM					
<input type="checkbox"/> Facility Occupied During Abatement					

Scope of Work (Check all that apply)


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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Pipe Chases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	250 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"/>
	<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 Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 4 Cu yd	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 1/16/15	City, State Waynesboro, OH		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 12/29/14

CK 2750

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

Date of Notification (1) 12/23/14		Name of Building Owner / Operator (2) State of NJ Department of Corrections							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 9852 <input checked="" type="checkbox"/> DOH 4845 <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address PO Box 11401 City, State & Zip Code Yardville, NJ 08620 Name of Contact Alan Cieslik							
		Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mountainview Correctional Facility-		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 31 Petticoat Lane		Square Feet 20000	# of Floors 2						
City (5) Annadale		Bldg. Age 30+							
County (6) Hunderton	County Code (7)	Current Use (Prior if being demolished) Correctional							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.							
Street Address 120 N. Warren St		Name of Abatement Contractor (9) Bristol Environmental, Inc.							
City, State & Zip Code Trenton, NJ 08608		Street Address 1123 Beaver Street							
Project Manager for Monitoring Firm Rollie Jones		City, State & Zip Code Bristol, PA 19007	Telephone Number (215)788-6040						
Telephone Number 609-392-4200		License Number 00509							
Scheduled Start Date (10) 1/12/15	Scheduled Completion Date (11) 1/16/15	Name of OSHA Monitor Bristol Environmental Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 7AM to 3:30 PM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street							
		City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Pipe Chases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	250 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"/>
	<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 Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 4 Cu yd	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 1/16/15		City, State Waynesboro, OH					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature 				Date 12/23/14		

NO CK

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

RECEIVED

2015 JAN -5 PM 7:07

Date of Notification (1) <u>12/31/14</u>		Name of Building Owner/Operator (2) <u>Jane McCheney</u>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>244 W. 21st Street</u>						
		City, State, Zip Code <u>Ship Bottom NJ 08008</u>						
		Name of Contact <u>Eric Plouhis</u>	Telephone Number <u></u>					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u></u>		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 <u>244 W. 21st Street</u>		Square Feet <u>3044</u>	# of Floors <u>2</u>					
City (5) <u>Ship Bottom</u>		Bldg. Age <u>64</u>						
County (6) <u>Ocean</u>	County Code (7) (STATE USE ONLY) <u></u>	Current Use (Prior if being demolished) <u>None</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u></u>		Name of Abatement Contractor (9) <u>Brick Industries Inc.</u>						
Street Address <u></u>		Street Address <u>P.O. Box 915</u>						
City, State, Zip Code <u></u>		City, State, Zip Code <u>Brick NJ 08723</u>						
Project Manager for Monitoring Firm <u></u>		Telephone No. <u>732-878-7499</u>	License No. <u>01196</u>					
Start Date (10) <u>1/2/15</u>	Scheduled Completion Date (11) <u>1/15/15</u>	Name of OSHA Monitor <u></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>		Street Address <u></u>						
		City, State, Zip Code <u></u>						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mix-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
			X TRANSIR SINK 3650 SF	CAULK 684 LF				
			X WENT DOWN 100 SF	VINYL 625 SF				
			X BLUE PAINTING 12 SF	PAINT 732 SF				
			X BLUE INSULATION 250 LF	PAINT SF				
Name of Registered Waste Hauler <u>Brick Industries Inc.</u>		NJDEP Waste Hauler ID No. <u>21602</u>	Cubic Yards of Waste <u>36</u>	Name of Registered Landfill <u>GROWS</u>				
City, State <u>Brick NJ</u>		Disposal Date <u>1/2/15</u>		City, State <u>PA</u>				
Completed By <u>Eric Plouhis</u>		Title <u>President</u>	Signature <u>Eric</u>		Date <u>12/31/14</u>			

