

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

CHECK#23205

Date of Notification (1) 7/1/2013		Name of Building Owner/Operator (2) JOE FILOON/AGENT FOR HOMEOWNER	
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 374 KINGFISHER ROAD	
		City, State, Zip Code TUCKERTON, NJ	
		Name of Contact DAVID J. D'ANDREA	
		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)	
Street Address 374 KINGFISHER ROAD		Square Feet	# of Floors Bldg. Age
City (5) TUCKERTON, NJ		Current Use (Prior if being demolished)	
County OCEAN	County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.
Street Address		Street Address 15 BLACK FOREST ROAD	
		City, State, Zip Code HAMILTON, NJ 08691	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-890-7110	License No. 00676
Start Date (10) 7/2/2013	Scheduled Completion Date (11) 7/2/2013	Name of OSHA Monitor N/A	
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	
		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 (*) & 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)
	Yes	No	
EXTERIOR		X	TRANSITE SIDING
Name of Registered Waste Hauler TIMSTER TRUCKING	NJDEP Waste Hauler ID No. 21079	Cubic Yards of Waste 5 YD.	Name of Registered Landfill GROWS
City, State WEST CREEK, NJ	Disposal Date 7/3/2013	City, State MORRISVILLE, PA	
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature <i>David D'Andrea</i>	Date 7/1/2013

ASB-41

* 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#23204

Date of Notification (1) 7/1/2013		Name of Building Owner/Operator (2) JOE FILOON/AGENT FOR HOMEOWNER						
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 8 WEST DORY DRIVE					
			City, State, Zip Code MYSTIC ISLAND, NJ					
			Name of Contact DAVID J. D'ANDREA		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)				
Street Address 8 WEST DORY DRIVE								
City (5) MYSTIC ISLAND, NJ				Square Feet	# of Floors Bldg. Age			
County OCEAN		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) CREAM RIDGE ENVIRONMENTAL INC.					
Street Address		Street Address 15 BLACK FOREST ROAD						
		City, State, Zip Code HAMILTON, NJ 08691						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-890-7110		License No. 00676				
Start Date (10) 7/2/2013	Scheduled Completion Date (11) 7/2/2013	Name of OSHA Monitor N/A						
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						
		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 (*) & 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
EXTERIOR		X	TRANSITE SIDING	1000 S.F.	X			
Name of Registered Waste Hauler TIMSTER TRUCKING		NJDEP Waste Hauler ID No. 21079	Cubic Yards of Waste 5 YD.	Name of Registered Landfill GROWS				
City, State WEST CREEK, NJ			Disposal Date 7/3/2013	City, State MORRISVILLE, PA				
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature <i>David J. D'Andrea</i>			Date 7/1/2013			

ASB-41

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NOTIFICATION OF ASBESTOS ABATEMENT

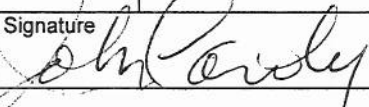
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 7/1/2013		Name of Building Owner/Operator (2) JOE FILOON/AGENT FOR HOMEOWNER	
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 79 MORRIS BLVD. City, State, Zip Code MANAHAWKIN, NJ Name of Contact DAVID J. D'ANDREA Telephone Number	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		FACILITY INFORMATION 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) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished)	
Name of Facility Where Abatement is Taking Place (3) PRIVATE RESIDENCE			
Street Address 79 MORRIS BLVD.			
City (5) MANAHAWKIN, NJ		County Code (7) (STATE USE ONLY)	
County OCEAN		Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.	
Name of Monitoring Firm Hired by Building Owner (8)		Street Address 15 BLACK FOREST ROAD	
Street Address		City, State, Zip Code HAMILTON, NJ 08691	
Project Manager for Monitoring Firm		Telephone No. 609-890-7110	
Start Date (10) 7/3/2013		Scheduled Completion Date (11) 7/3/2013	
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 working hours		Name of OSHA Monitor N/A	
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 (*) & Non-Friable Proc	
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	
EXTERIOR		X	TRANSITE SIDING
			1000 S.F.
Name of Registered Waste Hauler TIMSTER TRUCKING		NJDEP Waste Hauler ID No. 21079	Cubic Yards of Waste 5 YD.
City, State WEST CREEK, NJ		Name of Registered Landfill GROWS	
Completed By DAVID D'ANDREA		Disposal Date 7/5/2013	City, State MORRISVILLE, PA
Title PRESIDENT		Signature <i>David J. D'Andrea</i>	Date 7/1/2013

