

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

Date of Notification (1) 07/12/13		Name of Building Owner/Operator (2) Kean University							
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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Morris Avenue							
		City, State, Zip Code Union NJ 07083							
		Name of Contact Adam Varava							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kean University - East Campus		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 215 North Avenue		Square Feet	# of Floors						
City (5) Hillside		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.	Name of Abatement Contractor (9) Kielczewski Corporation						
Street Address 1253 North Church Street		Street Address 235 Watchung Avenue							
City, State, Zip Code Moorestown NJ 08057		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800x31	Telephone No. 973-243-9872						
License No. 01171		Name of OSHA Monitor Schneider Laboratories Global Inc.							
Start Date (10) July 3, 2013		Scheduled Completion Date (11) July 8, 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 Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2512 W. Cary Street							
		City, State, Zip Code Richmond, VA 23220							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Former Gym Room: 1st location			X	insulation	221f	X			
2nd location			X	insulation	141f	X			
Name of Registered Waste Hauler Kielczewski Corporation		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill				
City, State West Orange, NJ		Disposal Date		City, State Morgantown, PA					
Completed by Slawomir Kielczewski		Title President		Signature <i>Slawomir Kielczewski</i>			Date 07/12/2013		

CHECK 8203 L.

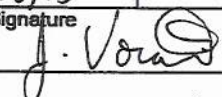
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 7/12/13		Name of Building Owner/Operator (2) JENNIFER SHOLIDAN	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 232 ALPHEA AVE
			City, State, Zip Code ELBERON, N.J. 07740
			Name of Contact JENNIFER SHOLIDAN
		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 232 ALPHEA AVE	
City (5) ELBERON	Square Feet 1450
County (6) MONMOUTH	# of Floors 2
County Code (7) (STATE USE ONLY)	Bldg. Age +50
Name of Monitoring Firm Hired by Building Owner (8)	Current Use (Prior if being demolished) RESIDENCE
ASCM No.	Name of Abatement Contractor (9) A.Mac Contracting Inc.
Street Address	Street Address 105 Lowell Road
City, State, Zip Code	City, State, Zip Code Glen Rock, N.J 07452
Project Manager for Monitoring Firm	Telephone No. (201)262-5841
Telephone No.	License No. 00156
Start Date (10) 7/23/13	Scheduled Completion Date (11) 8/23/13
Name of OSHA Monitor Omega Environmental Services 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 280 Huyler Street	
City, State, Zip Code 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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) 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			<input checked="" type="checkbox"/>	PIPE INSULATION	120 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Rovic Transportation	NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 2	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.
City, State Riverdale, New Jersey 07457	Disposal Date 7/23/13	City, State Bethlehem, P.A 18015	
Completed by Joseph Vocaturo	Title Operations	Signature 	Date 7/12/13

CHECK # 8203 L

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

Date of Notification (1) 7/12/13		Name of Building Owner/Operator (2) JOSEPH DIPELI							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6 STONY POINT RD.							
		City, State, Zip Code OAKLAND, N.J. 07436							
		Name of Contact JOSEPH DIPELI							
Telephone Number <div style="background-color: black; width: 100px; height: 15px;"></div>									
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 460 MARK RD		Square Feet 2,075	# of Floors 3						
City (5) ALLENDALE		Bldg. Age + 50							
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) A. Mac Contracting Inc.							
Street Address		Street Address 105 Lowell Road							
City, State, Zip Code		City, State, Zip Code Glen Rock, N.J. 07452							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. (201) 262-5841	License No. 00156						
Start Date (10) 7/24/13	Scheduled Completion Date (11) 8/24/13	Name of OSHA Monitor Omega Environmental Services 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 280 Huyler Street City, State, Zip Code Hackensack, N.J. 07606							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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			✓	VAT & MASTIC	281 SF	✓			
BASEMENT			✓	VAT & MASTIC	1,451 SF	✓			
Name of Registered Waste Hauler Rovic Transportation		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 6	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Riverdale, New Jersey 07457		Disposal Date 7/24/13		City, State Bethlehem, P.A. 18015					
Completed by Joseph Vocaturo		Title Operations	Signature J. Vocaturo			Date 7/12/13			