ASB-41
MAR 00

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

CK# 2538

Xhermy Snyder

Print Form

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

Date of Notification (1) <u>12/31/14</u>		Name of Building Owner/Operator (2) <u>Kim Snyder</u> <u>2015 JAN -5 PM 6:55</u>							
Agencies Notified	Type Notification	Street Address <u>201 Baltimore Ave</u>							
<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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <u>Pl. Pleasant Beach New Jersey 08742</u>							
		Name of Contact <u>Dene</u>	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Snyder Residence</u>		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 <u>201 Baltimore Ave</u>		Square Feet <u>1100</u>	# of Floors <u>1</u>						
City (5) <u>Pl. Pleasant Beach</u>		Bldg. Age <u>60</u>							
County (6) <u>Ocean</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>residence</u>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <u>Ace Insulation Co., Inc.</u>							
Street Address		Street Address <u>95 Montrose Road</u>							
City, State, Zip Code		City, State, Zip Code <u>Colts Neck, N.J. 07722</u>							
Project Manager for Monitoring Firm		Telephone No. <u>732-294-1757</u>	License No. <u>00029</u>						
Start Date (10) <u>12/31/14</u>	Scheduled Completion Date (11) <u>12/31/14</u>	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>7am - 7pm</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input 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
<u>Kitchen area</u>			<u>X</u>	<u>mag. c</u>	<u>140 lf</u>	<u>✓</u>			
Name of Registered Waste Hauler <u>Ace Insulation Co., Inc.</u>		NJDEP Waste Hauler ID No. <u>12086</u>	Cubic Yards of Waste <u>21</u>	Name of Registered Landfill <u>Chrins</u>					
City, State <u>Colts Neck, New Jersey</u>		Disposal Date <u>12/31/14</u>		City, State <u>Easton, PA</u>					
Completed by <u>Bree McGuire</u>		Title <u>Secretary Treasurer</u>		Signature <u>[Signature]</u>		Date <u>12/29/14</u>			

Emergency Sandy

CK# 2540

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

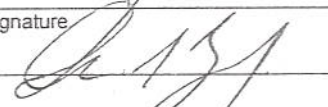
Date of Notification (1) 12/30/14		Name of Building Owner/Operator (2) Mary Horezga					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address 120 Rosewell Ave		City, State, Zip Code South Amboy, New Jersey 08879					
Name of Contact Andrew		Telephone Number -					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Horezga Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 120 Rosewell Ave		Square Feet 1400	# of Floors 2				
City (5) Middlesex		Bldg. Age 65+					
County (6)		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.					
Street Address		Name of Abatement Contractor (9) Ace Insulation Co., Inc.					
City, State, Zip Code		Street Address 95 Montrose Road					
Project Manager for Monitoring Firm		City, State, Zip Code Colts Neck, N.J. 07722					
Telephone No.		Telephone No. 732-294-1757	License No. 00029				
Start Date (10) 12/31/14		Scheduled Completion Date (11) 1/5/15					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 7am - 4pm		Name of OSHA Monitor					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" 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) outside	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) siding	Amount (Specify SF or LF) 1100 sf	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 2	Name of Registered Landfill Chrins			
City, State Colts Neck, New Jersey		Disposal Date 1/5/15	City, State Easton, PA				
Completed by Bree McGuire		Title Secretary Treasurer	Signature Bree		Date 12/30/14		

CK 1137

Print Form

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

CHECK # 1137

Date of Notification (1) 12/29/2014		Name of Building Owner/Operator (2) Karren in C/O Estate of Joe Gagliardo							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 32 Clover Rd.		City, State, Zip Code Clifton, NJ 07013							
Name of Contact Karren		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 32 Clover Rd.		Square Feet 1,900 +	# of Floors 2						
City (5) Clifton		Bldg. Age 50+							
County (6) Passaic		County Code (7) (STATE USE ONLY) _____							
Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Unicorn Contracting Corp.							
City, State, Zip Code		Street Address 1087 Pleasant Valley Way							
Project Manager for Monitoring Firm		City, State, Zip Code West Orange, NJ 07052							
Telephone No.		Telephone No. 973-333-9176	License No. 01232						
Start Date (10) 1/10/2015	Scheduled Completion Date (11) 1/11/2015	Name of OSHA Monitor Envirovision Consultants Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Normal Working Hours		Street Address 20-21 Wagaraw Rd. - Bldg.35E							
		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 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	110LF	x			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State West Orange, New Jersey		Disposal Date TBD		City, State Morrisville, Pennsylvania					
Completed by Dimo Golcev		Title Project Manager		Signature 			Date 12/29/2014		

