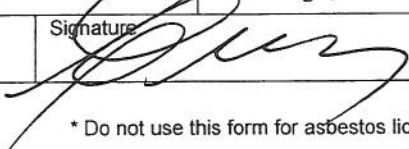


PAND #200
CK# 5250

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

Date of Notification (1) 07/18/2014		Name of Building Owner/Operator (2) Jefferson Developers LLC							
Agencies Notified	Type Notification	Street Address 820 Morris Tpk JUL 22 2014							
<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 Short Hills, NJ 34013							
		Name of Contact C/O Dan Matarese	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former United Refrigeration Bldg		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 35 Koehl Ave		Square Feet 20,000	# of Floors 1						
City (5) Union		Bldg. Age 50+							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____							
Name of Abatement Contractor (9) America Enterprise Corp		Street Address 106 Gold St							
Street Address		City, State, Zip Code Green Brook, NJ 08812							
City, State, Zip Code		Telephone No. 877-977-9516	License No. 01203						
Project Manager for Monitoring Firm		Telephone No. _____							
Start Date (10) 07/28/14	Scheduled Completion Date (11) 08/28/14	Name of OSHA Monitor America Enterprise Corp							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 106 Gold St							
		City, State, Zip Code Green Brook, NJ 08812							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Warehouse (on top of 9"x9"vat)			X	12"x12" tiles	40 SF	X			
Warehouse			X	9"x9" VAT	850 SF	X			
Roof			X	Flashing	500 SF	X			
Name of Registered Waste Hauler Freehold Cartage Inc		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland County					
City, State Freehold, NJ		Disposal Date TBD		City, State Newburgh, PA					
Completed by Eli Brito		Title Proj. manager		Signature 		Date 07/18/14			

6432-NJ

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

Friable Initial Notification
 Check #:5993

Date of Notification (1) 07/18/14		Name of Building Owner/Operator (2) Mountainside School District	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 1497 Woodacres Drive		City, State, Zip Code Mountainside, NJ 07092	
Name of Contact Dr. Nancy Lubarsky		Telephone Number JUL 22 2014	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Deerfield School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 302 Central Avenue		Square Feet 50,000	
City (5) Mountainside, NJ 07092		# of Floors 2	
County (6) Union		Bldg. Age 50	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants, Inc.		Name of Abatement Contractor (9) Four Strong Builders, Inc.	
ASCM No. 0057		Street Address 180 Sargeant Avenue	
P.O. Box 385		City, State, Zip Code Clifton, NJ 07013-1935	
City, State, Zip Code Oceanville, NJ 08231		Telephone Number 973-614-0377	
Project Manager for Monitoring Firm John Smoyer		License Number 00807	
Telephone Number 609-652-1833		Name of OSHA Monitor Four Strong Builders, Inc.	
Scheduled Start Date (10) 07/19/14		Street Address 180 Sargeant Avenue	
Sched. Completion Date (11) 07/21/14		City, State, Zip Code Clifton, NJ 07013	
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: <input type="checkbox"/> Other - Describe:			

Scope of Work (Check all that apply)

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

☒ Renovation

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				R E M O V A L	R E P A I R	E N C A P S U L	E N C I S U R E	E
8 Bathrooms	X	Pipe Insulation	80 LF	X				

Name of Registered Waste Hauler Four Strong Builders, Inc.	NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.
City, State Clifton, NJ	Disposal Date	City, State Tullytown, PA	
Completed By (Print or Type) Bilyana Kulakovska	Title Office Administrator	Signature 	Date 7/18/14

07-11-'14 10:46 FROM-Four Strong Builders 9736140107

T-330 P0002/0005 F-638

6431-NJ

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)Emergency Friable Notification
Check #: 5088

Date of Notification (1) 07/11/14		Name of Building Owner/Operator (2) Fort Lee Public Schools JUL 22 2014	
Agencies Notified	Type Notification	Street Address 2175 Lemoine Avenue City, State, Zip Code Fort Lee, NJ 07024 Name of Contact Maria / Jack DeNichilo	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DON <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	<div style="border: 1px solid black; padding: 5px;"> DOL - 10 DAY WATER APPROVED Subchapter S (other than K-12) Other (i.e., private & commercial buildings, homes, etc.) Square Feet 50,000 2 50 Current Use (prior to being demolished) School </div>	
Name of Facility Where Abatement is Taking Place (3) Fort Lee School No. 4 Street Address 1193 Anderson Avenue City (5) Fort Lee, NJ 07024		County (6) Bergen	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental, LLC Street Address 307 North Walnut Street City, State, Zip Code West Chester, PA 19380		Agency No. 000127	Name of Abatement Contractor (9) Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013-1935
Project Manager for Monitoring Firm Matt Abraham Telephone Number 810-431-7545		Telephone Number 973-614-0377 License Number 00807	
Scheduled Start Date (10) 07/14/14 Month / Day / Year		Scheduled Completion Date (11) 07/17/14 Month / Day / Year	
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: <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013	
Scope of Work (check all that apply) <input type="checkbox"/> Demolition <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"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff (13) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
Various Classrooms	<input checked="" type="checkbox"/>	Fitting Insulation tent/glove bag	5 each
Various Classrooms	<input checked="" type="checkbox"/>	Fitting Insulation tent/wrap & cut	28 each
Various Classrooms	<input checked="" type="checkbox"/>	Pipe Insulation tent/wrap & cut	60 LF
Name of Registered Waste Hauler Four Strong Builders, Inc. City, State Clifton, NJ	Waste Hauler ID No. 12808	Cubic Yards of Waste Disposal Date Tullytown, PA	Name of Registered Landfill G.R.O.W.S., Inc. City, State Tullytown, PA
Completed by (Print or Type) Nick Zivkovic		Title President	Signature Date 7/11/14

ASB-61
JUN 93

04667

NO CK

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

AMENDMENT #

ETS JOB # 4243/14

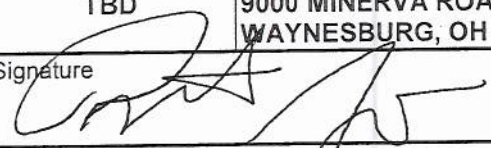
Date of Notification (1) 7/18/14		Name of Building Owner / Operator (2) THE PORT AUTHORITY OF NEW YORK & NEW JERSEY	
Agencies Notified	Type Notification	Street Address 241 ERIE STREET, ROOM 236	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State & Zip Code JERSEY CITY, NJ 07310	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact MR. RALPH CAMPIONE	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number 97	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) ALASKA AIRLINES - TERMINAL A - PASSENGER SELF TICKETING MACHINES		Type of Facility (4) <input type="checkbox"/> School (K-12)	
Street Address NEWARK LIBERTY INTERNATIONAL AIRPORT 3 BREWSTER ROAD		<input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City (5) NEWARK	County (6) ESSEX	Square Feet 1.2 MIL.	# of Floors 2
County Code (7)		Bldg. Age 50+	
Name of Monitoring Firm Hired by Building Owner (8) CARDNO ATC		Current Use (Prior if being demolished) AIRPORT	
ASCN No. 98		Name of Abatement Contractor (9) ETS CONTRACTING, INC.	
Street Address 104 E. 25TH STREET - 10TH FLOOR		Street Address 160 CLAY STREET	
City, State & Zip Code NEW YORK 10010		City, State & Zip Code BROOKLYN, NY 11222	
Project Manager for Monitoring Firm PATRICK SISK		Telephone Number 212-353-8280	License Number 00511
Scheduled Start Date (10) 8/1/2014	Scheduled Completion Date (11) 10/30/2014	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: MONDAY - FRIDAY 9:00 PM - 5:30 AM <input type="checkbox"/> Other - Describe:		Street Address 10 59 JACKSON AVENUE	
		City, State & Zip Code LONG ISLAND CITY, NY 11101	