* Do not use this form for asbestos licensure exempted activities

No
check

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


Date of Notification (1) <div style="text-align: center;">7 / 03 / 13</div>		Name of Building Owner/Operator (2) JC Penney Corporation Inc.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6501 Legacy Drive							
		City, State, Zip Code PLano, TX 75024							
		Name of Contact Soy Thomas	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ocean County Mall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1201 Hooper Avenue		Square Feet 150000	# of Floors 2						
City (5) Toms River		Bldg. Age 75							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting LLC		ASCM No. 62252	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 1600 Route 22 East		Street Address 47 Foster Road							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Staten Island							
Project Manager for Monitoring Firm Tom Rubino	Telephone No. 908-956-1233	Telephone No. 718-605-6256	License No. 00774						
Start Date (10) <div style="text-align: center;">7 / 10 / 13</div>	Scheduled Completion Date (11) <div style="text-align: center;">8 / 30 / 13</div>	Name of OSHA Monitor Testor Tech							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM / 10:00PM-6:00AM		Street Address 10 59 Jackson Avenue							
		City, State, Zip Code LIC, NY 11101							
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 type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <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
1st Level Furniture Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	10,000SF	<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 Global Waste Industries, Inc.		NJDEP Waste Hauler ID No. NJ-22147	Cubic Yards of Waste 80	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Hackettstown, NJ		Disposal Date 8/1/13		City, State Morrisville PA					
Completed By (Print or Type) John Tardy	Title Senior Project Manager		Signature 			Date 7/3/13			

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

check # 1406

Date of Notification (1) 07 / 03 / 13		Name of Building Owner / Operator (2) MARS SNACK FOODS	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DCA		Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 700 HIGH STREET		City, State, Zip Code HACKETTSTOWN, NJ 07840	
Name of Contact BURT TOTZ		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MARS SNACK FOODS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
Street Address 700 HIGH STREET		Building Age 40+	
City (5) HACKETTSTOWN	County (6) WARREN	County Code (7)	Square Feet 800,000
			# Of Floors 3
			Current Use (Prior if being demolished) MANUFACTURING
Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO	
Street Address 907 DOOLITTLE DRIVE		Name of Abatement Contractor (9) LVI Demolition Services Inc.	
City, State, Zip Code BRIDGEWATER, NJ 08807		Street Address 32 Williams Parkway	
Project Mngr. For Monitoring Firm ERIC HOUSEKNECHT		City, State, Zip Code East Hanover, NJ 07936	
Telephone Number 908-218-1108		Telephone Number 973-772-3660	
Sched. Start Date (10) 07 / 08 / 13		License Number 00117	
Sched. Completion Date (11) 07 / 09 / 13			
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: <input checked="" type="checkbox"/> Other - Describe: 7:00AM -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)			
<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 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) 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)
TANK FARM	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE FITTING	3 LF
TANK FARM	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PUMP INSULATION	4 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. 4509	Cubic Yards of Waste
City, State NEWARK, NJ		Disposal Date	Name of Registered Landfill I.E.S.I.
			City, State BETHLAHEM, PA
Completed by (Print or Type) STEVE STILES		Title PROJECT MANAGER	Signature <i>Steve Stiles</i> Date 07/03/13

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

Date of Notification (1) June 28, 2013		Name of Building Owner/Operator (2) William Ranieri Check # 5922							
Agencies Notified	Type Notification	Street Address 129 N. Sacramento Avenue							
<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 Ventnor, NJ 08406							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact William Ranieri Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ranieri Residence		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 129 Sacramento Avenue		Square Feet 2,000	# of Floors 2						
City (5) Ventnor, NJ 08406		Bldg. Age 100							
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Mangement & Environ. Consulting Services		ASCM No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address P.O. Box 341		Street Address 623 Cutler Ave.							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm William Weisgarber		Telephone No. 609-298-4070	Telephone No. 856-755-0099 License No. 00842						
Start Date (10) July 13, 2013	Scheduled Completion Date (11) July 15, 2013	Name of OSHA Monitor EMSL							
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 107 Haddon Ave. City, State, Zip Code Westmont, New Jersey 08108							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Living/Dining/Laundry Room/Stairs		X		Transite Sheeting	832 SF	xxx			
Name of Registered Waste Hauler Freehold		NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste 8	Name of Registered Landfill Grows Landfill					
City, State Mount Holly, New Jersey 08060			Disposal Date 7/15/2013	City, State Tullytown, PA.					
Completed by Christina Lynch		Title Operations Manager	Signature 			Date June 28, 2013			

2013 JUL -5 AM

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:50 and 12:120)