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


Date of Notification (1) 12/30/14		Name of Building Owner/Operator (2) FGS	
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 513 East 32nd Street	
		City, State, Zip Code Paterson, NJ 07504	
		Name of Contact Frank Grisez	Telephone Number _____

2015 JAN -5 AM 7:01

ASBESTOS CONTROL

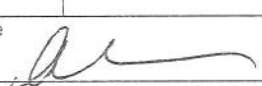
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Street Address 20-21 Wagaraw Road		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Fairlawn	Square Feet 2100	# of Floors 2	Bldg. Age 65
County (6) Bergen	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 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) 1/9/15	Scheduled Completion Date (11) 1/29/15	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 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) <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	130 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 A. Scott Higgins		Title President	Signature 		Date 12/30/14

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

Check 15506

Date of Notification (1) 12/30/14		Name of Building Owner/Operator (2) Pioli Properties, LLC							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 95 Cedar Lane Suite 5							
		City, State, Zip Code Englewood, NJ 07631							
		Name of Contact Sam Kim	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 120 Georges Road		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) New Brunswick		Square Feet 2100	# of Floors 2						
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 65						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 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) 1/2/15		Scheduled Completion Date (11) 2/2/15	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
See Attached List			x	See Attached List					
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste	Name of Registered Landfill TBD					
City, State Freehold, NJ			Disposal Date TBD	City, State					
Completed by A. Scott Higgins		Title President	Signature 			Date 12/30/14			

120 Georges Road
New Brunswick, NJ

Asbestos Materials

First (Ground West Side) Floor

Approx. Room Size

Pipe insulation

100 LF

Second Floor

One room, west of east end of building:

Floor boards running parallel

1400 SF

White asbestos vapor barrier and approximately
20 yards of containment debris

Pipe insulation

5 LF

Third Floor – Center Southside

Southside center bathroom (kitchenette area) pipe
Multiple layers of floor mastic

3 LF

50 SF

Third Floor – Eastern Room Along Perimeter

Debris pile, approximately 20 yards, of broken floor tile
Etc. All should be treated as asbestos containing materials

1100 SF

Third Floor – One Room West of East End of Building

Floor boards running parallel, white asbestos vapor barrier
in contained room

1300 SF

Pipe insulation

3 LF

CK 3490

Print Form

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

RECEIVED

Date of Notification (1) 12-29-14		Name of Building Owner/Operator (2) Chesterfield Top						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 300 Bordentown Chesterfield Rd		City, State, Zip Code Chesterfield NJ						
Name of Contact Alex		Telephone Number 1200						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Chesterfield School		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 295 Bordentown Chesterfield Rd		Square Feet 70000						
City (5) Chesterfield		# of Floors 2						
County (6) Burlington		Bldg. Age 100						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Fing Environmental HAZ Inc		ASCM No.						
Street Address 617 Stokes Rd Suite 4-318		Name of Abatement Contractor (9) Ani Joe Abate Demo LLC						
City, State, Zip Code Medford NJ 08055		Street Address 1212 Burlington Ave						
Project Manager for Monitoring Firm Mark Robnitz		City, State, Zip Code Delanco NJ 08075						
Telephone No. 856-215-2211		Telephone No. 856 524 0971						
Start Date (10) Jan 7th 15		License No. 01070						
Scheduled Completion Date (11) March 15, 15		Name of OSHA Monitor SA						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address						
		City, State, Zip Code						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
Thru Out			Flooring/mastic	67 855 SF	<input checked="" type="checkbox"/>			
SEE ATT			PAPERWORK					
Name of Registered Waste Hauler Ani Joe LLC		NJDEP Waste Hauler ID No. 35635		Cubic Yards of Waste 40cy		Name of Registered Landfill WM of Pa		
City, State Delanco NJ		Disposal Date TBD		City, State Tullytown Pa				
Completed by Joe Hall		Title VP		Signature [Signature]		Date		

