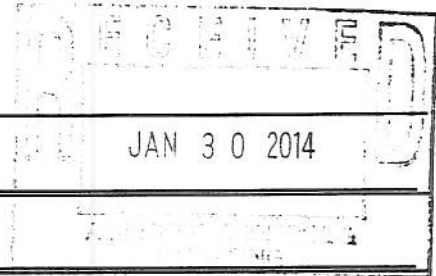


State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 2014-40

CK # 005482



Date of Notification (1) 01/17/14		Name of Building Owner/Operator (2) STEVE MATTHEWS	
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 18 HOBART AVENUE		City, State, Zip Code GARFIELD, NJ 07026	
Name of Contact STEVE MATTHEWS		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) STEVE MATTHEWS			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 18 HOBART AVENUE			Square Feet # of Floors Bldg. Age		
City (5) GARFIELD	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 01169
Start Date (10) 02/10/14	Sched. Completion Date (11) 02/10/14		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 checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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)	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"/>		PIPE INSULATION	130 L FT	<input checked="" type="checkbox"/>			
BASEMENT ABOVE ceiling		<input checked="" type="checkbox"/>		PIPE INSULATION	37 L FT	<input checked="" type="checkbox"/>			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATTERSON, NJ 07650	Disposal Date 02/11/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) LOGAN JOLDE	Title PRESIDENT	Signature	Date 1/27/14

CHECK # 8372

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

Date of Notification (1) 1/27/14		Name of Building Owner/Operator (2) SCOTT LEWIS	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 151 KENSINGTON AVE		City, State, Zip Code NORWOOD, N.J. 07648	
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Name of Contact SCOTT LEWIS	
Street Address 151 KENSINGTON AVE		Telephone Number	
City (5) NORWOOD		County Code (7) (STATE USE ONLY)	
County (6) BERGEN		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.)	
Name of Monitoring Firm Hired by Building Owner (8)		Square Feet 1,350	
Street Address		# of Floors 2	
City, State, Zip Code		Bldg. Age 150	
Project Manager for Monitoring Firm		Current Use (Prior if being demolished) RESIDENTIAL	
Telephone No.		Name of Abatement Contractor (9) A. MAC Contracting Inc	
Start Date (10) 2/7/14		Street Address 105 Lowell Road	
Scheduled Completion Date (11) 2/28/14		City, State, Zip Code Glen Rock, NJ 07452	
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:		Telephone No. 201-262-5841	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 260 sf or 260 lf		License No. 00156	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Name of OSHA Monitor Omega Environmental Services Inc.	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement Basement		Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 23 LF 60 LF	
Abatement Type Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure		Abatement Type Removal Repair Encapsulate Envelope	
Name of Registered Waste Hauler Rovic Transport		Cubic Yards of Waste 1	
NJDEP Waste Hauler ID No. 20785		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State, Zip Code Riverdale, NJ 07457		City, State, Zip Code Bethlehem, PA 18015	
Disposal Date 2/7/14		Signature J. Vocaturio	
Completed by Joseph Vocaturio		Date 1/27/14	

* Do not use this form for asbestos licensure exempted activity


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

CK# 5924

Date of Notification (1) 01 / 24 / 14		Name of Building Owner/Operator (2) Union City Board of Education / Job #1401-4723 Check #5924							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3912 Bergen Turnpike							
		City, State, Zip Code Union City, NJ 07087							
		Name of Contact Justin Mercado							
Telephone Number _____									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hudson Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 167 19th Street		Square Feet # of Floors Bldg. Age							
City (5) Union City		County Code (7) (STATE USE ONLY) Hudson							
County (6) Hudson		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 515 Grove Street, Suite 1B		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Thomas Adams		Telephone No. 856-547-0505	License No. 00529						
Start Date (10) 01 / 28 / 14	Scheduled Completion Date (11) 02 / 03 / 14		Name of OSHA Monitor EMSL Analytical						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor Classroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Double Layer Floor Tile	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Floor Classroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Double Layer Floor Tile	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 2/3/14		City, State Tullytown, PA					
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator		Signature <i>Jennifer Piraine</i>			Date 1/24/14		