Scope of Work (Check all that apply)		<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Mini-Enclosure	
<input type="checkbox"/> Large Project		<input type="checkbox"/> Glovebag Procedure	
<input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM		<input type="checkbox"/> Other:	
<input 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)
GROUND FL. - TERMINAL A - PASSENGER SELF TICKETING MACHINES	NO	FIREPROOFING	12 SF	MINI ENCLOSURE

Name of Registered Waste Hauler TRI-STATE TRANSFER	NJDEP Waste Hauler ID # 2A-456	Cu. Yds. of Waste 10	Name of Registered Landfill MINERVA ENTERPRISES, INC.
City, State 1199 RANDALL AVENUE, BRONX, NY 10474		Disposal Date TBD	City, State 9000 MINERVA ROAD, WAYNESBURG, OH 44688
Completed By (Print or Type) Richie Smith	Title Project Executive	Signature 	Date 7/18/14

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

Date of Notification (1) 7-16-14		Name of Building Owner/Operator (2) Ann Semmel-Barilari	
Agencies Notified	Type Notification	Street Address 75 Liberty Ave	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Belleville, NJ, 07109	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Ann Semmel-Barilari	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			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			Square Feet 1800	# of Floors 2	Bldg. Age 70
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		City, State, Zip Code Montclair, NJ 07042	
City, State, Zip Code		Telephone Number N/A		License Number 00371	
Project Manager for Monitoring Firm		Telephone Number N/A		Name of OSHA Monitor N/A	
Scheduled Start Date (10) 7-25-14		Sched. Completion Date (11) 7-28-14		Street Address	
Month Day Year		Month Day Year		City, State, Zip Code	
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: <u>«OffHours Descript»</u>					
<input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>					

Scope of Work (Check all that apply)

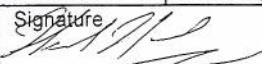
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> 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 A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Clean and wash piping	120 lf		X		

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 7-29-14	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>C Vivian</i>	Date 7-16-14		

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

1090

Date of Notification (1) July 18, 2014		Name of Building Owner/Operator (2) Prism Capitol Partners, LLC							
Agencies Notified	Type Notification	Street Address 50 Grand Avenue							
<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 Englewood, NJ 07631							
		Name of Contact Owner	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building		Type of Facility (4)							
Street Address 41 Slater		<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) Elmwood Park, NJ		Square Feet	# of Floors Bldg. Age						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) unknown							
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC.						
Street Address 222 Church Road		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. 908-296-1132	License No. 00781						
Start Date (10) 8-5-14	Scheduled Completion Date (11) 9-30-14	Name of OSHA Monitor The MACK Group, LLC.							
Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Inside		<input checked="" type="checkbox"/>		transite panels	2,950 s/f	<input checked="" type="checkbox"/>			
---		<input checked="" type="checkbox"/>		floor tile & mastic	400 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 33.5	Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF					
City, State Newark, NJ		Disposal Date 9-30-14		City, State Newburg / Imperial / Morrisville, PA					
Completed by Mike Cooper		Title President		Signature 			Date 7/18/14		

Jul 18 2014 12:07pm

P001/001

(signature)
Date: 7/18/14 Time: 12:00

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

CK# 0743

Date of Notification (1) 7-18-2014		Name of Building Owner/Operator (2) Legow Management							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation							
Street Address 160 South Livingston Ave.		City, State, Zip Code Livingston, NJ 07039							
Name of Contact John		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Brandywyne East Apt. # 31A		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address Brandywyne East Court		Square Feet							
City (5) Brielle, NJ		# of Floors							
County (6) Monmouth		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Apartment Unit							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a							
Street Address n/a		Name of Abatement Contractor (9) Loznica Management Corporation							
City, State, Zip Code n/a		Street Address 22 Troy Lane							
Project Manager for Monitoring Firm n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Telephone No. n/a		Telephone No. 973-706-7950							
Start Date (10) 7-19-2014		License No. 01193							
Scheduled Completion Date (11) 7-21-2014		Name of OSHA Monitor Loznica Management Corporation							
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: 9am - 5pm		Street Address 22 Troy Lane							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> < 23 sf or < 23 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovabag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frable Procedure		City, State, Zip Code Lincoln Park, NJ 07035							
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
Throughout Apartment	X			VAT	532 SF	X			
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 33137		Cubic Yards of Waste TBD		Name of Registered Landfill G.R.O.W.S. Landfill			
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by E. Cirovic		Title Secretary		Signature E. Cirovic		Date 7-18-2014			

06/04/2031 11:49 FAX

0003/0004

2014 JUL 22 PM 3:53

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

DOL - 10 DAY

WAIVER APPROVED

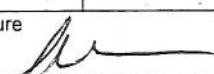
Date of Notification (1) 07/17/14 CK# 3178 \$200		Name of Building Owner/Operator (2) Lone Eagle Property Management							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <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 118 Baldwin Road		City, State, Zip Code Parsippany, New Jersey 07054							
Name of Contact Ron DeBlasse		Telephone Number							
Name of Facility Where Abatement is Taking Place (3) Shopping Center, Unit 128									
Street Address 118 Baldwin Road		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter d (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Parsippany, New Jersey 07054		Square Feet 5,000	# of Floors 1						
County (6) Morris		County Code (7) (STATE USE ONLY)	Blgd. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.		Current Use (Prior if being demolished) Retail							
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		City, State, Zip Code Woodland Park, New Jersey 07424							
Telephone No. 856-616-9518		Telephone No. 973-225-8400	License No. 01104						
Start Date (10) 07/21/14		Scheduled Completion Date (11) 07/28/14							
Name of OSHA Monitor J&S Environmental Labs		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: TAM 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"/> 2150 sf or 2280 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior Space # 128		X		Double layer VAT & Mastic	2,800 SF	X			
Exterior Space # 128		X		Window Glazing	100 LF	X			
Interior Space # 128		X		Sheetrock/compound	3,120 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 6	Name of Registered Landfill G.R.O.W.S Landfill				
City, State Woodland Park, New Jersey 07424		Disposal Date 07/29/14		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>		Date 07/17/14			

ASB-41 (R-06-05)

* 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)

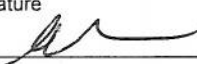
Check 13047

Date of Notification (1) 7/18/14		Name of Building Owner/Operator (2) Jamacha LLC		2014 JUL 22 PM 3:53					
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 161 Eagle Rock Avenue, 2nd Floor City, State, Zip Code Roseland, NJ 07068 Name of Contact Paul Szczepanski Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 165 Eagle Rock Avenue City (5) Roseland County (6) Essex				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 2 Bldg. Age 60 Current Use (Prior if being demolished) _____					
Name of Monitoring Firm Hired by Building Owner (8) Street Address _____ City, State, Zip Code _____		ASCM No. _____		Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code Glenwood, NJ 07418					
Project Manager for Monitoring Firm _____		Telephone No. _____		Telephone No. 973-583-8500 License No. 703					
Start Date (10) 8/6/14		Scheduled Completion Date (11) 9/6/14		Name of OSHA Monitor _____					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address _____ City, State, Zip Code _____					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
roof			x	roof sealant	160 SF	x			
exterior			x	siding	3200 SF	x			
basement			x	patch materials	25 SF	x			
basement			x	pipe insulation	110 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959		Cubic Yards of Waste _____	Name of Registered Landfill GROWS				
City, State Freehold, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by A. Scott Higgins		Title President		Signature 		Date 7/18/14			