DOL - 10 DAY

JUN 28 2013

WAIVER APPROVED

Date of Notification (1) 06/27/13 CK# 2708 \$200		Name of Building Owner/Operator (2) Oak Knoll School of the Holy Child							
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 type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 44 Blackburn Road		City, State, Zip Code Summit, New Jersey 07901							
Name of Contact John Daura		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Oak Knoll School of the Holy Child, Bonaventure Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 44 Blackburn Road		Square Feet 20,000	# of Floors 2						
City (5) Summit, New Jersey		Bldg. Age 55+							
County (6) Union		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) T&M Associates		Name of Abatement Contractor (9) Lilich Corporation							
Street Address 11 Tindell Road		Street Address 606 McBride Avenue							
City, State, Zip Code Middleton, New Jersey 07748		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 908-347-4388	Telephone No. 973-225-8400						
Start Date (10) 07/02/13		Scheduled Completion Date (11) 07/05/13	License No. 01104						
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: 4pm start		Name of OSHA Monitor J&S Environmental Labs LLC							
Street Address 2333 Route 22 West		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2160 sf or 2260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frable 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	Other
Basement Teachers Lounge		X		Pipe Insulation	150 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, NJ 07424		Disposal Date 07/08/13		City, State Mordaville, Pennsylvania					
Completed by Tatiana Kalenkova		Title Vice President		Signature <i>Tatiana Kalenkova</i>		Date 06/27/13			

2013 JUL -5 AM

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

DOL - 10 DAY

JUN 28 2013

WAIVER APPROVED

Date of Notification (1) 06/28/13 CK# 2711 \$200		Name of Building Owner/Operator (2) Environmental Waste Management Associates	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	
Street Address 100 Misty Lane		City, State, Zip Code Parsippany, New Jersey 07054	
Name of Contact Craig Gorscya		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) Service Station #2		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 96 Snyder Avenue		Square Feet 1,200	# of Floors 2
City (5) Berkeley Heights, New Jersey		Bldg. Age 55+	
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Gas Station	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.		ASCM No.	
Street Address 5434 King Avenue, Suite 101		Name of Abatement Contractor (9) Lillich Corporation	
City, State, Zip Code Pennsauken, New Jersey 08109		Street Address 606 McBride Avenue	
Project Manager for Monitoring Firm Tom Pruno		Telephone No. 809-744-7462	Telephone No. 973-225-8400
Start Date (10) 07/01/13		License No. 01104	
Scheduled Completion Date (11) 07/08/13		Name of OSHA Monitor J&S Environmental Labs LLC	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM start		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, New Jersey 07083	

Scope of Work (Check All That Apply)

<input type="checkbox"/> 23 sf or 23 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> 2180 sf or 2280 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) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Closure
Exterior			X	Roof Flashing	320 SF	X			
Exterior			X	Window Glazing	6 lg 2 sm	X			

Name of Registered Waste Hauler Lillich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S Landfill	
City, State Woodland Park, NJ 07424		Disposal Date 07/08/13		City, State Morrisville, Pennsylvania	
Completed by Tatiana Kalenkova		Title Vice President	Signature <i>Tatiana Kalenkova</i>		Date 06/28/13

5/16/2030 10:14 FAX

Form

2013 JUL -5 AM 8:20

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 12:13)

DOL - 10 DAY

JUN 28 2013

WAIVER APPROVED

Date of Notification (1)
06/28/13 CK# 2710

\$200

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

Type Notification

☐ Initial
☐ Amended
☒ Amendment #
☒ Emergency (including justification)
☐ Cancellation
Name of Building Owner/Operator (2)
Environmental Waste Management AssociatesStreet Address
100 Misty LaneCity, State, Zip Code
Parsippany, New Jersey 07054Name of Contact
Craig Gorscya

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Service Station #1Street Address
310 Springfield AvenueCity (5)
Berkeley Heights, New JerseyCounty Code (7)
(STATE USE ONLY)

ASCM No.