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

Check # 1749

Date of Notification (1) 01 / 29 / 14		Name of Building Owner / Operator (2) First Energy					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation					
Street Address 76 South Street		City, State, Zip Code Akron, Ohio 44308					
Name of Contact Jim Halsey		Telephone Number _____					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Street Address 81 RED VALLEY 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 bldgs., homes, etc.)					
City (5) CREAM RIDGE	County (6) MONMOUTH	County Code (7)	Square Feet _____ # Of Floors _____ Building Age _____ Current Use (Prior if being demolished) Telephone Pole _____				
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations		ASCM NO. _____					
Street Address 655 West Shore Trail		Street Address 32 Williams Parkway					
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code East Hanover, NJ 07036					
Project Mngr. For Monitoring Firm Dino Nappi		Telephone Number 212-682-9271					
Scheduled Start Date (10) 02 / 11 / 14	Sched. Completion Date (11) 02 / 12 / 14	Telephone Number 973-884-8682	License Number 00860				
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ Monday 8:00 am to 4:00 pm <input checked="" type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor LVI Demolition Services Inc. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07036					
Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos Containing <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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>R E M O V A L</td> <td>R E P A I R</td> <td>E N C A P S U L</td> <td>E N C L O S U R</td> </tr> </table>	R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R				
Exterior Telephone Pole	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Transite Pipe	20 LF				
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A						
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A						
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A						
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste _____				
City, State NEWARK, NJ		Disposal Date	Name of Registered Landfill I.E.S.I. City, State BETHLEHEM, PA 18105				
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER	Signature  Date 01/29/14				

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

check # 1750

Date of Notification (1) 01 / 29 / 14		Name of Building Owner / Operator (2) Mercedes Benz	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1 Mercedes Drive City, State, Zip Code Montvale NJ 07645 Name of Contact Thomas Darminio Telephone Number	
Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Mercedes Benz		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
Street Address 1 Glenview Ave			
City (5) Montvale	County (6) Bergen	County Code (7)	Square Feet 4,000
			# Of Floors 1
			Building Age 40+
Name of Monitoring Firm Hired by Bldg. Owner (8) bureau veritas		Current Use (Prior if being demolished) commercial	
Street Address 110 fieldcrest ave		Name of Abatement Contractor (9) LVI Demolition Services Inc.	
City, State, Zip Code Edison NJ 08837		Street Address 32 Williams Parkway	
Project Mng'r. For Monitoring Firm Pat Hand		City, State, Zip Code East Hanover, NJ 07936	
Telephone Number 732 2256040			
Scheduled Start Date (10) 02 / 14 / 14	Sched. Completion Date (11) 02 / 21 / 14	Telephone Number 973-772-3660	License Number 00860
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Friday 7am to 11:30pm sat 8am to 4pm <input type="checkbox"/> Other - Describe: sun 8am to 4pm if necessary		Name of OSHA Monitor LVI Demolition Services Inc. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07936	
Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <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) 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 N C L O S U R
vehicle delivery room	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	glue dots	60 sf
test cell room	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	glue dots	60 sf
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name of Registered Waste Hauler Newark Carting	NJDEP Waste Hauler ID No. nj566	Cubic Yards of Waste	Name of Registered Landfill IESI
City, State Newark, NJ	Disposal Date		City, State Bethlehem, PA
Completed by (Print or Type) Paul Mast	Title Vice President	Signature <i>Paul Mast</i>	Date 01/29/14