CK# 5924

Print Form

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

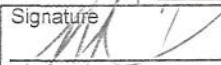
RECEIVED

Date of Notification (1) 12/29/14		Name of Building Owner/Operator (2) P.S.E.G.		2015 JAN -5 PM 7:05	
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 4000 HADLEY ROAD City, State, Zip Code SOUTH PLAINFIELD, NJ 07080 Name of Contact GUSTAVO NAJERA Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) PSE&G - McLEAN SUBSTATION				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 297 8TH AVE.				Square Feet 3500	
City (5) PATERSON				# of Floors 1	
County (6) PASSAIC				Bldg. Age APPX 50 yrs	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) SUBSTATION			
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCN No. 0045		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA	
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.			
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882			
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217		Telephone No. 732-432-8350	
License No. 01111		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA			
Start Date (10) 1/12/15		Scheduled Completion Date (11) 1/12/15		Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: OUTSIDE	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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)	
OUTDOORS		X		TRANSITE PIPE	
				30 LF X	
Name of Registered Waste Hauler ETGI		NJDEP Waste Hauler ID No. S 7107		Cubic Yards of Waste APX. 3	
City, State FLANDERS, NJ		Disposal Date TBD		Name of Registered Landfill CONESTOGA	
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature Carol Raimo	
				Date 12/29/14	

CK 24704

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

RECEIVED

Date of Notification (1) <u>12/31/14</u>		Name of Building Owner/Operator (2) <u>Perkins Center for the Arts</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <u>395 Kings Highway</u>		City, State, Zip Code <u>Moorestown, NJ 08057-2725</u>							
Name of Contact <u>Mr. Alan Willoughby</u>		Telephone Number <u>856-299-8100</u>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Perkins Center for the Arts</u>		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 <u>395 Kings Highway</u>		Square Feet <u>3000</u>							
City (5) <u>Moorestown, NJ 08057</u>		# of Floors <u>2</u>							
County (6) <u>Burlington</u>		Bldg. Age <u>100+/-</u>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>							
Telephone No. <u>(609) 259-9688</u>		License No. <u>00493</u>							
Start Date (10) <u>1/5/15</u>		Scheduled Completion Date (11) <u>1/6/15</u>							
Name of OSHA Monitor <u>MECS</u>		Street Address <u>PO Box 341</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am to 4pm</u>		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
<u>Basement</u>	<input checked="" type="checkbox"/>			<u>Boiler Insulation</u>	<u>20 sf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>		Cubic Yards of Waste <u>1 CU</u>		Name of Registered Landfill <u>GROWS Landfill</u>			
City, State <u>Allentown, NJ</u>		Disposal Date <u>1/7/15</u>		City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature 		Date <u>12/31/14</u>			

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

RECEIVED

Date of Notification (1) 12/31/14		Name of Building Owner/Operator (2) Ken St. Hill		2015 JAN -5 PM 7:08				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1395 Wood Valley Rd				
		City, State, Zip Code Mt. Side, New Jersey		Telephone Number 07092				
		Name of Contact Ken						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) St. Hill Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 1395 Wood Valley Rd			Square Feet 1900					
City (5) Mt. Side			# of Floors 2		Bldg. Age 50			
County (6) Union		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) residence				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Ace Insulation Co., Inc.				
Street Address		Street Address 95 Montrose Road						
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-294-1757				
				License No. 00029				
Start Date (10) 1/9/15		Scheduled Completion Date (11) 1/14/15		Name of OSHA Monitor				
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-4pm				Street Address				
				City, State, Zip Code				
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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) 100 LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
			pipe/casing resting		X			
Name of Registered Waste Hauler Ace Insulation Co., Inc.			NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste	Name of Registered Landfill Chrins			
City, State Colts Neck, New Jersey			Disposal Date 1/14/15	City, State Easton, PA				
Completed by Bree McGuire		Title Secretary Treasurer		Signature Bree		Date 12/31/14		