Type of Facility (4)

☐ School (K-12)
☐ Subchapter S (Other than K-12)
☒ Other (i.e. private & commercial buildings, homes, etc.)
Square Feet
1,400# of Floors
2Bldg. Age
55+Current Use (Prior if being demolished)
Gas StationCounty (6)
UnionName of Monitoring Firm Hired by Building Owner (8)
Environmental Design Inc.Street Address
5434 King Avenue, Suite 101City, State, Zip Code
Pennsauken, New Jersey 08109Project Manager for Monitoring Firm
Tom PrunoStart Date (10)
07/01/13Scheduled Completion Date (11)
07/08/13Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Other - Describe: 7AM start

Scope of Work (Check All That Apply)

☒ 23 sf or 23 lf
☒ 2160 sf or 2260 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/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
Exterior			X	Roofing Material	1,350 SF	X			
Exterior			X	Joint Compound	1,350 SF	X			

Name of Registered Waste Hauler
Lillich CorporationNJDEP Waste Hauler ID No.
18724Cubic Yards of Waste
15Name of Registered Landfill
G.R.O.W.S LandfillCity, State
Woodland Park, NJ 07424Disposal Date
07/08/13City, State
Morrisville, PennsylvaniaCompleted by
Tatiana KalenikovaTitle
Vice President

Signature

Date
06/28/13

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

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:20)

DOL - 10 DAY

JUN 28 2013

WAIVER APPROVED

Date of Notification (1) 06/28/13 CK# 2709 \$200		Name of Building Owner/Operator (2) Ramsey School District	
Agencies Notified EPA DEP DOL DOH DOA		Type Notification <input 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 266 East Main Street		City, State, Zip Code Ramsey, New Jersey 07446	
Name of Contact Greg Bohack		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Tisdale Elementary School		Type of Facility (4) <input checked="" 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.)	
Street Address 200 Island Avenue		Square Feet 20,000	# of Floors 2
City (5) Ramsey, New Jersey 07446		Bldg. Age 55+	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.		ASCM No.	
Street Address 5434 King Avenue, Suite 101		Name of Abatement Contractor (9) Lilich Corporation	
City, State, Zip Code Pennsauken, New Jersey 08109		Street Address 608 McBride Avenue	
Project Manager for Monitoring Firm Tom Pruno		Telephone No. 609-744-7462	License No. 01104
Start Date (10) 06/28/13	Scheduled Completion Date (11) 07/01/13	Name of OSHA Monitor J&S Environmental Labs LLC	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 4pm start		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, New Jersey 07083	

Scope of Work (Check All That Apply)

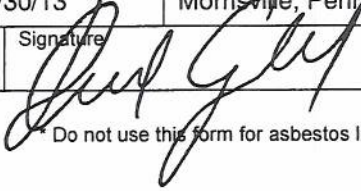
<input checked="" type="checkbox"/> 23 sf or 23 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> 2160 sf or 2260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) 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
Custodial Office	X			Breaching	100 SF	X			

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S Landfill	
City, State Woodland Park, NJ 07424		Disposal Date 07/03/13	City, State Morrisville, Pennsylvania		
Completed by Tatiana Kalenikova		Title Vice President	Signature Tatiana Kalenikova	Date 06/28/13	

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

2013 JUNE 5 AM 8:40
2013 JUNE 5 AM 8:40
2013 JUNE 5 AM 8:40

Date of Notification (1) 07/01/13		Name of Building Owner/Operator (2) The Morris County Park Commission							
Agencies Notified	Type Notification	Street Address 353 East Hanover Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07962							
		Name of Contact Mr. Wallace Chang	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mennen Sports Arena		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 161 East Hanover Avenue		Square Feet 100,000 +	# of Floors 4+						
City (5) Morristown		Bldg. Age 50+							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental, LLC		ASCM No. 00127	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address 307 North Walnut Street		Street Address 163 Sargeant Avenue							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm Mr. Mathew Abraham		Telephone No. 610-431-7545	Telephone No. 973-689-6281						
License No. 01099									
Start Date (10) 07/22/13	Scheduled Completion Date (11) 07/30/13	Name of OSHA Monitor J&S Environmental Laboratories LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED BUILDING		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Front Lobby and Vestibule Area		x		Floor Tile & Mastic	2,600 SF	x			
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Clifton, New Jersey		Disposal Date 07/30/13		City, State Morrisville, Pennsylvania					
Completed by Dimo Golcev		Title President		Signature 		Date 07/01/13			

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

CK # 45A2

Date of Notification (1) 7/1/13		Name of Building Owner/Operator (2) MS. KATHY CONTRATTO				
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 25 PASCAK RD				
		City, State, Zip Code PARK RIDGE, NJ, 07656				
		Name of Contact MS. CONTRATTO	Telephone Number _____			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MS. CONTRATTO		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 25 PASCAK RD		Square Feet 2000	# of Floors 2			
City (5) PARK RIDGE		Bldg. Age 85 yrs				
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)				
Street Address _____		Street Address Best Removal Inc				
City, State, Zip Code _____		City, State, Zip Code 450 S. River St				
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388			
Start Date (10) 7/10/13	Scheduled Completion Date (11) 7/11/13	Name of OSHA Monitor Omega Environmental Inc				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM		Street Address 280 Huyler St				
		City, State, Zip Code South 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 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) 10 LF	Abatement Type		
				Removal	Repair	Encapsulate
FIRST FLOOR	N/A	THERMAL INSULATION		X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1.07	Name of Registered Landfill Minerva Enterprises		
City, State Hackensack, N.J. 07601		Disposal Date 7/11/13	City, State Waynesburg, Oh			
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>	Date 7/1/13			