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

No CK

Date of Notification (1) 06 / 26 / 13		Name of Building Owner / Operator (2) ALCATEL/LUCENT TECHNOLOGIES INC.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Street Address 600 MOUNTAIN AVENUE City, State, Zip Code MURRAY HILL, NJ 07974 Name of Contact JOEY SOUSA Telephone Number JAN 30 2014	
Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) ALCATEL/LUCENT		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
Street Address 600 MOUNTAIN AVENUE			
City (5) MURRAY HILL	County (6) SOMERSET	County Code (7)	
		Square Feet 500,000	# Of Floors 5
		Building Age 20-50	
		Current Use (Prior if being demolished) OFFICE /RESEARCH	
Name of Monitoring Firm Hired by Bldg. Owner (8) WCD		ASCM NO 111	
Street Address 23 ROUTE 31 NORTH		Name of Abatement Contractor (9) LVI Demolition Services Inc.	
City, State, Zip Code PENNINGTON, NJ 08534		Street Address 32 Williams Parkway	
Project Mngr. For Monitoring Firm MIKE GARAMBONE		City, State, Zip Code East Hanover, NJ 07936	
Telephone Number 212-631-9000		Telephone Number 973-772-3660	
Sched. Start Date (10) 07 / 16 / 13		Sched. Completion Date (11) 06 / 30 / 14	
License Number 00860			

Occupancy Status During Abatement (Check Only 1)

☐ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours - Describe: _____

☒ Other - Describe: M-F 7AM - 11:30PM
SAT - 7AM - 3:30PM

Name of OSHA Monitor
LVI Demolition Services Inc.

Street Address
32 Williams Parkway

City, State, Zip Code
East Hanover, NJ 07936

Scope of Work (Check All That Apply)

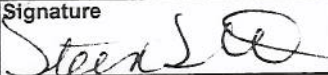
☐ Demolition
☐ ≥3sf or ≥3lf
☒ ≥160 sf or ≥260 lf

☒ Renovation

☒ Full Containment with Negative Pressure
☒ Mini - Enclosure
☒ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
	YES NO N/A						
BLDG 1	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE FITTINGS	325 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 1	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE	10620 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 1	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	HEAT SHIELD	2848 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 1	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	WINDOW GLAZING	31710 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Newark Carting	NJDEP Waste 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I
City, State NEWARK, NJ	Disposal Date	City, State BETHLEHEM, PA	

Completed by (Print or Type) STEVE STILES	Title PROJECT MANAGER	Signature 	Date 01/29/14
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 9426

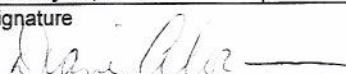
Date of Notification (1) January 27, 2014		Name of Building Owner / Operator (2) Our Lady Star of the Sea Church	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification EMERGENCY <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	Street Address 2651 Atlantic Avenue City, State & Zip Code Atlantic City, NJ 08401 Name of Contact Conn Mechanical	
		Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Our Lady Star of the Sea School - Gymnasium		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 15 North California Avenue		Square Feet 50,000	
City (5) Atlantic City		# of Floors 3	
County (6) Atlantic		Bldg. Age 100 years	
County Code (7) USE ONLY		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental, Inc.		Name of Abatement Contractor (9) Synatech, Inc.	
Street Address 15 West Elizabeth Avenue		Street Address 829 Radio Road	
City, State & Zip Code Linden, NJ 07036		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Kelly Walton		Telephone Number 908-862-4301	License Number 00817
Scheduled Start Date (10) January 25, 2014	Scheduled Completion Date (11) January 26, 2014	Name of OSHA Monitor Synatech, 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 <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

- | | | |
|---|-------------------------------------|--|
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 50 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <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 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
Gymnasium		X		Pipe Insulation	5 LF	X			
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste < 1	Name of Registered Landfill Grows Landfill					
City, State Little Egg Harbor, NJ 08087		Disposal Date January 30, 2014		City, State Morrisville, PA					
Completed By Diane Aloia	Title Executive Assistant	Signature 			Date January 27, 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)