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

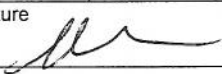
PAGE 2 of 2

Check 13047

Date of Notification (1) 7/18/14		Name of Building Owner/Operator (2) Jamacha LLC		2014 JUL 22 PM 3:53					
Agencies Notified	Type Notification	Street Address 161 Eagle Rock Avenue, 2nd Floor							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Roseland, NJ 07068							
		Name of Contact Paul Sczepanski		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 165 Eagle Rock Avenue			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Roseland			Square Feet	# of Floors 2	Bldg. Age 60				
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) 1111		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address 1111		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-583-8500	License No. 703					
Start Date (10) 8/6/14		Scheduled Completion Date (11) 9/6/14		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
safe room & bathroom			x	linoleum	350 SF	x			
2nd floor			x	linoleum & counter top	850 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959		Cubic Yards of Waste	Name of Registered Landfill GROWS				
City, State Freehold, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by A. Scott Higgins		Title President		Signature 		Date 7/18/14			

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

Check 13048

Date of Notification (1) 7/18/14		Name of Building Owner/Operator (2) Rashid Khan		2014 JUL 22 PM 3:52					
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"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 21 Vista Way City, State, Zip Code Springfield, NJ Name of Contact Sherri Natko Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 21 Vista Way			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Springfield			Square Feet 2300	# of Floors 2	Bldg. Age 60				
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC					
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-583-8500	License No. 703				
Start Date (10) 7/31/14		Scheduled Completion Date (11) 9/30/14		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:				Street Address City, State, Zip Code					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage & mechanical rooms			x	exterior pipe insulation	80 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959		Cubic Yards of Waste	Name of Registered Landfill GROWS				
City, State Freehold, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by A. Scott Higgins		Title President		Signature 		Date 7/18/14			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120) *dk 5151*

Date of Notification (1) 7-17-14		Name of Building Owner/Operator (2) A. Rowe					
Agency Notified 2014 JUL 22 PM 3:52	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 13 OAK KNOLL ROAD					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code SUMMIT, NJ 07901					
		Name of Contact A. Rowe	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) A. Rowe		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (e.g. private & commercial buildings, homes, etc.)					
Street Address 13 OAK KNOLL ROAD		Square Feet 2300	# of Floors 2				
City (5) SUMMIT NJ 07901		Est. Age 70 YRS					
County (6) UNION		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc				
Street Address		Street Address 450 S. River St					
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601					
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 7-28-14	Scheduled Completion Date (11) 7-29-14	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: 8AM 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 ≥ 2 SF <input type="checkbox"/> ≥ 100 sf or ≥ 200 SF <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Fixable 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) (e.g., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or CF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
BASEMENT/GARAGE 1			X	THERMAL INSULATION	10 LF	X	
Name of Registered Waste Hauler Best Removal Inc		N.J.EP Waste Hauler ID No. 17109	Cubic Yards of Waste 1/4 YD	Name of Registered Landfill Minerva Enterprises			
City, State Hackensack, N.J. 07601		Disposal Date 7-29-14	City, State Waynesburg, Oh				
Completed by R. Veldran	Title Estimator	Signature R. Veldran	Date 7-17-14				

**STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:26 and 12:120)

CDL 5153

Date of Notification (1) 7-18-2014		Name of Building Owner/Operator (2) J. PATE				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification 2014 JUL 22 PM 3:51 <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including incineration) <input type="checkbox"/> Cancellation	Street Address 1675 BERGEN BOULEVARD City, State, Zip Code FORT LEE NJ 07024 Name of Contact J. PATE Telephone Number 8				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) J PATE		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 1675 BERGEN BOULEVARD		Square Feet 1900	# of Floors 2			
City (5) FORT LEE		Side, Age 77 YRS				
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)				
Street Address		Street Address				
City, State, Zip Code		City, State, Zip Code				
Project Manager for Monitoring Firm		Telephone No.	License No.			
Start Date (10) 7-29-14		Scheduled Completion Date (11) 7-30-14				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8AM 5PM		Name of OSHA Monitor Omega Environmental Inc				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 2 SF <input type="checkbox"/> ≥ 100 sf or ≥ 200 SF <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-Fixable Procedures		Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Enclosure
BASEMENT		X THERMAL INSULATION	62 LF	X		
Name of Registered Waste Hauler Best Removal Inc		N.J.EP Waste Hauler ID No. 17109	Cubic Yards of Waste 1/2 YD	Name of Registered Landfill Minerva Enterprises		
City, State Hackensack, N.J. 07601		Disposal Date 7-30-14	City, State Waynesburg, Oh			
Completed by RVELDRAN	Title Estimator	Signature R Veldran	Date 7-18-2014			

ASB-41

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

Check#1950

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

Date of Notification (1) 07 / 18 / 14		Name of Building Owner/Operator (2) Josephine Thormahlen							
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 305 West Blackwell Street		City, State, Zip Code Dover, NJ 07801							
Name of Contact Josephine Thormahlen		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 305 West Blackwell Street		Square Feet							
City (5) Dover, NJ 07801		# of Floors							
County (6) Morris		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC							
Street Address		Street Address 576 Valley Rd #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. 973-638-1777							
Start Date (10) 07 / 28 / 14		License No. 01127							
Scheduled Completion Date (11) 07 / 29 / 14		Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 If <input type="checkbox"/> > 160 sf or >260 If		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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 SIF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct insulation	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc			
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N Jevtic		Title Owner		Signature <i>N Jevtic</i>		Date 07/18/2014			

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

Check#1951

Date of Notification (1) 07 / 18 / 14		Name of Building Owner/Operator (2) Josephine Lipari							
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 153 West 21 Street		City, State, Zip Code Bayonne, NJ 07002							
Name of Contact Josephine Lipari		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 153 West 21 Street		Square Feet							
City (5) Bayonne, NJ 07002		# of Floors							
County (6) Hudson		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC							
Street Address		Street Address 576 Valley Rd #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. 973-638-1777							
Telephone No.		License No. 01127							
Start Date (10) 07 / 29 / 14		Scheduled Completion Date (11) 07 / 30 / 14							
Name of OSHA Monitor Envirovision Consultants, Inc.		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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM _____ AM		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc.			
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>Robert Skina</i>		Date 07/18/2014			

Check # 9007

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

Date of Notification (1) 2014 JUL 22 PM 3:46 8-469-14		Name of Building Owner/Operator (2) Debbie Chang							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 Sherman AVE							
		City, State, Zip Code Summit NJ 07901							
		Name of Contact Debbie Chang							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		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 15 Sherman AVE		Square Feet	# of Floors 2						
City (5) Summit NJ - 07901		Bldg. Age 60+-							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) 7-29-14	Scheduled Completion Date (11) 7-29-14	Name of OSHA Monitor EPC Technologies Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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			AIR Duct wrap	30 LF	x			
Basement	x			AIR Duct Joints tape	3 LF	x			
Basement	x			Floor Tiles	350 SF	x			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 2	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date 7-30-14		City, State Morrisville PA					
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 7-19-14			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:12b) OK 5152