023780

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60 and 12: 120-)

2013 JUL -5 AM 8:40

Date of Notification (1) 06 / 28 / 13		Name of Building Owner/Operator (2) Scientific Design	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including Justification) <input type="checkbox"/> Cancellation	
Street Address 49 Industrial Avenue		City, State, Zip Code Little Ferry NJ 07643	
Name of Contact Jasan P. Duran		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Scientific Design Street Address 49 Industrial Avenue City (5) Little Ferry			County (6) Bergen			County Code (7) (STATE USE ONLY)			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) ASCM			Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.			Square Feet			# of Floors		
Street Address			Street Address 1141 Route 23			Bldg. Age			Current Use (Prior if being demolished)		
City, State, Zip Code Wayne NJ 07470			City, State, Zip Code Wayne NJ 07470			License No. 00408					
Project Manager for Monitoring Firm			Telephone Number 973 628-9500			Name of OSHA Monitor Enviro Vision Consultants, Inc.					
Scheduled State Date (10) 07 / 11 / 13			Scheduled Completion Date (11) 07 / 15 / 13			Street Address 20-21 Wagaraw Road, Bldg. #34A					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			City, State, Zip Code Fairlawn NJ 07410								

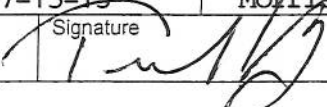
Scope of Work (Check all that apply)

<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) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance / Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E 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
Room 214/216			X	Transite	150 SF	X			

Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting, Inc.		NJDEP Waste Hauler ID No. 17819		Cubic Yards of Waste		Name of Registered Landfill G.R.O.W.S.	
City, State Wayne NJ 07470		Disposal Date		City, State Morrisville PA			
Completed by (Print or Type) Jerry Bijelonic		Title Project Manager		Signature		Date 6/28/2013	

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

Date of Notification (1) 7-1-13		Name of Building Owner/Operator (2) Camden County Technical School							
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 checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	343 Cross Keys Road							
		City, State, Zip Code Sicklerville, NJ 08081							
		Name of Contact Dino Acevedo	Telephone Number 2013 300						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building 4 & 11		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 343 Cross Keys Road		Square Feet 12,000	# of Floors 2						
City (5) Sicklerville		Bldg. Age 40yrs.							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) school							
Name of Monitoring Firm Hired by Building Owner (8) West Chester Environmental		ASCM No. 00127	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address 307 North Walnut Street		Street Address 923 Haws Avenue							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Matthew Abraham		Telephone No. 610-431-7545	License No. 00398						
Start Date (10) 6-14-13	Scheduled Completion Date (11) 7-15-13	Name of OSHA Monitor Plymouth Environmental Co., Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 923 Haws Avenue							
		City, State, Zip Code Norristown, PA 19401							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Bldg. 4 Mechanical Room	x			pipe fittings	75 LF	x			
Bldg. 11 Mechanical Room	x			pipe fittings	75 LF	x			
Bldg. 11 Mechanical Room	x			heat exchanger insulation	32 SF	x			
Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 5	Name of Registered Landfill GROWS, Inc.					
City, State Bellmawr, NJ			Disposal Date 7-15-13	City, State Morrisville, PA					
Completed by Timothy E. Bryan		Title Vice-President		Signature 			Date 7-1-13		

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

ck 1862.

Date of Notification (1) 6/25/2013		Name of Building Owner/Operator (2) 1513 Realty hoist Realty							
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 13 Meadow Way							
		City, State, Zip Code Irvington NJ							
		Name of Contact Marty Meth	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 Lisbon Street		Square Feet 5000	# of Floors 1						
City (5) Clifton NJ		Bldg. Age +50							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) warehouse							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) First Phase Group Inc						
Street Address N/A		Street Address 567-52nd Street Suite#16							
City, State, Zip Code N/A		City, State, Zip Code West New York NJ 07093							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 201-758-7158						
		License No. 001144							
Start Date (10) 7/10/2013	Scheduled Completion Date (11) 7/20/2013	Name of OSHA Monitor J&S Environmental Corp							
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: 8 hours		Street Address 2333 Route 22 West							
		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 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
Roof			X	Asbestos transite	5000SF	X			
			X	f					
Name of Registered Waste Hauler Asbestos Transportation Company		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste	Name of Registered Landfill Minerva Enterprises					
City, State Shirley NY 11967			Disposal Date	City, State waynesburg OH 44688					
Completed by Edwin Precilla		Title Project Manager	Signature <i>Edwin</i>	Date 6/25/2013					