Check # 9428

Date of Notification (1) January 27, 2014		Name of Building Owner / Operator (2) Our Lady Star of the Sea Church	
Agencies Notified	Type Notification EMERGENCY	Street Address 2661 Atlantic Avenue	<div style="border: 1px solid black; padding: 5px;"> APPROVED NJ Dept of Health & Senior Services <i>Paul C. Horner</i> (signature) Date: 1/28/14 Time: 8:04 AM </div>
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> OCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	City, State & Zip Code Atlantic City, NJ 08401	
		Name of Contact Conn Mechanical	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Our Lady Star of the Sea School - Gymnasium		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 15 North California Avenue		Square Feet 60,000	# of Floors 3
City (5) Atlantic City		Bldg. Age 100 years	
County (6) Atlantic		Current Use (Prior if being demolished) School	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.
Street Address 15 West Elizabeth Avenue		Street Address 829 Radio Road	
City, State & Zip Code Linden, NJ 07036		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Kelly Walton		Telephone Number 908-882-4301	Telephone Number 609-286-6816
Scheduled Start Date (10) January 25, 2014		Scheduled Completion Date (11) January 28, 2014	License Number 00817
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 <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor Synatech, Inc.	
		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

- ☒ ≥ 3 sf or ≥ 50 lf
☐ ≥ 160 sf or ≥ 280 lf

- ☐ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of 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
Gymnasium		X		Pipe Insulation	5 LF	X			

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste < 1	Name of Registered Landfill Grows Landfill	
City, State Little Egg Harbor, NJ 08087		Disposal Date January 30, 2014		City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Assistant	Signature <i>Diane Aloia</i>		Date January 27, 2014	

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

No CK

23 516

Date of Notification (1) January 27, 2014		Name of Building Owner/Operator (2) Gregory Storms <i>original sent with check</i>	
Agencies Notified	Type of Notification	Street Address 44 Veterans Memorial Highway	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Somerville, NJ 08876	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____	Name of Contact Gregory Storms	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Body Shop			Type of Facility (4)		
Street Address 44 Veterans Memorial Highway			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Somerville			Bldg. Age 60		
			Current Use (Prior if being demolished) Former Body Shop		
County (6) Somerset		County Code (7) (STATE USE ONLY)	Square feet 3500 sf	# of Floors 1	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 1/21/14		Scheduled Completion Date (11) 2/11/14			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Name of OSHA Monitor 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 type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<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) 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 roofing	3700 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 45	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 2/12/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 1/27/2014

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

MO# 21382890412

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

Date of Notification (1) 01 / 27 / 14		Name of Building Owner/Operator (2) Joseph Garrett							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 Rodney Street City, State, Zip Code Glen Rock, NJ 07452 Name of Contact Joseph Garrett Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 30 Rodney Street		Square Feet	# of Floors						
City (5) Glen Rock, NJ 07452		Bldg. Age							
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)						
Street Address			Gr Tech LLC						
City, State, Zip Code			576 Valley Rd #283						
Project Manager for Monitoring Firm		Telephone No.	Wayne, NJ 07470						
		Telephone No.	License No.						
		973-638-1777	01127						
Start Date (10) 02 / 05 / 14	Scheduled Completion Date (11) 02 / 06 / 14	Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	115 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>N. Jevtic</i>			Date 01/27/2014			

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


JAN 30 2014

CK# 11759

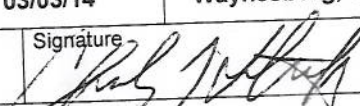
Date of Notification (1) 1/15/14		Name of Building Owner/Operator (2) Nicholas of Newark					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 171 Clifton Ave					
		City, State, Zip Code Newark NJ 07642					
		Name of Contact Dan Moran					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) St GABRIEL Parish House		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 88 E Saddle River Rd							
City (5) Saddle River		Square Feet	# of Floors Bldg. Age				
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) EMSL		ASCM No.	Name of Abatement Contractor (9) F. Gause & Son				
Street Address 307 W 38th St		Street Address 513 E 32nd St					
City, State, Zip Code NY, NY		City, State, Zip Code Paterson NJ					
Project Manager for Monitoring Firm Manager	Telephone No. 212-421-6050	Telephone No. 973-3452223	License No. 004 00021				
Start Date (10) 1/31/14	Scheduled Completion Date (11) 2/3/14	Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Demolition		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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
1 + 2nd Floor		Plaster	1875 SF	X			
Kitchen		Non Bi Linoleum	300 SF	X			
Name of Registered Waste Hauler Eastern Waste		NJDEP Waste Hauler ID No. A5027	Cubic Yards of Waste	Name of Registered Landfill Imperial Landfill			
City, State Freehold NJ		Disposal Date	City, State Imperial PA				
Completed By Frank Gause	Title President	Signature [Signature]	Date 1/15/14				