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

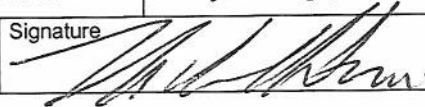
Date of Notification (1) 7/12/13		Name of Building Owner/Operator (2) JAKE VALKENA							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 720 BELLVILLE TPK							
		City, State, Zip Code KEURNEY, N.J. 07032							
		Name of Contact JAKE VALKENA							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) SHEAL SHACK		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 251 GODWIN AVE		Square Feet 1,150	# of Floors 1						
City (5) MIDLAND PARK		Bldg. Age +50							
County (6) BELTON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) A. Mac Contracting Inc.							
Street Address		Street Address 105 Lowell Road							
City, State, Zip Code		City, State, Zip Code Glen Rock, N.J. 07452							
Project Manager for Monitoring Firm		Telephone No. (201)262-5841	License No. 00156						
Start Date (10) 7/25/13	Scheduled Completion Date (11) 8/25/13	Name of OSHA Monitor Omega Environmental Services 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 280 Huyler Street							
		City, State, Zip Code 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) Basement	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) PIPE INSULATION	Amount (Specify SF or LF) 150LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Rovic Transportation		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 3	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Riverdale, New Jersey 07457		Disposal Date 7/25/13		City, State Bethlehem, P.A. 18015					
Completed by Joseph Vocaturo		Title Operations	Signature <i>J. Vocaturo</i>			Date 7/12/13			

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

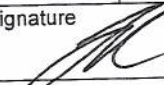
CHECK 8203

Date of Notification (1) 7/12/13		Name of Building Owner/Operator (2) LESLEY FOWKS							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 24 SO. IRVINGTON ST City, State, Zip Code RIDGEWOOD, N.J. 07450 Name of Contact LESLEY FOWKS						
			Telephone Number _____						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) HOUSE Street Address 24 SO. IRVINGTON ST City (5) RIDGEWOOD 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.) Square Feet _____ # of Floors _____ Bldg. Age _____ County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8) _____ Street Address _____ City, State, Zip Code _____		ASCM No. _____ Name of Abatement Contractor (9) A. Mac Contracting Inc. Street Address 105 Lowell Road City, State, Zip Code Glen Rock, N.J. 07452							
Project Manager for Monitoring Firm _____ Telephone No. _____ Start Date (10) 7/22/13 Scheduled Completion Date (11) 8/22/13		Telephone No. (201) 262-5841 License No. 00156 Name of OSHA Monitor Omega Environmental Services 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 280 Huyler Street City, State, Zip Code Hackensack, N.J. 07606							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <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) Basement	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes _____ No _____ N/A <input checked="" type="checkbox"/>			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) DUCT INSULATION	Amount (Specify SF or LF) 28 SF	Abatement Type Removal <input checked="" type="checkbox"/> Repair _____ Encapsulate _____ Enclosure _____			
Name of Registered Waste Hauler Rovic Transportation		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 2	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Riverdale, New Jersey 07457		Disposal Date 7/22/13		City, State Bethlehem, P.A. 18015					
Completed by Joseph Vocaturo		Title Operations		Signature J. Vocaturo		Date 7/12/13			