OK 023781

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60 and 12: 120-)

Date of Notification (1) 06 / 28 / 13		Name of Building Owner/Operator (2) Hetti and Jeff Misenti	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including Justification) <input type="checkbox"/> Cancellation	
Street Address 206 10th Street		City, State, Zip Code Hoboken, NJ	
Name of Contact Gerald Eglentowics		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence Street Address 206 10th Street City (5) Hoboken			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.)		
County (6) Hudson		County Code (7) (STATE USE ONLY)		Square Feet	
Name of Monitoring Firm Hired by Building Owner (8) ASCM		Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.			
Street Address		Street Address 1141 Route 23 City, State, Zip Code Wayne NJ 07470			
Project Manager for Monitoring Firm		Telephone Number		License No. 00408	
Scheduled State Date (10) 07 / 09 / 13 Month / Day / Year		Scheduled Completion Date (11) 07 / 13 / 13 Month / Day / Year		Name of OSHA Monitor Enviro Vision 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 <input type="checkbox"/> Other - Describe:		Street Address 20-21 Wagaraw Road, Bldg. #34A City, State, Zip Code Fairlawn NJ 07410			

Scope of Work (Check all that apply)

- ☐ ≥ 3 sf or ≥ 3 lf ☒ Renovation ☐ Full Containment With Negative Pressure
☒ ≥ 160 sf or ≥ 260 lf ☐ Demolition ☐ Mini-Enclosure
☒ Non-Exempted (*) and Non-Friable Procedure ☐ Glovebag 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			
				R	E	N	E
Roof		Roofing	900 SF	X			

Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting, Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S	
City, State Wayne NJ 07470			Disposal Date	City, State Morrisville PA	
Completed by (Print or Type) Jerry Bijelonic	Title Project Manager	Signature		Date 6/28/2013	

No check

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

Date of Notification (1) 05/28/13 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified EPA DEP DCA DOH	Type Notification Initial Notification x #1 Amended Notification Cancellation	Street Address P.O. box 2158 City, State, Zip Code Princeton NJ 08543 Name of Contact Robert Otego	
		Telephone Number	

FACILITY INFORMATION


Name of Facility Where Abatement is Taking Place (3) Princeton University -- Fine Hall 4th & 10th fl			Type of Facility (4) School (K12) Subchapter 8 (Other than K12) x Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address Princeton University			Square Feet 10000		
City (5) Princeton			County (6)		County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc			ASCM No.		Name of Abatement Contractor (9) Associated Specialty Contracting
Street Address 3 Terri Lane			Street Address 98 LaCrue Avenue		
City, State, Zip Code Burlington NJ 08016			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Mike Keehn			Telephone Number 609-386-8800		Licence Number 1103
Scheduled Start Date (10) 06/12/13 Month/Day/Year		Sched. Completion Date (11) 07/31/13 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement x Abatement Performed Outside of Normal Facility Hours - Describe: 8:00 AM to 4:30 PM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)			Full Containment with Negative Pressure		
Demolition			Mini - Enclosure		
x >3 sf or >3 lf			x Glovebag Procedure		
>160 sf or >260 lf			x Non-Friable Procedure		
x Renovation					

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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
4th floor room 408		x		floor tile	30 SF	x			
10th floor room 1002		x		floor tile	30 SF	x			
						x			

Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill GROWS	
City, State Trenton NJ		Disposal Date As needed		City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow		Title Project Manager	Signature Mark Goshow	Date 7-2-13	