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;">December 31, 2014</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Peter Biggiani</div>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	358 St. Thomas Drive	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Toms River, NJ 08757	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Peter Biggiani	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			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.)		
3449 Maritime Drive					
City	County (6)	County Code (7) (STATE USE ONLY)	Square feet	# of Floors	Bldg. Age
Toms River	Ocean		1000 sf	1	60
			Current Use (Prior if being demolished) <div style="text-align: center;">Residence</div>		
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>		ASCM No.	Name of Abatement Contractor (9)		
Street Address			Guardian Contracting, Inc.		
City, State, Zip Code			1889 Route 9, Unit 61		
Project Manager for Monitoring Firm		Telephone Number	City, State, Zip Code		
			Toms River, New Jersey 08755-1271		
Scheduled Start Date (10) <div style="text-align: center;">1/2/15</div>		Scheduled Completion Date (11) <div style="text-align: center;">1/5/15</div>	Telephone Number	License Number	
			732-349-9932	00624	
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor		
<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 _____			E.M.S.L. Analytical		
			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)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	900 sf	X			

Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>	NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>	Cubic Yards of Waste <div style="text-align: center;">3</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>
City, State <div style="text-align: center;">Toms River, New Jersey</div>	Disposal Date <div style="text-align: center;">1/6/15</div>	City, State <div style="text-align: center;">Tulypoint, Pennsylvania</div>	
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>	Title <div style="text-align: center;">Project Manager</div>	Signature 	Date <div style="text-align: center;">12/31/14</div>

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

Check # 9179

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

RECEIVED

Date of Notification (1) 2015 JAN -5 PM 7:10 2-15		Name of Building Owner/Operator (2) Red Bank Recycling Demolition							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> NJ DEP <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 P.O. Box 2126							
		City, State, Zip Code Red Bank NJ 07701							
		Name of Contact Matt Meeker	Telephone Number ---						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Old Vacant Store		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 296/298 Port Monmouth Road		Square Feet	# of Floors 1						
City (5) Middletown NJ 07748		Bldg. Age 60+							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Old Corner Store							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		Name of Abatement Contractor (9) EPC Technologies Inc							
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) 1-12-15	Scheduled Completion Date (11) 1-18-15	Name of OSHA Monitor EPC Technologies Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply) <input checked="" 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 walls			X	Siding Shingles	2000 SF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 8	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date 1-19-15	City, State Morrisville PA						
Completed by Steve Schenker	Title President	Signature Steve Schenker	Date 1-2-15						

Date open window Time frame

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

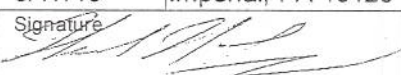
1270

Date of Notification (1) December 30, 2014		Name of Building Owner/Operator (2) OCD/PRD/J&J	
Agencies Notified	Type Notification	Street Address 920/1001 Rt. 202	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 8 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Raritan, NJ 08869	
		Name of Contact Project Manager	Telephone Number 1133

RECEIVED
 2015 JAN -5 PM 7:12
 ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) OCD/PRD/J&J		Type of Facility (4)	
Street Address 920/1001 Rt. 202		<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) Raritan, NJ	Square Feet	# of Floors 3	Bldg. Age
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Facility	
Name of Monitoring Firm Hired by Building Owner (8) Bulava / AET Environmental		Name of Abatement Contractor (9) The MACK Group, LLC.	
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207	License No. 00781
Start Date (10) 5/17/14	Scheduled Completion Date (11) 5/17/15		Name of OSHA Monitor The MACK Group, LLC.
Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209	
<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 Cherry Hill, NJ 08034	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> 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
Bld 1003 Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fittings & asbestos pipe	35 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bld 1003 1st Fl. Bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	fittings	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCD Tunnel #1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fittings & asbestos pipe	773 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCD Basement A Building	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	asbestos pipe	200 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Freehold Cartage	NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 10.3	Name of Registered Landfill BFI Imperial Landfill
City, State Freehold, NJ	Disposal Date 5/17/15	City, State Imperial, PA 15126	
Completed by Michael Cooper	Title President	Signature 	Date 12/30/14