Date of Notice as (1) 7-18-14		Name of Building Owner/Operator (2) KAYWEST REALTY CO.							
Agency 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 PO BOX 713							
		City, State, Zip Code WESTWOOD NJ 07675							
		Name of Contact G. JEWKINS							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) KAYWEST REALTY CO.		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 435 BROADWAY									
City (5) WESTWOOD		Square Feet 10,000	# of Floors 2						
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) STORES/OFFICE/APTS						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc						
Street Address			Street Address 450 S. River St						
City, State, Zip Code			City, State, Zip Code Hackensack, N.J. 07601						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-329-7444						
Start Date (10) 7-30-14		Scheduled Completion Date (11) 7-31-14	License No. 00388						
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: 8AM 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 ff <input type="checkbox"/> ≥ 160 sf or ≥ 260 ff <input 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-Enclosed (*) and Non-Fixable 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 system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or CF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT BOILER ROOM	X			THERMAL INSULATION	70 LF	X			
Name of Registered Waste Hauler Best Removal Inc		N.J.EP Waste Hauler ID No. 17109	Cubic Yards of Waste 1/2 YD	Name of Registered Landfill Minerva Enterprises					
City, State Hackensack, N.J. 07601		Disposal Date 7-31-14		City, State Waynesburg, Oh					
Completed by R. Veldran		Title Estimator		Signature R. Veldran		Date 7-18-14			

Check# 2385

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

Date of Notification (1) 7/18/14		Name of Building Owner/Operator (2) David Kane							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 45 Branch Rd		City, State, Zip Code Gladstone, NJ 07934							
Name of Contact Rick		Telephone Number 201 344 2704							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kane Residence/Farm		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 45 Branch Rd		Square Feet 3050							
City (5) Gladstone		# of Floors 1							
County (6) Somerset		Bldg. Age 90+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Barn							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Ace Insulation Co., Inc.							
City, State, Zip Code		Street Address 95 Montrose Road							
Project Manager for Monitoring Firm		City, State, Zip Code Colts Neck, N.J. 07722							
Telephone No.		Telephone No. 732-294-1757							
Start Date (10) 7/28/14		License No. 00029							
Scheduled Completion Date (11) 8/10/14		Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-3pm		Street Address							
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Barn	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) trans to panels in Barn	Amount (Specify SF or LF) 3050 lf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
			<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 Chrins			
City, State Colts Neck, New Jersey		Disposal Date 8/10/14		City, State Easton, PA					
Completed by Bree McGuire		Title Secretary Treasurer		Signature Bree McGuire		Date 7/18/14			

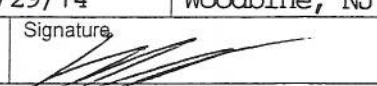
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK# 2386

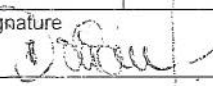
Date of Notification (1) 7/18/14		Name of Building Owner/Operator (2) Theresa Hazelton							
Agencies Notified	Type Notification	Street Address 84 George St							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<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 Harrington Park, NJ 07640							
		Name of Contact Mike	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hazelton Residence		Type of Facility (4)							
Street Address 1002 Ocean Ave		<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) Mantoloking	County (6) Ocean	Square Feet 2700	# of Floors 2						
County Code (7) (STATE USE ONLY)		Bldg. Age 60+							
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) Residence							
ASCN No.		Name of Abatement Contractor (9) Ace Insulation Co., Inc.							
Street Address		Street Address 95 Montrose Road							
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722							
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	License No. 00029						
Start Date (10) 7/29/14	Scheduled Completion Date (11) 8/10/14	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>7am - 7pm</u>		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
outside			X	siding	2700 sf	X			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill Chrins					
City, State Colts Neck, New Jersey		Disposal Date 8/10/14		City, State Easton, PA					
Completed by Bree McGuire		Title Secretary Treasurer		Signature Bree		Date 7/18/14			

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

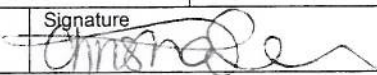
Check # 10798

Date of Notification (1) 7-18-14		Name of Building Owner/Operator (2) Genesis Health Care		2014 JUL 22 PM 3:41					
Agencies Notified	Type Notification	Street Address 101 East State Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____	City, State, Zip Code Kennett Square, PA 19348							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Larry Mackiewicz		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Eastern Shore Nursing & Rehabilitation				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 1419 Route 9 north				Square Feet 30,000					
City (5) Cape May Court House				# of Floors 1					
County (6) Cape May				Bldg. Age 50yrs.					
County Code (7) Cape May		Current Use (Prior if being demolished) vacant/nursing home							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.		Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.					
Street Address 1253 North Church Street		Street Address 923 Haws Avenue							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Michael Stocku		Telephone No. 856-840-8800		License No. 00398					
Start Date (10) 8/4/14		Scheduled Completion Date (11) 8/29/14		Name of OSHA Monitor Plymouth Environmental Co., 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 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 type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input type="checkbox"/> Glovebag Procedure					
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor		<input checked="" type="checkbox"/>		floor tile & mastic	18,260 SF	<input checked="" type="checkbox"/>			
1st floor		<input checked="" type="checkbox"/>		linoleum	80 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304		Cubic Yards of Waste 60	Name of Registered Landfill CMMUA Sanitary Landfill				
City, State Voorhees Township, NJ				Disposal Date 8/29/14	City, State Woodbine, NJ				
Completed by James M. Kelly		Title Vice-President		Signature 		Date 7-18-14			

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

Date of Notification (1) 7-10-2014		Name of Building Owner/Operator (2) Bergen County Technical Schools Cooperative							
Agencies Notified		Street Address							
<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		327 Ridgewood Ave, room 104							
Type Notification		City, State, Zip Code							
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Paramus, NJ 07682							
		Name of Contact	Telephone Number						
		Thomas Jodice							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bergen County Technical schools		Type of Facility (4)							
Street Address 200 Hackensack Ave		<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.)							
City (5) Hackensack NJ 07601		Square Feet	# of Floors						
County (6)		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Incorporated		ASICM No.	Name of Abatement Contractor (9) DYV Enterprises LLC						
Street Address 1253 N. Church Street		Street Address 254 Cumberland Ave							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Paterson, NJ 07502							
Project Manager for Monitoring Firm Michael R Stocku		Telephone No. 856-8408800	License No. 01129						
Start Date (10) 7-23-2014	Scheduled Completion Date (11) 7-30-2014		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
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) <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
Main entrance garage area			x	vat/mastic	52sf	x			
Storage Room garage area			x	vat/mastic	55sf	x			
Name of Registered Waste Hauler DYV Enterprises LLC		NJDEP Waste Hauler ID No. 00341-40	Cubic Yards of Waste 12 yards	Name of Registered Landfill Waste Management					
City, State Paterson NJ 07502			Disposal Date	City, State Tullytown NJ					
Completed by Dorian Carpio		Title Manager	Signature 			Date 7-9-2014			