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

CK # 1076

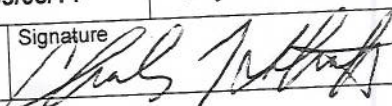
Date of Notification (1) 1/26/2014		Name of Building Owner/Operator (2) Tom Brondolo							
Agencies Notified	Type Notification	Street Address 636 Washington Ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Dumont, NJ 07628							
		Name of Contact Tom Brondolo	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) TOM BRONDOLO		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 636 Washington Ave		Square Feet	# of Floors						
City (5) Dumont		Bldg. Age							
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) Pro Abatement						
Street Address		Street Address 1009 87th st Suite A4							
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047							
Project Manager for Monitoring Firm		Telephone No. 201-293-6305	License No. 01223						
Start Date (10) 2/5/2014	Scheduled Completion Date (11) 2/8/2014	Name of OSHA Monitor HILMAMM CONSULTING 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 1600 ROUTE EAS SUITE 107							
		City, State, Zip Code UNION NJ 07083							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	PIPE INSULATION	55 LF	x			
1st floor			x	Pipe Insulation	10 LF	x			
Kitchen			x	VAT	108 SF	x			
Name of Registered Waste Hauler SAN TON SERVICES		NJDEP Waste Hauler ID No. 22430	Cubic Yards of Waste	Name of Registered Landfill MEDOWLANCHES COMMISSION					
City, State KENILWORTH, NJ			Disposal Date	City, State KEARNY, NJ					
Completed by Bryan Parra		Title Project Manager	Signature 	Date 1/22/2014					

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

Date of Notification (1) 01 / 27 / 14		Name of Building Owner/Operator (2) New Jersey Turnpike Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P O Box 5042							
		City, State, Zip Code Woodbridge, NJ 07095							
		Name of Contact Mr. Peter Julo, PE							
Telephone Number JAN 30 2014									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Toll Utility Building		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 NJ Turnpike Interchange 8A		Square Feet 5,000	# of Floors 2						
City (5) Monroe Township		Bldg. Age 53							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Utility Building							
Name of Monitoring Firm Hired by Building Owner (8) Saban Engineering Group		Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation							
Street Address 1001 Avenue of the Americans, 12th Floor		Street Address 500 East Luzerne Street							
City, State, Zip Code New York, New York 10018		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Stephen Pharaï	Telephone No. 212-913-9640	Telephone No. 215-739-8166	License No. 00646						
Start Date (10) 02 / 03 / 14	Scheduled Completion Date (11) 02 / 10 / 14	Name of OSHA Monitor SAME AS ABOVE							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-5PM / PM - AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior doors, windows, louvers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caulking	704 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Glazing Compound	128 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mudded fitting insulation	4 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Diamond Huntbach Construction		NJDEP Waste Hauler ID No. 19689	Cubic Yards of Waste 1 CY	Name of Registered Landfill Minerva					
City, State Philadelphia, PA 19124		Disposal Date 03/03/14		City, State Waynesburg, OH 44688					
Completed By (Print or Type) Charles F. Imbimbo		Title Project Manager		Signature 			Date 01/27/14		