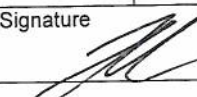
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 07 / 12 / 13		Name of Building Owner/Operator (2) The Seeing Eye							
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 10 Washington Valley Road							
		City, State, Zip Code Morristown, NJ 07963							
		Name of Contact Bud Liptak	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) The Seeing Eye Administrative 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 and commercial buildings, homes, etc.)							
Street Address 10 Washington Valley Road		Square Feet 55,000	# of Floors 2						
City (5) Morristown		Bldg. Age 45							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations		ASCM No. 00104	Name of Abatement Contractor (9) Superior Abatement Inc						
Street Address 665 West Shore Trail		Street Address 2 Henderson Drive							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm John A. Sekelsky		Telephone No. (973) 651-2039	License No. 00411						
Start Date (10) 07 / 22 / 13	Scheduled Completion Date (11) 07 / 25 / 13	Name of OSHA Monitor Superior 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 - Describe Time of Abatement: Occupied BLDG- Construction barriers will isolate work areas from occupied portion of building		Street Address 2 Henderson Drive							
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) IN Facility (13) TO BE ABATED	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
Laundry Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	155 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Server Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	255 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Room Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	170 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"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE			Disposal Date 7/25/13	City, State Waynesburgh, OH					
Completed By (Print or Type) Nick Petrovski		Title President	Signature 			Date 7-12-13			

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

Date of Notification (1) 07 / 12 / 13		Name of Building Owner/Operator (2) South Orange- Maplewood Board of Education							
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 525 Academy St.							
		City, State, Zip Code Maplewood NJ 07040							
		Name of Contact William Kyle	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Maplewood Middle 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 7 Burnet St		Square Feet 100,000	# of Floors 2						
City (5) Maplewood NJ 07040		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Middle School							
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants		ASCM No. 0057	Name of Abatement Contractor (9) New American Restoration, Inc						
Street Address PO Box 385		Street Address 421-423 Straight St							
City, State, Zip Code Oceanville NJ 08321		City, State, Zip Code Paterson NJ 07501							
Project Manager for Monitoring Firm Eric Clarkson		Telephone No. 609-652-1833	License No. 00805						
Start Date (10) 07 / 22 / 13	Scheduled Completion Date (11) 08 / 16 / 13	Name of OSHA Monitor New American Restoration, 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 421-423 Straight St							
		City, State, Zip Code Paterson NJ 07501							
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"/> 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
2 nd Floor Girls Restroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling & Wall plaster	1270 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor Girls Restroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe & fitting Insulation	175 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor Boys Restroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling & Wall plaster	1275 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor Boys Restroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe & fitting Insulation	175 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler New American Restoration, Inc		NJDEP Waste Hauler ID No. 30399	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S.					
City, State Paterson NJ 07501		Disposal Date TBD	City, State Morrisville, PA 19067						
Completed By (Print or Type) Igor Jezdimirovic	Title V. President	Signature 				Date 07/12/2013			

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

Date of Notification (1) ____ / ____ / ____		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DOLWD <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # ____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address							
		City, State, Zip Code							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		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 and commercial buildings, homes, etc.)							
Street Address									
City (5)		Square Feet	# of Floors Bldg. Age						
County (6)	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		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. License No.						
Start Date (10) ____ / ____ / ____	Scheduled Completion Date (11) ____ / ____ / ____	Name of OSHA Monitor							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Classroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling & Wall Plaster	2700 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"/>
Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		5245 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
City, State		Disposal Date		City, State					
Completed By (Print or Type)		Title		Signature 				Date	

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

NO check

ETS JOB # 4039/13

AMENDMENT # 1


Date of Notification (1) 7/10/2013		Name of Building Owner / Operator (2) Bank of America	
Agencies Notified	Type Notification	Street Address 577 Broadway	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State & Zip Code Long Branch, NJ 07740	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification	Name of Contact Mr. Ryan Schnupp	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bank of America			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 577 Broadway			Square Feet 5,013	# of Floors 2	Bldg. Age 90+
City (5) Long Branch	County (6) Monmouth	County Code (7)	Current Use (Prior if being demolished) Bank		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC		ASCM No.	Name of Abatement Contractor (9) ETS Contracting, Inc.		
Street Address One Mall Drive, Suite 404		Street Address 160 Clay Street			
City, State & Zip Code Cherry Hill, NJ 08002		City, State & Zip Code Brooklyn, NY 11222			
Project Manager for Monitoring Firm Howard Zenobi		Telephone Number (856) 482-1311	Telephone Number 718-706-6300	License Number 00511	
Scheduled Start Date (10) July 20, 2013	Scheduled Completion Date (11) August 20, 2013		Name of OSHA Monitor Synatech, 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 - Describe: Saturday 2:00 PM - 12:00 AM, Sunday 9:00 AM - 6:00 PM <input type="checkbox"/> Other - Describe:			Street Address 829 Radio Road		
			City, State & Zip Code Little Egg Harbor, NJ 08087		