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

Date of Notification (1) July 18, 2014		Name of Building Owner/Operator (2) Sal Mancuso		Check # N/A				
Agencies Notified		Type Notification		Street Address				
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		216 216 JCL 22 PM 3 41 216 MECHANIC STREET				
				City, State, Zip Code Cape May Courthouse, NJ 08210				
				Name of Contact Sal Mancuso				
				Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Mancuso Residence				Type of Facility (4)				
Street Address 216 Mechanic Street				<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) Cape May Courthouse				Square Feet 5,000	# of Floors 2			
				Bldg. Age 100				
County (6) Cape May		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence				
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services			ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC			
Street Address P.O. Box 341			Street Address 623 Cutler Avenue					
City, State, Zip Code Chesterfield, NJ 08515			City, State, Zip Code Maple Shade, NJ 08052					
Project Manager for Monitoring Firm Lou Lauretti		Telephone No. 609-298-4070		Telephone No. 856-755-0099	License No. 00842			
Start Date (10) July 26, 2014		Scheduled Completion Date (11) July 28, 2014		Name of OSHA Monitor EMSL Laboratories				
Occupancy Status During Abatement (Check Only One)				Street Address				
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				200 Route 130 North				
				City, State, Zip Code Cinnaminson, NJ 08077				
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement		XXX	Pipe Insulation	30 LF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 10	Name of Registered Landfill Western Berks Community Landfill			
City, State Freehold, NJ 07728		Disposal Date 7/28/2014		City, State Birdsboro, PA				
Completed by Christina Lynch		Title Operations Manager		Signature 		Date 7/18/2014		

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

Date of Notification (1) 7/18/2014		Name of Building Owner/Operator (2) NEW JERSEY DEPARTMENT OF TRANSPORTATION							
Agencies Notified	Type Notification	Street Address 1035 PARKWAY AVENUE, P.O. BOX 600							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code TRENTON, NJ 08625							
		Name of Contact HAROLD DIETER	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CSX MAINTENANCE BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address ROUTE 7 WITTPENN BRIDGE, PARCEL 2R48A		Square Feet	# of Floors						
City (5) KEARNY		Bldg. Age							
County (6) HUDSON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) CARDO ATC		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 3 TERRI LANE, SUITE 4		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm JOHN LUTZ		Telephone No. 609-479-8512	License No. 00494						
Start Date (10) 7/31/2014	Scheduled Completion Date (11) 8/15/2014	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
GARAGE		X		TRANSITE CEILING PANELS	3,200 SF	X			
EXTERIOR		X		ROOFING TAR	7,200 SF	X			
EXTERIOR		X		FLASHING ON BLOCK WALL	20 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 100 +/-	Name of Registered Landfill WM GRAND CENTRAL SANITARY LAI					
City, State CLIFTON, NJ		Disposal Date 8/15/2014		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>			Date 7/18/2014		

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

Check # 7542

Date of Notification (1) 7/18/14		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 of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input type="checkbox"/> Amended <input type="checkbox"/> Cancellation	Street Address 1000 Morris Ave.	
		City, State, Zip Code Union, NJ 07083	
		Name of Contact Suzanne Kupiec	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kean University – Vaughn-Eames Bldg.			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 1000 Morris Ave.			Square Feet 30000	# of Floors 4	Bldg. Age ~ 60
City (5) Union	County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office/lab/classroom		
Name of Monitoring Firm Hired by Building Owner TTI Environmental		ASCM No. 0003	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 9 East Stow Road		Street Address 3 Lynn Court			
City, State, Zip Code Marlton, NJ 08053		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Jim Gerardi		Telephone Number 856-985-8800	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 7/28/14	Sched. Completion Date (11) 8/15/14		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 – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacated</u>			Street Address 2333 Route 22 West		
			City, State, Zip Code Union, NJ 07083		

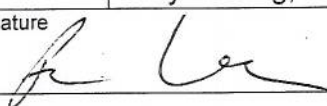
Scope of Work (Check all that apply)

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

☐ Renovation

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

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	E	N	E	
Two classrooms		x		VAT	1300	x				

Name of Registered Waste Hauler Jupiter Environmental Services	NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 5	Name of Registered Landfill Minerva Landfill
City, State Lincoln Park, NJ	Disposal Date 8/15/14	City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic	Title General Manager	Signature 	Date 7/18/14

CK 36904

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

DOI - 10 DAY

JUL 22 2014

Date of Notification (1) 06.04.14		Name of Building Owner/Operator (2) TEAM CHARTER SCHOOL	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" 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 69 PARK PLACE, SUITE 200 City, State, Zip Code NEWARK, NJ, 07102	
		Name of Contact JOSE PANCHICO	Telephone Number 4
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 18 TH AVE CHARTER SCHOOL		Type of Facility (4) <input type="checkbox"/> Public Contracts <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 229 18TH AVE		Square Feet 6000	# of Floors 4
City (5) NEWARK		Bldg. Age 55+	
County (6) ESSEX		County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) SCHOOL
Name of Monitoring Firm Hired by Building Owner (8) MATRIX NEW WORLD ENG INC		ASCM No. 00121	Name of Abatement Contractor (9) NIRAM INC
Street Address 26 COLUMBIA TRK		Street Address 91 FULTON STR	
City, State, Zip Code FLORHAM PARK, NEW JERSEY, 07932		City, State, Zip Code BOONTON NJ 07005	
Project Manager for Monitoring Firm ERIC GRATSON		Telephone No. 973 299 9451	License No. 01081
Start Date (10) 06.05.14		Scheduled Completion Date (11) 06.30.14	Contract No.
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: REQUIRING 4/CONST. ACTIVITY		Name of OSHA Monitor NIRAM INC	
Scope of Work (Check all that apply) <input type="checkbox"/> 25 sf or 23 ft <input checked="" type="checkbox"/> 2100 sf or 2250 ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Air-Enclosure <input type="checkbox"/> Glovebag Procedure		Street Address 91 FULTON STR	
		City, State, Zip Code BOONTON NJ 07005	
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)
1ST FL PANTRY ROOM	X	FLOOR PATCHING	215
Name of Registered Waste Handler NIRAM INC	ASCM Waste Handler ID No. NJ-312	City, State BOONTON NJ	Name of Registered Landfill TRISTATE TRANSFER
City, State BOONTON NJ	Disposal Date 7/5/14	City, State BOONTON, NJ	
Completed By MARCIN AUCARIZ	Title PR. MNGR.	Signature 	Date 06.06.14

A89-41

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

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

Date of Notification (1) July 18, 2014		Name of Building Owner/Operator (2) Wayne Public School District							
Agencies Notified	Type Notification	Street Address 50 Nellis Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne, N.J. 07470 JUL 22 2014							
		Name of Contact John Maso	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Wayne Valley High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 551 Valley Road		Square Feet 80,000	# of Floors 2						
City (5) Wayne		Bldg. Age 40							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) school							
Name of Monitoring Firm Hired by Building Owner (8) Ramm Environmental Services		ASCM No. ----	Name of Abatement Contractor (9) Academy Construction, Inc.						
Street Address 77 Nottingham Road		Street Address 205 Rt. 46W, Suite 14							
City, State, Zip Code Fair Lawn, N.J. 07410		City, State, Zip Code Totowa, N.J. 0712							
Project Manager for Monitoring Firm Roger Headrick		Telephone No. 201-475-9880	License No. 01155						
Start Date (10) 7/19/2014	Scheduled Completion Date (11) 7/31/2014	Name of OSHA Monitor							
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							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Room 116		x		transite panels	30 sf	x			
Room 130		x		floor tile & mastic	35 sf	x			
Name of Registered Waste Hauler Academy Construction, Inc.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 9	Name of Registered Landfill Waste Management					
City, State Totowa, New Jersey		Disposal Date 7/30/2014		City, State Tullytown, PA					
Completed by Frank Marino		Title VP of Operations		Signature			Date 7/18/2014		