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

NO CK

Date of Notification (1) 01 / 27 / 14		Name of Building Owner/Operator (2) New Jersey Turnpike Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	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 P O Box 5042							
		City, State, Zip Code Woodbridge, NJ 07095							
		Name of Contact Mr. Peter Julo, PE							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Toll Utility Building		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 NJ Turnpike Interchange 9		Square Feet 3,600	# of Floors 1						
City (5) East Brunswick Twp		Bldg. Age 52							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Utility Building							
Name of Monitoring Firm Hired by Building Owner (8) Saban Engineering Group		Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation							
Street Address 1001 Avenue of the Americans, 12th Floor		Street Address 500 East Luzerne Street							
City, State, Zip Code New York, New York 10018		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Stephen Pharaï		Telephone No. 212-913-9640	License No. 00646						
Start Date (10) 02 / 04 / 14	Scheduled Completion Date (11) 02 / 11 / 14	Name of OSHA Monitor SAME AS ABOVE							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-5PM / PM - AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Foyer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tiles	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Diamond Huntbach Construction		NJDEP Waste Hauler ID No. 19689	Cubic Yards of Waste 1 CY	Name of Registered Landfill Minerva					
City, State Philadelphia, PA 19124		Disposal Date 03/03/14		City, State Waynesburg, OH 44688					
Completed By (Print or Type) Charles F. Imbimbo		Title Project Manager		Signature 				Date 01/27/14	

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

No OK

Date of Notification (1)
01 / 27 / 14

Name of Building Owner/Operator (2)
New Jersey Turnpike Authority

Agencies Notified
☒ EPA
☒ DEP
☒ DCA (NJAC 5:16)
☒ DHSS
☐ DCA (NJAC 5:23-8)

Type Notification
☐ Initial
☒ Amended
 Amendment # 1
☐ Emergency (including justification)
☐ Cancellation

Street Address
P O Box 5042

City, State, Zip Code
Woodbridge, NJ 07095

Name of Contact
Mr. Peter Julo, PE

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Toll Utility Building

Street Address
NJ Turnpike Interchange 10

City (5)
Edison

County (6)
Middlesex

County Code (7)(STATE USE ONLY)

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet
4,664

of Floors
2

Bldg. Age
52

Current Use (Prior if being demolished)
Utility Building

Name of Monitoring Firm Hired by Building Owner (8)
Saban Engineering Group

ASCN No.

Name of Abatement Contractor (9)
Diamond Huntbach Construction Corporation

Street Address
500 East Luzerne Street

City, State, Zip Code
Philadelphia, PA 19124

Telephone No.
215-739-8166

License No.
00646

Project Manager for Monitoring Firm
Stephen Pharaï

Telephone No.
212-913-9640

Start Date (10)
02 / 04 / 14

Scheduled Completion Date (11)
02 / 11 / 14

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe
 Time of Abatement: 7AM-5PM / PM - AM

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf
☒ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☒ Non-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
All Window Frames	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caulking	480 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler
Diamond Huntbach Construction

NJDEP Waste Hauler ID No.
19689

Cubic Yards of Waste
1 CY

Name of Registered Landfill
Minerva

City, State
Philadelphia, PA 19124

Disposal Date
03/01/14

City, State
Waynesburg, OH 44688

Completed By (Print or Type)
Charles F. Imbimbo

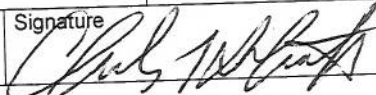
Title
Project Manager

Signature
[Signature]