Scope of Work (Check all that apply)		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Other: Non-Exempted(*) and Non-Friable Procedure	
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation		
<input type="checkbox"/> Large Project			
<input type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM			
<input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM			

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 Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Entire	N/A	VAT/Mastic	1,210 SF	Removal

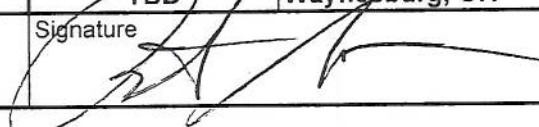
Name of Registered Waste Hauler Tri State Transfer		NJDEP Waste Hauler ID # 19551		Cu. Yds. of Waste 15Yds.		Name of Registered Landfill Minerva Enterprises, Inc.	
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH			
Completed By (Print or Type) RICHIE SMITH		Title PROJECT EXECUTIVE		Signature 		Date 7/10/2013	

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


ETS JOB # 4042/13

Check # 24098

2013 JUN 16
AMENDMENT #0

Date of Notification (1) 7/10/2013		Name of Building Owner / Operator (2) Sovereign Bank	
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		Street Address 75 State Street
			City, State & Zip Code Boston, MA 02109
		Name of Contact Susan Peck	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Sovereign Bank		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 44 West Main Street		Square Feet 2400	# of Floors 2
City (5) Holmdel	County (6) Monmouth	Bldg. Age 60+	
County Code (7)		Current Use (Prior if being demolished) Bank	
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, LLC		ASCM No.	Name of Abatement Contractor (9) ETS Contracting, Inc.
Street Address 1600 Route 22 E		Street Address 160 Clay Street	
City, State & Zip Code Union, NJ 07083		City, State & Zip Code Brooklyn, NY 11222	
Project Manager for Monitoring Firm Brian Nemetz	Telephone Number 908-688-7800	Telephone Number 718-706-6300	License Number 00511
Scheduled Start Date (10) July 20, 2013	Scheduled Completion Date (11) July 21, 2013	Name of OSHA Monitor Testor Technology	
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: Saturday 2:00 PM - 12:00 AM, Sunday 9:00 AM - 6:00 PM <input type="checkbox"/> Other - Describe:		Street Address 10 59 Jackson Ave	
		City, State & Zip Code Long Island City, NY 11101	
Scope of Work (Check all that apply)			
<input type="checkbox"/> Demolition <input type="checkbox"/> Large Project <input type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM <input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Other: 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 Square Feet or Linear Feet)
1st Floor	N/A	VAT/Mastic	400 SF
Name of Registered Waste Hauler Tri State Transfer		NJDEP Waste Hauler ID # 19551	Cu. Yds. of Waste 8Yds
City, State Bronx, NY		Disposal Date TBD	Name of Registered Landfill Minerva Enterprises, Inc.
		City, State Waynesburg, OH	
Completed By (Print or Type) RICHIE SMITH	Title PROJECT EXECUTIVE	Signature 	Date 7/10/2013