[illegible]


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

1099

Date of Notification (1) May 08, 2014		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson							
Agencies Notified	Type Notification	Street Address 920 / 1001 Route 202, PO Box 300							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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 Raritan, NJ 08869							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Project Manager							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		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 920 / 1001 Route 202		Square Feet	# of Floors 3						
City (5) Raritan, NJ		Bldg. Age							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Facility							
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) The MACK Group, LLC.						
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207	License No. 00781						
Start Date (10) 5/17/14	Scheduled Completion Date (11) 5/17/15	Name of OSHA Monitor The MACK Group, LLC.							
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 1500 Kings HWY N, STE 209							
		City, State, Zip Code Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> 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
Bld 1003 Mechanical Room	<input checked="" type="checkbox"/>			fittings & asbestos pipe	35 lf	<input checked="" type="checkbox"/>			
Bld 1003 1st Fl. Bathroom		<input checked="" type="checkbox"/>		fittings	26	<input checked="" type="checkbox"/>			
OCD Tunnel #1	<input checked="" type="checkbox"/>			fittings & asbestos pipe	773 lf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 8.3	Name of Registered Landfill BFI Imperial Landfill					
City, State Freehold, NJ		Disposal Date 5/17/15		City, State Imperial, PA 15126					
Completed by Michael Cooper		Title President	Signature 			Date 5/8/14			

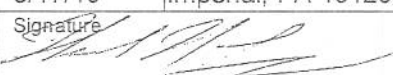
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

1133

Date of Notification (1) June 06, 2014		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 920 / 1001 Route 202, PO Box 300							
		City, State, Zip Code Raritan, NJ 08869							
		Name of Contact Project Manager							
		Telephone Number 908-611-1111							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		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 920 / 1001 Route 202		Square Feet	# of Floors 3						
City (5) Raritan, NJ		Bldg. Age							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Facility							
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) The MACK Group, LLC.						
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207	Telephone No. (973) 759 - 5000						
License No. 00781									
Start Date (10) 5/17/14	Scheduled Completion Date (11) 5/17/15	Name of OSHA Monitor The MACK Group, LLC.							
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 1500 Kings HWY N, STE 209							
		City, State, Zip Code Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> 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
Bld 1003 Mechanical Room	<input checked="" type="checkbox"/>			fittings & asbestos pipe	35 lf	<input checked="" type="checkbox"/>			
Bld 1003 1st Fl. Bathroom		<input checked="" type="checkbox"/>		fittings	26	<input checked="" type="checkbox"/>			
OCD Tunnel #1	<input checked="" type="checkbox"/>			fittings & asbestos pipe	773 lf	<input checked="" type="checkbox"/>			
OCD Basement A Building	<input checked="" type="checkbox"/>			asbestos pipe	200 lf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 10.3	Name of Registered Landfill BFI Imperial Landfill					
City, State Freehold, NJ		Disposal Date 5/17/15		City, State Imperial, PA 15126					
Completed by Michael Cooper		Title President	Signature 			Date 6/6/14			