07-11-'14 10:45 FROM-Four Strong Builders 9736140107

T-330 P0002/0005 F-636

6430-NJ

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26-7 and 12:120-7)Emergency Friable Notification
Check #: 5957

Date of Notification (1) 07/11/14		Name of Building Owner/Operator (2) Fort Lee Board of Education 22-2014		DOL - 10 DAY WAIVER APPROVED Signature Number: 2
Agencies Notified	Type Notification	Street Address 255 Whiteman Street		
() EPA (X) DEP (X) BGL (X) DOH () PCA	(X) Initial Notification () Amended Notification () Cancellation	City, State, Zip Code Fort Lee, NJ 07024		
		Name of Contact Maria / Jack DeNichilo		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Lewis F. Cole Middle 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 467 Stillwell Avenue		Square Feet # of Floors Bldg. Age 50,000 2 60	
City (5) Fort Lee, NJ 07024		Current Use (Prior to being demolished) School	
County (6) Bergen		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental, LLC		ASCM No. 000127	
Street Address 307 North Walnut Street		Name of Abatement Contractor (9) Four Strong Builders, Inc.	
City, State, Zip Code West Chester, PA 19380		Street Address 180 Sargeant Avenue	
Project Manager for Monitoring Firm Matt Abraham		City, State, Zip Code Clifton, NJ 07013-1935	
Telephone Number 810-431-7645		Telephone Number 973-814-0377	
Scheduled Start Date (10) 07/11/14		License Number 00807	
Anticipated Completion Date (11) 07/11/14		Name of OSHA Monitor Four Strong Builders, 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: <input type="checkbox"/> Other - Describe:		Street Address 180 Sargeant Avenue	
Scope of Work (check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> 1 of or 15 12 <input type="checkbox"/> 126 of or 260 17 <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		City, State, Zip Code Clifton, NJ 07013	

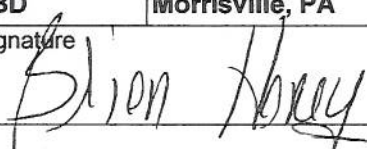
Location of Asbestos-Containing Material (ACM) to be Abated in Facility (13)	Is Location Normally Used solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	REMOVAL	REPAIR	ENCLOSURE	REPAIR/REPLACE
Various Classrooms	X	Fitting Insulation tent/glove bag	9 each	X				
Various Classrooms	X	Fitting Insulation tent/wrap & cut	15 each	X				

Name of Registered Waste Hauler Four Strong Builders, Inc.	NJWaste Hauler ID No. 12609	Number of Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.
City, State Clifton, NJ	Disposal Date	City, State Tullytown, PA	
Completed by (Print or Type) Nick Zivkovic	Title President	Signature 	Date 7/11/14

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

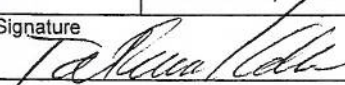
Date of Notification (1) 07-17-2014		Name of Building Owner / Operator (2) Kennedy University Hospital							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended(Cancellation) <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Cancellation	Street Address 2201 Chapel Hill Campus City, State & Zip Code Cherry Hill, NJ 08002 Name of Contact Mr. Ralph Miller							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kennedy University Hospital		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 2201 Chapel Hill Campus		Square Feet 250,000	# of Floors 2						
City (5) Cherry Hill, NJ 08002	County (6) Camden	Bldg. Age 52							
County Code (7)		Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories, Inc.		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address 3370 Progress Drive, Suite J		Street Address 2115 Hamilton Ave, Suite 202							
City, State & Zip Code Bensalem, Pa. 19020		City, State & Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Mr. Mike Panepresso		Telephone Number 215-244-1300	License Number 01185						
Scheduled Start Date (10) 06-26-2014	Scheduled Completion Date (11) 06-30-2014	Name of OSHA Monitor J&S Environmental Laboratories Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed of Normal Hours: 7:30 am to 4:30pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		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 ≥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
Same Day Surgery Waiting Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Same Day Surgery Waiting Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Elbos	6 Each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218		Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill				
City, State Trenton, NJ 08619		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) Mr. Brian Haney		Title President		Signature 			Date 07/17/2014		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

APPROVED
NJ Dept. of Health & Senior Services
(Signature)
Date: 7/18/14 Time: 2:00

Date of Notification (1) 07/18/14 CK#3180 \$200			Name of Building Owner/Operator (2) Keyport School District			Date: 7/18/14 Time: 2:00					
Agencies Notified		Type Notification		Street Address			City, State, Zip Code				
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		370 Broad Street			Keyport, New Jersey 07735				
				Name of Contact Ed McManus			Telephone Number				
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Keyport Central School						Type of Facility (4)					
Street Address 335 Broad Street						<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Keyport, New Jersey 07735						Square Feet 10,000		# of Floors 2			
County (6) Monmouth						County Code (7) (STATE USE ONLY)		Bldg. Age 55+			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.						ASCM No.		Name of Abatement Contractor (9) Lilich Corporation			
Street Address 5434 Kings Avenue, Suite 101						Street Address 606 McBride Avenue					
City, State, Zip Code Pennsauken, New Jersey 08109						City, State, Zip Code Woodland Park, NJ 07424					
Project Manager for Monitoring Firm Tom Pruno						Telephone No. 856-616-9519		Telephone No. 973-225-8400			
Start Date (10) 07/19/14						Scheduled Completion Date (11) 07/21/14		License No. 01104			
Occupancy Status During Abatement (Check Only One)						Name of OSHA Monitor J&S Environmental Labs Inc.					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 12 PM 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"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf						<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
						<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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	
Bathrooms (6)			X X			Pipe Fittings		>6 LF		X	
Name of Registered Waste Hauler Lilich Corporation			NJDEP Waste Hauler ID No. 18724			Cubic Yards of Waste 1/2			Name of Registered Landfill G.R.O.W.S Landfill		
City, State Woodland Park, New Jersey 07424			Disposal Date 7/22/14			City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova			Title Vice President			Signature Tatiana Kalenikova			Date 07/18/14		

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

Date of Notification (1) 07/18/14 CK#3176 \$200			Name of Building Owner/Operator (2) Christine Fullerton & Wesley Reid		
Agencies Notified		Type Notification		Street Address 523 Prospect Place	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Brooklyn, New York 11238 Name of Contact Christine Fullerton	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4)	
Street Address 7 Bloomfield Way				<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) West Orange, New Jersey 07052				Square Feet 5,000	# of Floors 3
				Bldg. Age 55+	
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation	
Street Address				Street Address 606 McBride Avenue	
City, State, Zip Code				City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-225-8400	License No. 01104
Start Date (10) 07/28/14		Scheduled Completion Date (11) 07/31/14		Name of OSHA Monitor J&S Environmental Labs Inc.	
Occupancy Status During Abatement (Check Only One)				Street Address 2333 Route 22 West	
<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 Union, New Jersey 07083	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> < 23 sf or < 23 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Attic			X	Vermiculite Insulation	800 SF
1st Floor		X		TSI	25 LF
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S Landfill
City, State Woodland Park, New Jersey 07424				Disposal Date 08/01/14	City, State Morrisville, Pennsylvania
Completed by Tatiana Kalenikova		Title Vice President		Signature 	Date 07/18/14