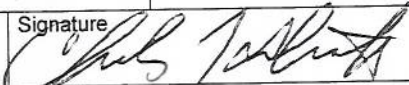
Date
01/27/14

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

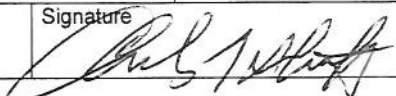
NO CK

Date of Notification (1) 01 / 27 / 14		Name of Building Owner/Operator (2) New Jersey Turnpike Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P O Box 5042							
		City, State, Zip Code Woodbridge, NJ 07095							
		Name of Contact Mr. Peter Julo, PE	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Toll Utility Building		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 NJ Turnpike Interchange 11		Square Feet 6,120	# of Floors 2						
City (5) Woodbridge		Bldg. Age 49							
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Utility Building							
Name of Monitoring Firm Hired by Building Owner (8) Saban Engineering Group		ASCM No.	Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation						
Street Address 1001 Avenue of the Americans, 12th Floor		Street Address 500 East Luzerne Street							
City, State, Zip Code New York, New York 10018		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Stephen Pharai	Telephone No. 212-913-9640	Telephone No. 215-739-8166	License No. 00646						
Start Date (10) 02 / 05 / 14	Scheduled Completion Date (11) 02 / 12 / 14	Name of OSHA Monitor SAME AS ABOVE							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-5PM / PM - AM		Street Address City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Window Frames	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caulking, multiple layers	125 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foyer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and mastic	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Diamond Huntbach Construction		NJDEP Waste Hauler ID No. 19689	Cubic Yards of Waste 1 CY	Name of Registered Landfill Minerva					
City, State Philadelphia, PA 19124			Disposal Date 03/03/14	City, State Waynesburg, OH 44688					
Completed By (Print or Type) Charles F. Imbimbo		Title Project Manager		Signature 			Date 01/27/14		

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

Date of Notification (1) 01 / 27 / 14			Name of Building Owner/Operator (2) New Jersey Turnpike Authority						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		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 P O Box 5042 City, State, Zip Code Woodbridge, NJ 07095 Name of Contact Mr. Peter Julo, PE Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Toll Utility Building				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 NJ Turnpike Interchange 13				Square Feet 4,256	# of Floors 2				
City (5) Elizabeth				Bldg. Age 49					
County (6) Union		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Utility Building					
Name of Monitoring Firm Hired by Building Owner (8) Saban Engineering Group		ASCM No.		Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation					
Street Address 1001 Avenue of the Americans, 12th Floor		Street Address 500 East Luzerne Street							
City, State, Zip Code New York, New York 10018		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Stephen Pharai		Telephone No. 212-913-9640		Telephone No. 215-739-8166	License No. 00646				
Start Date (10) 02 / 06 / 14		Scheduled Completion Date (11) 02 / 14 / 14		Name of OSHA Monitor SAME AS ABOVE					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-5PM / ____ PM- ____ AM				Street Address City, State, Zip Code					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Doors and window frames	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caulking, multiple layers	1,620 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof Parapet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flashing material	1 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"/>
Name of Registered Waste Hauler Diamond Huntbach Construction		NJDEP Waste Hauler ID No. 19689		Cubic Yards of Waste 1 CY	Name of Registered Landfill Minerva				
City, State Philadelphia, PA 19124		Disposal Date 03/03/14		City, State Waynesburg, OH 44688					
Completed By (Print or Type) Charles F. Imbimbo		Title Project Manager		Signature 		Date 01/27/14			

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

Date of Notification (1) 01 / 27 / 14		Name of Building Owner/Operator (2) New Jersey Turnpike Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	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 P O Box 5042							
		City, State, Zip Code Woodbridge, NJ 07095							
		Name of Contact Mr. Peter Julo, PE	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Toll Utility Building		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 NJ Turnpike Interchange 14		Square Feet 10,992	# of Floors 2						
City (5) Newark		Bldg. Age 34							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Utility Building							
Name of Monitoring Firm Hired by Building Owner (8) Saban Engineering Group		ASCM No.	Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation						
Street Address 1001 Avenue of the Americans, 12th Floor		Street Address 500 East Luzerne Street							
City, State, Zip Code New York, New York 10018		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Stephen Pharai	Telephone No. 212-913-9640	Telephone No. 215-739-8166	License No. 00646						
Start Date (10) 02 / 06 / 14	Scheduled Completion Date (11) 02 / 14 / 14	Name of OSHA Monitor SAME AS ABOVE							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-5PM / PM - AM		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"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> 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
South Elevation Louvers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caulking	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Diamond Huntbach Construction		NJDEP Waste Hauler ID No. 19689	Cubic Yards of Waste 1 CY	Name of Registered Landfill Minerva					
City, State Philadelphia, PA 19124		Disposal Date 03/03/14		City, State Waynesburg, OH 44688					
Completed By (Print or Type) Charles F. Imbimbo		Title Project Manager		Signature 		Date 01/27/14			