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

Date of Notification (1) July 1, 2013		Name of Building Owner/Operator (2) Rancocas Valley Regional District		Check # 5934					
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 checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		520 Jacksonville Road					
				City, State, Zip Code Mt. Holly, NJ 08060					
				Name of Contact Lisa Giovanelli					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rancocas Valley Regional High School				Type of Facility (4)					
Street Address 520 Jacksonville Road				<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) Mt. Holly, NJ 08060				Square Feet 10,000	# of Floors 2				
County (6) Burlington				Bldg. Age 100					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental			ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address 307 N. Walnut Street			Street Address 623 Cutler Ave.						
City, State, Zip Code West Chester, PA 19380			City, State, Zip Code Maple Shade, NJ 08052						
Project Manager for Monitoring Firm Matt Abraham		Telephone No. 610-431-7545		Telephone No. 856-755-0099	License No. 00842				
Start Date (10) July 15, 2013		Scheduled Completion Date (11) August 15, 2013		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One)				Street Address 107 Haddon Ave					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Westmont, New Jersey 08108					
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Hallway outside Rooms C201-C221		X		2'x4' Asbestos Ceiling Tiles	5,856 SF	xxx			
Name of Registered Waste Hauler Freehold		NJDEP Waste Hauler ID No. 22253		Cubic Yards of Waste 8	Name of Registered Landfill Grows Landfill				
City, State Mount Holly, New Jersey 08060				Disposal Date 8/15/2013	City, State Tullytown, PA.				
Completed by Christina Lynch		Title Operations Manager		Signature 		Date July 1, 2013			

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

4/19/16

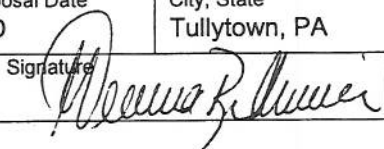
2013 JUL 5 AM 8:10

Date of Notification (1) 7-1-13		Name of Building Owner/Operator (2) DAVID CARR				
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 358 River Road City, State, Zip Code FAIRHAVEN NJ 07094 Name of Contact KERRI Telephone Number				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) CARR 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 358 River Rd		Square Feet 3000	# of Floors 2			
City (5) FAIRHAVEN		Bldg. Age 86				
County (6) MONMOUTH	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 Rd				
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) 7-10-13	Scheduled Completion Date (11) 7-17-13	Name of OSHA Monitor Ace Insulation Co. Inc				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM 7PM		Street Address 95 Montrose Rd. City, State, Zip Code Colts Neck, N.J. 07722				
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) interior BASEMENT exterior	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) 150LF 3000#	Abatement Type		
				Removal	Repair	Encapsulate
				<input checked="" type="checkbox"/>		
				<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Ace Insulation Co. Inc		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 5	Name of Registered Landfill CHRIMS		
City, State Colts Neck N.J.		Disposal Date 7-17-13	City, State Easton Pa			
Completed by George G West	Title PRESIDENT	Signature <i>George G West</i>	Date 7-1-13			

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

415 3989474


2013 JUL -5 AM 8:20

Date of Notification (1) 7/01/13		Name of Building Owner/Operator (2) Ed & Lucille Remus							
Agencies Notified	Type Notification	Street Address 21 Redmond Drive							
<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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Madison, NJ 07940							
		Name of Contact Ed & Lucille Remus							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address 21 Redmond Drive		<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) Madsion		Square Feet N/A	# of Floors N/A						
County (6) Moris		Bldg. Age N/A							
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.							
Street Address		Name of Abatement Contractor (9) D&S Abatement, Inc							
City, State, Zip Code		Street Address 11 Rosengren Avenue							
Project Manager for Monitoring Firm		City, State, Zip Code Totowa, NJ 07512							
Telephone No.		Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 7/22/13	Scheduled Completion Date (11) 7/23/13	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<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: Occupied		City, State, Zip Code Totowa, NJ 07512							
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	Enclosure
basement		X		pipe insulation	10 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996		Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA				
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature 		Date 7/01/13			

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

MO 1259061

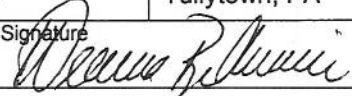
2013 JUL -5 AM 8:10

Date of Notification (1) 7/01/13		Name of Building Owner/Operator (2) Erin Perillo							
Agencies Notified	Type Notification	Street Address 75 Mountain 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 North Plainfield, NJ 07060							
		Name of Contact Erin Perillo	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 75 Mountain Ave		Square Feet N/A	# of Floors N/A						
City (5) North Plainfield		Bldg. Age N/A							
County (6) Somerset	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) D&S Abatement, Inc						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 7/23/13	Scheduled Completion Date (11) 7/24/13	Name of OSHA Monitor D&S Abatement, 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: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
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) <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	20 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature 		Date 7/01/13			

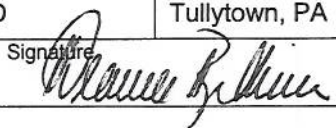
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