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

1089

Date of Notification (1) August 01, 2014		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	920 / 1001 Route 202, PO Box 300 City, State, Zip Code Raritan, NJ 08869							
		Name of Contact Project Manager	Telephone Number (953) 511-1111						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		Type of Facility (4)							
Street Address 920 / 1001 Route 202		<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) Raritan, NJ		Square Feet	# of Floors 3						
County (6) Somerset		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Facility							
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		Name of Abatement Contractor (9) The MACK Group, LLC.							
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207	License No. 00781						
Start Date (10) 5/17/14	Scheduled Completion Date (11) 5/17/15		Name of OSHA Monitor The MACK Group, LLC.						
Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209							
<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 Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> 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
Bld 1003 Mechanical Room	<input checked="" type="checkbox"/>			fittings & asbestos pipe	35 lf	<input checked="" type="checkbox"/>			
Bld 1003 1st Fl. Bathroom		<input checked="" type="checkbox"/>		fittings	26	<input checked="" type="checkbox"/>			
OCD Tunnel #1	<input checked="" type="checkbox"/>			fittings & asbestos pipe	773 lf	<input checked="" type="checkbox"/>			
OCD Basement A Building	<input checked="" type="checkbox"/>			asbestos pipe	200 lf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 10.3	Name of Registered Landfill BFI Imperial Landfill					
City, State Freehold, NJ		Disposal Date 5/17/15		City, State Imperial, PA 15126					
Completed by Michael Cooper		Title President		Signature 				Date 8/1/14	


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

1100

Date of Notification (1) September 03, 2014		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson							
Agencies Notified	Type Notification	Street Address 920 / 1001 Route 202, PO Box 300							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Raritan, NJ 08869							
		Name of Contact Project Manager	Telephone Number (609) 421-1111						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		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 920 / 1001 Route 202		Square Feet	# of Floors 3						
City (5) Raritan, NJ		Bldg. Age							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Facility							
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) The MACK Group, LLC.						
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207	Telephone No. (973) 759 - 5000						
License No. 00781									
Start Date (10) 5/17/14	Scheduled Completion Date (11) 5/17/15	Name of OSHA Monitor The MACK Group, LLC.							
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 1500 Kings HWY N, STE 209							
		City, State, Zip Code Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> 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
Bld 1003 Mechanical Room	<input checked="" type="checkbox"/>			fittings & asbestos pipe	35 lf	<input checked="" type="checkbox"/>			
Bld 1003 1st Fl. Bathroom		<input checked="" type="checkbox"/>		fittings	26	<input checked="" type="checkbox"/>			
OCD Tunnel #1	<input checked="" type="checkbox"/>			fittings & asbestos pipe	773 lf	<input checked="" type="checkbox"/>			
OCD Basement A Building	<input checked="" type="checkbox"/>			asbestos pipe	200 lf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253		Cubic Yards of Waste 10.3	Name of Registered Landfill BFI Imperial Landfill				
City, State Freehold, NJ		Disposal Date 5/17/15		City, State Imperial, PA 15126					
Completed by Michael Cooper		Title President		Signature 		Date 9/3/14			


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

1198

Date of Notification (1) September 26, 2014		Name of Building Owner/Operator (2) OCD/PRD/J&J							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	920/1001 Rt. 202 City, State, Zip Code Raritan, NJ 08869							
		Name of Contact Project Manager	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) OCD/PRD/J&J		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 920/1001 Rt. 202		Square Feet	# of Floors 3						
City (5) Raritan, NJ		Bldg. Age							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Facility							
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) The MACK Group, LLC.						
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207	Telephone No. (973) 759 - 5000						
License No. 00781									
Start Date (10) 5/17/14	Scheduled Completion Date (11) 5/17/15	Name of OSHA Monitor The MACK Group, LLC.							
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 1500 Kings HWY N, STE 209							
		City, State, Zip Code Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> 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
Bld 1003 Mechanical Room	<input checked="" type="checkbox"/>			fittings & asbestos pipe	35 lf	<input checked="" type="checkbox"/>			
Bld 1003 1st Fl. Bathroom		<input checked="" type="checkbox"/>		fittings	26	<input checked="" type="checkbox"/>			
OCD Tunnel #1	<input checked="" type="checkbox"/>			fittings & asbestos pipe	773 lf	<input checked="" type="checkbox"/>			
OCD Basement A Building	<input checked="" type="checkbox"/>			asbestos pipe	200 lf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 10.3	Name of Registered Landfill BFI Imperial Landfill					
City, State Freehold, NJ		Disposal Date 5/17/15		City, State Imperial, PA 15126					
Completed by Michael Cooper		Title President	Signature 			Date 9/26/14			