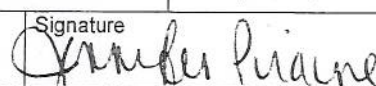
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 07 / 17 / 14			Name of Building Owner/Operator (2) Pennsauken Board of Education / Job #1405-4769 Check #						
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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1695 Hylton Road					
		City, State, Zip Code Pennsauken, NJ 08110		Name of Contact Jack Killion					
				Telephone Number 9					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) AE Burling Elementary School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 3600 Harris Avenue			Square Feet						
City (5) Pennsauken			# of Floors		Bldg. Age				
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) TTI Environmental, Inc.		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 1253 North Church Street				Street Address 30 Maple Ave. PO Box 25					
City, State, Zip Code Moorestown, NJ 08057				City, State, Zip Code Lumberton, NJ 08048					
Project Manager for Monitoring Firm James A. Guilardi		Telephone No. 609-314-1683		License No. 00529					
Start Date (10) 07 / 08 / 14		Scheduled Completion Date (11) 08 / 15 / 14		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM- PM- AM			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Breeching	140 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Insulation	85 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Ribbing Gasket Material	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ				Disposal Date 8/15/14	City, State Tullytown, PA				
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator		Signature <i>Jennifer Piraine</i>			Date 7/17/14		

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 / 15 / 14</div>		Name of Building Owner/Operator (2) Verizon Communications / Job #1407-4787 Check #6408							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 100 Greenwood Ave.						
	City, State, Zip Code Jenkintown, PA 19046			Name of Contact Alex Baylor					
				Telephone Number 3					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon - Elizabeth CO			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 1196 E. Grand Street			Square Feet						
City (5) Elizabeth			# of Floors						
County (6) UNION			Bldg. Age						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Offices							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 1253 North Church Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Harold Baldwin		Telephone No. 856-840-8800		License No. 00529					
Start Date (10) <div style="text-align: center;">07 / 16 / 14</div>		Scheduled Completion Date (11) <div style="text-align: center;">07 / 18 / 14</div>		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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) 70 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Penthouse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Insulation		<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 10		Name of Registered Landfill G.R.O.W.S. Landfill			
City, State Lumberton, NJ		Disposal Date 7/18/14		City, State Tullytown, PA					
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator		Signature <i>Jennifer Piraine</i>		Date 7/15/14			

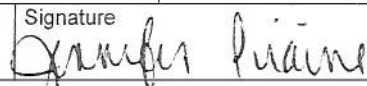
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 07 / 17 / 14		Name of Building Owner/Operator (2) NJSDA / Job #1406-4781		Check #6490 PAGE 1 OF 2					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 32 East Front Street		Telephone Number 				
			City, State, Zip Code Trenton, NJ 08625						
			Name of Contact Gary Elliott						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) West NY PS#5			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 5401 Hudson Avenue									
City (5) West New York			Square Feet	# of Floors	Bldg. Age				
County (6) Hudson		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Whitman Companies		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 7 Pleasant Hill Rd.		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Cranbury, NJ 08512		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	Telephone No. 609-265-2107	License No. 00529					
Start Date (10) 06 / 30 / 14		Scheduled Completion Date (11) 08 / 01 / 14		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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
Back of Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Loose & Flaking Paint (Clean up)	130 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light Wells	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Loose & Flaking Paint (Clean up)	5,520 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stucco	3,720 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
see page 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 125	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 8/1/14		City, State Tullytown, PA					
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator		Signature 		Date 7/17/14			

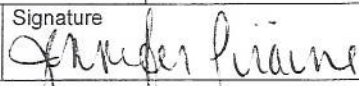
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 07 / 17 / 14		Name of Building Owner/Operator (2) NJSDA / Job #1406-4781 Check #6490		PAGE 2 OF 2					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 32 East Front Street City, State, Zip Code Trenton, NJ 08625 Name of Contact Gary Elliott					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) West NY PS#5			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 5401 Hudson Avenue									
City (5) West New York			Square Feet	# of Floors	Bldg. Age				
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Whitman Companies		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 7 Pleasant Hill Rd.				Street Address 30 Maple Ave. PO Box 25					
City, State, Zip Code Cranbury, NJ 08512				City, State, Zip Code Lumberton, NJ 08048					
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858		Telephone No. 609-265-2107	License No. 00529				
Start Date (10) 06 / 30 / 14		Scheduled Completion Date (11) 08 / 01 / 14		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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
North Side Light Well	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Paint	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South Side Light Well	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Paint	72 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back Walls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Paint	34 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 125	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ				Disposal Date 8/1/14	City, State Tullytown, PA				
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator		Signature <i>Jennifer Piraine</i>		Date 7/17/14			

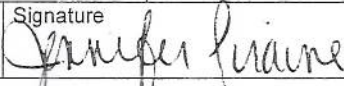
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <div style="text-align: center;">07 / 18 / 14</div>			Name of Building Owner/Operator (2) Ewing Township Board of Education / Job #1407-4785 Check #6493									
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 220 Ewingville Road City, State, Zip Code Ewing, NJ 08638 Name of Contact Dennis Nettleton		Telephone Number						
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Antheil Elementary School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address 339 Ewingville Road				City (5) Ewing								
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School								
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.			ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 120 North Warren Street			Street Address 30 Maple Ave. PO Box 25									
City, State, Zip Code Trenton, NJ 08608			City, State, Zip Code Lumberton, NJ 08048									
Project Manager for Monitoring Firm Jim Frisbee		Telephone No. 609-392-4200		Telephone No. 609-265-2107		License No. 00529						
Start Date (10) <div style="text-align: center;">08 / 04 / 14</div>		Scheduled Completion Date (11) <div style="text-align: center;">08 / 08 / 14</div>		Name of OSHA Monitor EMSL Analytical								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077								
Scope of Work (Check all that apply)												
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure												
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
									Removal	Repair	Encapsulate	Enclosure
Classroom #60		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			Floor Tile & Mastic		774 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom #60		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			Cove Base & Mastic		120 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom #60		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			Chalk/Pin Boards & Mastic		6 each		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom #60		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			Sink with Mastic		1		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.			NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 10		Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ			Disposal Date 08/08/14		City, State Tullytown, PA							
Completed By (Print or Type) Jennifer Piraine			Title Operations Coordinator			Signature 			Date 7/18/14			

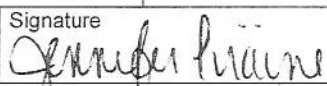
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 07 / 18 / 14			Name of Building Owner/Operator (2) Ewing Township Board of Education / Job #1407-4785 Check #6495									
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 220 Ewingville Road City, State, Zip Code Ewing, NJ 08638		Telephone Number						
		Name of Contact Dennis Nettleton										
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Francis Lore Elementary School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address 13 Westwood Drive												
City (5) Ewing				Square Feet	# of Floors	Bldg. Age						
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School								
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.								
Street Address 120 North Warren Street		Street Address 30 Maple Ave. PO Box 25										
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Lumberton, NJ 08048										
Project Manager for Monitoring Firm Jim Frisbee		Telephone No. 609-392-4200		Telephone No. 609-265-2107		License No. 00529						
Start Date (10) 08 / 04 / 14		Scheduled Completion Date (11) 08 / 08 / 14		Name of OSHA Monitor EMSL Analytical								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077								
Scope of Work (Check all that apply)												
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>												
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <div style="display: flex; justify-content: space-around;"> Yes No N/A </div>			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
									Removal	Repair	Encapsulate	Enclosure
Classroom #16		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			Chalk/Pin Boards and Mastic		6 each		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom #17		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			Chalk/Pin Boards and Mastic		6 each		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 10		Name of Registered Landfill G.R.O.W.S. Landfill						
City, State Lumberton, NJ				Disposal Date 08/08/14		City, State Tullytown, PA						
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator			Signature 			Date 7/18/14				