(signature)
 Date: 1/24/14 Time: 2:00

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:80 and 12:120)

CK# 0494

Date of Notification (1) 1-24-2014		Name of Building Owner/Operator (2) Yannuzzi and Sons Demolition							
Agencies Notified	Type Notification	Street Address 152 US Highway 206							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hillsborough, NJ 08844							
		Name of Contact Joe Giannetti	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House for Demo		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 46 Harmony Station		Square Feet	# of Floors 2						
City (5) Harmony Township		Bldg. Age 50+							
County (6) Warren	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. n/a	Name of Abatement Contractor (9) Loznica Management Corporation						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01193						
Start Date (10) 1-27-2014	Scheduled Completion Date (11) 1-31-2014	Name of OSHA Monitor Loznica Management Corp.							
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 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
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-Reliable 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
Kitchen			X	VAT under Linoleum	300 SF	X			
Basement			X	VAT	400 SF	X			
Name of Registered Waste Hauler Loznica Management Corp.		NJDEP Waste Hauler ID No. 33137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Lincoln Park, NJ		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by E. Cirovic		Title Secretary		Signature 		Date 1-24-2014			

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

Date:

1/24/14 Time: 2:25

CK#0493

Date of Notification (1) 1-24-2014		Name of Building Owner/Operator (2) Yannuzzi and Sons Demolition							
Agencies Notified	Type Notification	Street Address 152 US Highway 206							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hillsborough, NJ 08844							
		Name of Contact Joe Giannetti							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House for Demo		Type of Facility (4)							
Street Address 4 Harmony Station		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Harmony Township		Square Feet	# of Floors 2						
County (6) Warren		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950						
Start Date (10) 1-27-2014		Scheduled Completion Date (11) 1-31-2014	License No. 01193						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Loznica Management Corp.							
<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 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
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
Exterior Windows			X	Window Caulk	50 SF	X			
Name of Registered Waste Hauler Loznica Management Corp.		NUDEP Waste Hauler ID No. 33137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Lincoln Park, NJ			Disposal Date TBD	City, State Morrisville, PA 19067					
Completed by E. Cirovic		Title Secretary	Signature 			Date 1-24-2014			

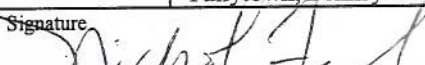
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) January 27, 2014		Name of Building Owner/Operator (2) Seminole Construction 23555	
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 128 Bartlett Avenue	
		City, State, Zip Code West Creek, NJ 08092 JAN 30 2014	
		Name of Contact Joyce	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 13 Toms Court			Square feet 1000 sf		
City Mystic Island	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) 1/28/14	Scheduled Completion Date (11) 1/31/14	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 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) 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				
	E	P	N	C						
	M	A	A	C						
	O	I	P	O						
	V	R	S	S						
	A		U	U						
	L		L	R						
Exterior			X		Asbestos siding	950 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 2/3/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 1/27/14

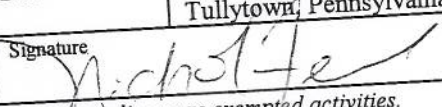
*Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1) January 27, 2014		Name of Building Owner/Operator (2) Seminole Construction 23556	
Agencies Notified	Type of Notification	Street Address 128 Bartlett Avenue	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code West Creek, NJ 08092	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #	Name of Contact Joyce	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 45 Lake Huron		Square feet 1000 sf	# of Floors 1
City Mystic Island	County (6) Ocean	County Code (7) (STATE USE ONLY)	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271	
Project Manager for Monitoring Firm		Telephone Number 732-349-9932	License Number 00624
Scheduled Start Date (10) 1/28/14		Scheduled Completion Date (11) 1/31/14	
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 _____			
Scope of Work (Check all that apply)		Name of OSHA Monitor E.M.S.L. Analytical	
<input type="checkbox"/> >3 sf or ≥3 lf		Street Address 1056 Stelton Road	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Piscataway, New Jersey 08854	
<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	X	Asbestos siding	1000 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 2/3/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 1/27/14

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