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

ETS JOB # 3914/12		Check # 24097		AMENDMENT # 2	
Date of Notification (1) 7/10/2013		Name of Building Owner / Operator (2) Bed, Bath and Beyond			
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation			
Street Address 650 Liberty Avenue		City, State & Zip Code Union, NJ 07083			
Name of Contact Mr. John Purcell		Telephone Number			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Bed, Bath and Beyond 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 650 Liberty Avenue			Square Feet 200,000		# of Floors 2
City (5) Union			County (6) Union		County Code (7)
Current Use (Prior if being demolished) Commercial Office			Bldg. Age 50+		
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.			ASCM No. 00098		
Street Address 1090 King Georges Post Road, Suite 706			Name of Abatement Contractor (9) ETS Contracting, Inc.		
City, State & Zip Code Edison, NJ 08837			Street Address 160 Clay Street		
Project Manager for Monitoring Firm Pat Sisk			Telephone Number (732) 771-0051		License Number 00511
Scheduled Start Date (10) 7/10/2013		Scheduled Completion Date (11) 6/30/2014		Name of OSHA Monitor Environmental Tactics, 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: Work Area Vacated: - Working Hours from Monday - Saturday 3:00 PM - 12:30 AM			Street Address 64 Broad Street		
			City, State & Zip Code Matawan, NJ 0774		
Scope of Work (Check all that apply)					
<input type="checkbox"/> Demolition <input type="checkbox"/> Large Project <input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM <input type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Other: Tent			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	
1st Floor		No		VAT	
1st Floor		No		Pipe Insulation	
Amount (Specify Square Feet or Linear Feet)		Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)			
1,500 SF		Removal			
60 LF		Removal			
Name of Registered Waste Hauler Tri State Transfer		NJDEP Waste Hauler ID # 19551		Cu. Yds. of Waste 600	
City, State Bronx, NY		Disposal Date TBD		Name of Registered Landfill Minerva Enterprises, Inc.	
Completed By (Print or Type) ROY JOHNSON		Title PROJECT EXECUTIVE		Signature 	
				Date 7/10/2013	

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

CR# 2465

Date of Notification (1) July 9, 2013		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 2-8 Brown Avenue							
		City, State & Zip Code Lakehurst NJ							
		Name of Contact Alex Baylor	Telephone Number 						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lakehurst CENTRAL OFFICE		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 2-8 brown avenue		Square Feet 20000	# of Floors 2						
City (5) Lakehurst	County (6) OCEAN	Bldg. Age 							
County Code (7) 		Current Use (Prior if being demolished) Verizon communication center							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No. 	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC						
Street Address 8436 ENTERPRISE AVE		Street Address 1123 BEAVER STREET							
City, State & Zip Code PHILADELPHIA PA 19153		City, State & Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm MARK JENKINS	Telephone Number 215-365-5810	Telephone Number 215-788-6040	License Number 00509						
Scheduled Start Date (10) 7/23/13	Scheduled Completion Date (11) 8/2/13	Name of OSHA Monitor BRISTOL 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 Hours – 7am to 3pm Describe: 7:00 AM – 4:00 PM <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET							
		City, State & Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Fist floor main frame	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	1320 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First floor equipment room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	300 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 40	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE 19720		Disposal Date TBD		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator		Signature <i>Patrick T DeCaro</i>				Date 7/9/13	