OK 2207

2013 JUL -5 AM 8:20

Date of Notification (1) 7/01/13		Name of Building Owner/Operator (2) Karen Altemose							
Agencies Notified	Type Notification	Street Address 16 Homer Ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Morris Plains, NJ 07950							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Karen Altemose							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 16 Homer Ave		Square Feet N/A	# of Floors N/A						
City (5) Morris Plains		Bldg. Age N/A							
County (6) Morris	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) D&S Abatement, Inc						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. 973-345-8685 License No. #00675						
Start Date (10) 7/23/13	Scheduled Completion Date (11) 7/24/13	Name of OSHA Monitor D&S Abatement, 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>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
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) <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	70 LF	X			
basement		X		contaminated pipes	30 LF			X	
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature 		Date 7/01/13			

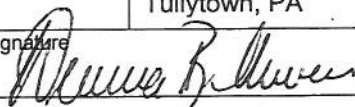
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 7/01/13		Name of Building Owner/Operator (2) Rich Glennon							
Agencies Notified	Type Notification	Street Address 174 Baltimore 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code North Arlington, NJ 07031							
		Name of Contact Rich Glennon	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 174 Baltimore Ave		Square Feet N/A	# of Floors N/A						
City (5) North Arlington		Bldg. Age N/A							
County (6) Bergen	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) D&S Abatement, Inc						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685						
			License No. #00675						
Start Date (10) 7/17/13	Scheduled Completion Date (11) 7/18/13	Name of OSHA Monitor D&S Abatement, 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: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
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) <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	125 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager	Signature 			Date 7/01/13			

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

CK 9085214211

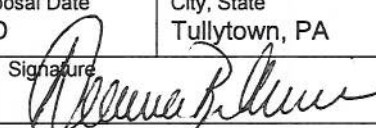
2013 JUL -5 AM 8:10

Date of Notification (1) 7/01/13		Name of Building Owner/Operator (2) Keith Evans							
Agencies Notified	Type Notification	Street Address 50 Gilbert Place							
<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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Orange, NJ 07052							
		Name of Contact Keith Evans							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 50 Gilbert Place		Square Feet N/A	# of Floors N/A						
City (5) West Orange		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCN No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 7/18/13	Scheduled Completion Date (11) 7/19/13	Name of OSHA Monitor D&S Abatement, 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: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	108 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Tullytown, PA					
Completed by Deanna Brkusnin		Title Project Manager	Signature 	Date 7/01/13					

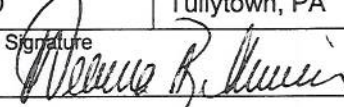
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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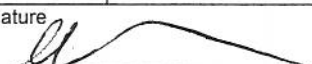
Date of Notification (1) 7/01/13		Name of Building Owner/Operator (2) Lisa Edmondson							
Agencies Notified	Type Notification	Street Address 2 Plymouth Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Lisa Edmondson							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2 Plymouth Road		Square Feet N/A	# of Floors N/A						
City (5) Morristown		Bldg. Age N/A							
County (6) Morris	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) D&S Abatement, Inc/=.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm	Telephone No. _____	Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 7/16/13	Scheduled Completion Date (11) 7/17/13	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<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: Occupied		City, State, Zip Code Totowa, NJ 07512							
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 type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
attic		X		vermiculite	30 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature 		Date 7/01/13			

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

Date of Notification (1) 7/01/13		Name of Building Owner/Operator (2) Michael Leahy							
Agencies Notified	Type Notification	Street Address 1 Williams Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Chatham, NJ 07928							
		Name of Contact Michael Leahy	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 Williams Road		Square Feet N/A	# of Floors N/A						
City (5) Chatham		Bldg. Age N/A							
County (6) Morris	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) D&S Abatement, Inc./=.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 7/18/13	Scheduled Completion Date (11) 7/19/13	Name of OSHA Monitor D&S Abatement, 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>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
garage		X		duct insulation	30 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature 		Date 7/01/13			

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

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Date of Notification (1) 6/27/13		Name of Building Owner/Operator (2) Mark Cummins							
Agencies Notified	Type Notification	Street Address 18 Horse Shoe Drive							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newton, NJ							
		Name of Contact Mark Cummins	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)							
Street Address 18 Horse Shoe Drive		<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) Newton		Square Feet 2000	# of Floors 2						
		Bldg. Age 50							
County (6) Sussex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-583-8500	License No. 703						
Start Date (10) 7/9/13	Scheduled Completion Date (11) 7/23/13	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
attic			x	vermiculite insulation	145 SF	x			
Name of Registered Waste Hauler Tri State Transfer		NJDEP Waste Hauler ID No. 02325	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Enterprises					
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg OH					
Completed by Andrew Scott Higgins		Title President	Signature 			Date 6/27/13			