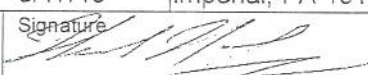
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

1238

Date of Notification (1) December 29, 2014		Name of Building Owner/Operator (2) OCD/PRD/J&J							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	920/1001 Rt. 202							
<input checked="" type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	City, State, Zip Code							
<input checked="" type="checkbox"/> DOL	Amendment # 7	Raritan, NJ 08869							
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number						
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Project Manager	(8						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) OCD/PRD/J&J		Type of Facility (4)							
Street Address 920/1001 Rt. 202		<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) Raritan, NJ		Square Feet	# of Floors 3						
County (6) Somerset		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Facility							
Name of Monitoring Firm Hired by Building Owner (8) Bulava / AET Environmental		Name of Abatement Contractor (9) The MACK Group, LLC.							
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207	License No. 00781						
Start Date (10) 5/17/14	Scheduled Completion Date (11) 5/17/15		Name of OSHA Monitor The MACK Group, LLC.						
Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209							
<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 Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> 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
Bld 1003 Mechanical Room	<input checked="" type="checkbox"/>			fittings & asbestos pipe	35 lf	<input checked="" type="checkbox"/>			
Bld 1003 1st Fl. Bathroom		<input checked="" type="checkbox"/>		fittings	26	<input checked="" type="checkbox"/>			
OCD Tunnel #1	<input checked="" type="checkbox"/>			fittings & asbestos pipe	773 l/f	<input checked="" type="checkbox"/>			
OCD Basement A Building	<input checked="" type="checkbox"/>			asbestos pipe	200 l/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 10.3	Name of Registered Landfill BFI Imperial Landfill					
City, State Freehold, NJ		Disposal Date 5/17/15		City, State Imperial, PA 15126					
Completed by Michael Cooper		Title President		Signature 			Date 12/29/14		

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

1239

Date of Notification (1) December 16, 2014		Name of Building Owner/Operator (2) OCD/PRD/J&J							
Agencies Notified	Type Notification	Street Address							
<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 checked="" type="checkbox"/> Amended Amendment # 6 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	920/1001 Rt. 202 City, State, Zip Code Raritan, NJ 08869 Name of Contact Project Manager							
		Telephone Number (856) 222-1111							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) OCD/PRD/J&J		Type of Facility (4)							
Street Address 920/1001 Rt. 202		<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) Raritan, NJ		Square Feet	# of Floors 3						
County (6) Somerset		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Facility							
Name of Monitoring Firm Hired by Building Owner (8) Bulava / AET Environmental		Name of Abatement Contractor (9) The MACK Group, LLC.							
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207	License No. 00781						
Start Date (10) 5/17/14	Scheduled Completion Date (11) 5/17/15		Name of OSHA Monitor The MACK Group, LLC.						
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		1500 Kings HWY N, STE 209							
		City, State, Zip Code Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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
Bld 1003 Mechanical Room	<input checked="" type="checkbox"/>			fittings & asbestos pipe	35 lf	<input checked="" type="checkbox"/>			
Bld 1003 1st Fl. Bathroom		<input checked="" type="checkbox"/>		fittings	26	<input checked="" type="checkbox"/>			
OCD Tunnel #1	<input checked="" type="checkbox"/>			fittings & asbestos pipe	773 lf	<input checked="" type="checkbox"/>			
OCD Basement A Building	<input checked="" type="checkbox"/>			asbestos pipe	200 lf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253		Cubic Yards of Waste 10.3	Name of Registered Landfill BFI Imperial Landfill				
City, State Freehold, NJ		Disposal Date 5/17/15		City, State Imperial, PA 15126					
Completed by Michael Cooper		Title President		Signature 		Date 12/16/14			