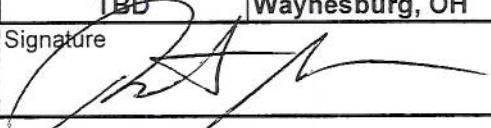
No check

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

ETS JOB # 4039/13

AMENDMENT # 1

2013 JUL 16 4:08 PM

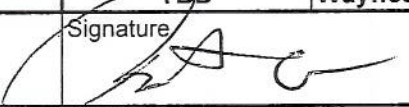
Date of Notification (1) 7/10/2013		Name of Building Owner / Operator (2) Bank of America		
Agencies Notified	Type Notification	Street Address		
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	522 Main St		
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification	City, State & Zip Code		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Bradley Beach, NJ 07720		
<input checked="" type="checkbox"/> DOH		Name of Contact	Telephone Number	
<input type="checkbox"/> DCA		Mr. Ryan Schnupp		
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4)		
Street Address		<input type="checkbox"/> School (K-12)		
522 Main St		<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5) Bradley Beach		<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
County (6) Monmouth	County Code (7)	Square Feet 6,038	# of Floors 2	Bldg. Age 60+
		Current Use (Prior if being demolished) Bank		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC		ASCM No.	Name of Abatement Contractor (9) ETS Contracting, Inc.	
Street Address One Mall Drive, Suite 404		Street Address 160 Clay Street		
City, State & Zip Code Cherry Hill, NJ 08002		City, State & Zip Code Brooklyn, NY 11222		
Project Manager for Monitoring Firm Howard Zenobi		Telephone Number (856) 482-1311	Telephone Number 718-706-6300	License Number 00511
Scheduled Start Date (10) July 20, 2013	Scheduled Completion Date (11) August 20, 2013	Name of OSHA Monitor Synatech, Inc.		
Occupancy Status During Abatement (Check only one)		Street Address 829 Radio Road		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State & Zip Code Little Egg Harbor, NJ 08087		
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Saturday 2:00 PM - 12:00 AM, Sunday 9:00 AM - 6:00 PM				
<input type="checkbox"/> Other - Describe:				
Scope of Work (Check all that apply)				
<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Renovation		
<input type="checkbox"/> Large Project		<input type="checkbox"/> Full Containment with Negative Pressure		
<input type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM		<input checked="" type="checkbox"/> Mini-Enclosure		
<input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM		<input type="checkbox"/> Glovebag Procedure		
		<input checked="" type="checkbox"/> Other: Non-Exempted(*) and Non-Friable Procedure		
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Entire	N/A	VAT/Mastic	924 SF	Removal
Name of Registered Waste Hauler Tri State Transfer				
NJDEP Waste Hauler ID # 19551		Cu. Yds. of Waste 15Yds	Name of Registered Landfill Minerva Enterprises, Inc.	
City, State Bronx, NY		Disposal Date TBD	City, State Waynesburg, OH	
Completed By (Print or Type) RICHIE SMITH	Title PROJECT EXECUTIVE	Signature 	Date 7/10/2013	

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

2013 JUL 16 11:01 AM

No check
ETS JOB # 4040/13

AMENDMENT # 1

Date of Notification (1) 7/10/2013		Name of Building Owner / Operator (2) Sovereign Bank		
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 Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		Street Address 75 State Street	
			City, State & Zip Code Boston, MA 02109	
			Name of Contact Susan Peck	
			Telephone Number	
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Sovereign Bank			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 57 Monmouth Rd			Square Feet 2400	# of Floors 2
City (5) Oakhurst	County (6) Monmouth	County Code (7)	Bldg. Age 60+	
Current Use (Prior if being demolished) Bank				
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, LLC		ASCM No.	Name of Abatement Contractor (9) ETS Contracting, Inc.	
Street Address 1600 Route 22 E		Street Address 160 Clay Street		
City, State & Zip Code Union, NJ 07083		City, State & Zip Code Brooklyn, NY 11222		
Project Manager for Monitoring Firm Brian Nemetz		Telephone Number 908-688-7800	Telephone Number 718-706-6300	License Number 00511
Scheduled Start Date (10) July 13, 2013	Scheduled Completion Date (11) July 14, 2013		Name of OSHA Monitor Testor Technology	
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: Saturday 2:00 PM - 12:00 AM , Sunday 9:00 AM - 6:00 PM <input type="checkbox"/> Other - Describe:			Street Address 10 59 Jackson Ave	
			City, State & Zip Code Long Island City, NY 11101	
Scope of Work (Check all that apply)				
<input type="checkbox"/> Demolition <input type="checkbox"/> Large Project <input type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM <input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Other: Non-Exempted(*) and Non-Friable Procedure		
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
1st Floor	N/A	VAT/Mastic	300 SF	Removal
Name of Registered Waste Hauler Tri State Transfer				
NJDEP Waste Hauler ID # 19551		Cu. Yds. of Waste 8Yds	Name of Registered Landfill Minerva Enterprises, Inc.	
City, State Bronx, NY		Disposal Date TBD	City, State Waynesburg, OH	
Completed By (Print or Type) RICHIE SMITH	Title PROJECT EXECUTIVE	Signature 		Date 7/10/2013