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;">07 / 18 / 14</div>			Name of Building Owner/Operator (2) Ewing Township Board of Education / Job #1407-4785 Check #6494						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 220 Ewingville Road City, State, Zip Code Ewing, NJ 08638 Name of Contact Dennis Nettleton		Telephone Number _____			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Gilmore Fisher 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 1325 Lower Ferry Road				Square Feet # of Floors Bldg. Age _____					
City (5) Ewing		County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.			ASC No.		Name of Abatement Contractor (9) AbateTech, Inc.				
Street Address 120 North Warren Street			Street Address 30 Maple Ave. PO Box 25						
City, State, Zip Code Trenton, NJ 08608			City, State, Zip Code Lumberton, NJ 08048						
Project Manager for Monitoring Firm Jim Frisbee		Telephone No. 609-392-4200		Telephone No. 609-265-2107		License No. 00529			
Start Date (10) <div style="text-align: center;">07 / 28 / 14</div>		Scheduled Completion Date (11) <div style="text-align: center;">08 / 01 / 14</div>		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Classroom #121 and #122	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	1,632 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom #121 and #122	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chalk/Pin Board Mastic	18 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom #121 and #122	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cove Base Mastic	232 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 15	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 08/01/14		City, State Tullytown, PA					
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator		Signature 		Date 7/18/14			

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

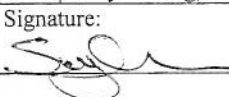
Date of Notification (1) <div style="text-align: center;">07 / 18 / 14</div>			Name of Building Owner/Operator (2) Ewing Township Board of Education / Job #1407-4785 Check #6492			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 220 Ewingville Road City, State, Zip Code Ewing, NJ 08638		
				Name of Contact Dennis Nettleton		
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Ewing High 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 900 Parkway Avenue						
City (5) Ewing				Square Feet	# of Floors	
County (6) Mercer				County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.			ASCM No. Name of Abatement Contractor (9) AbateTech, Inc.			
Street Address 120 North Warren Street			Street Address 30 Maple Ave. PO Box 25			
City, State, Zip Code Trenton, NJ 08608			City, State, Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm Jim Frisbee		Telephone No. 609-392-4200		Telephone No. 609-265-2107		
Start Date (10) <div style="text-align: center;">07 / 28 / 14</div>		Scheduled Completion Date (11) <div style="text-align: center;">08 / 01 / 14</div>		License No. 00529		
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				Name of OSHA Monitor EMSL Analytical		
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf				<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		
						Amount (Specify SF or LF)
Classroom A110		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Floor Tile & Mastic		
Classroom A110		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Cove Base & Mastic		
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Name of Registered Waste Hauler AbateTech, Inc.			NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 10	
City, State Lumberton, NJ			Disposal Date 08/01/14		Name of Registered Landfill G.R.O.W.S. Landfill	
Completed By (Print or Type) Jennifer Piraine			Title Operations Coordinator		Signature 	
					Date 7/18/14	

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

Date of Notification (1) 07 / 18 / 14		Name of Building Owner/Operator (2) Twp. of Union Board of Education / Job #1407-4788 Check #6491							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2369 Morris Avenue, PO Box 3139							
		City, State, Zip Code Union, NJ 07083-1939							
		Name of Contact Tom Wiggins	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Burnet 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 1000 Caldwell Avenue									
City (5) Union		Square Feet	# of Floors						
County (6) Union		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental		ASCM No. 00120	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 280 Huyler Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Geiser Fajardo		Telephone No. 201-489-8700	License No. 00529						
Start Date (10) 08 / 04 / 14	Scheduled Completion Date (11) 08 / 08 / 14	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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 229	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and Mastic	700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom 231	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and Mastic	700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 08/08/14		City, State Tullytown, PA					
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator		Signature <i>Jennifer Piraine</i>		Date 7/18/14			

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of Notification (1): 07/16/2014		Name of Building Owner/Operator (2) Morris School District Board of Education						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: 31 Hazel Street						
		City, State, Zip Code: Morristown, NJ 07960						
		Name of Contact: Ms. Christine A Kelly		Telephone Number:				
FACILITY INFORMATION								
Name of Facility Alexander Hamilton Elementary School			Type of Facility (4): <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
24 Mills Street			Square Feet: # of Floors:					
City/ (5) Morristown	County (6): Morris	County Code (7): 07960	Bldg. Age Current Use : School					
Name of Monitoring Firm Hired by Building Owner: ENVIRONMENTAL CONNECTION, INC.		ASCM No.: 00030	Name of Abatement Contractor (9): Apex Development, Inc.					
Street Address: 120 North Warren Street			Street Address: 658 Rutgers Place					
City, State, Zip Code: Trenton, NJ 08608			City, State, Zip Code: Paramus, NJ 07652					
Project Manager for Monitoring Firm: Roland C. Jones		Telephone No.: 609-392-4200	Telephone No.: (973) 350-0101	License No.: 01215				
Start Date (10): 07/28/14	Scheduled Completion Date (11): 07/15/14		Name of OSHA Monitor: Metro Analytical Laboratories					
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 type="checkbox"/> Other Describe:			Street Address: 255 West 36 Street City, State, Zip Code: New York, NY, 10018					
Scope of Work (Check all that apply): <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulat
Windows		X	Window Caulking	182	*			
Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste Hauler ID No.:	Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC, INC.				
City, State: Bronx, NY 10474		Disposal Date:		City, State: Waynesburg, OH 44688				
Completed By: Sylvester Oraegbunam		Title: President	Signature: 		Date: 07/16/2014			

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

CR# 2667

Date of Notification (1) 7/18/14		Name of Building Owner / Operator (2) Trenton Board of Education							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1490 Prospect Street							
		City, State & Zip Code Trenton, NJ 08638							
		Name of Contact Mr. Everett O. Collins	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Woodrow Wilson ES		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUB 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 175 Girard Ave		Square Feet 70,000	# of Floors 2						
City (5) Trenton	County (6) Mercer	County Code (7)	Bldg. Age 60+						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		Name of Abatement Contractor (9) Bristol Environmental, Inc.							
Street Address 120 North Warren Street		Street Address 1123 Beaver Street							
City, State & Zip Code Trenton, NJ 08010		City, State & Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm Richard Beach		Telephone Number 609-392-4200	License Number 00509						
Scheduled Start Date (10) 7/28/14	Scheduled Completion Date (11) 8/28/14	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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 7 AM to 3:30 PM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street							
		City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulk/glazing	4760 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environmental, Inc.		NJDEP Waste Hauler ID No. 718706	Cubic Yards of Waste 120 cu yds	Name of Registered Landfill GROWS Landfill					
City, State Bristol, PA		Disposal Date 8/2/14		City, State Morrisville, PA					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>				Date 7/18/14		

Date of Notification (1) 7-17-2014		Name of Building Owner/Operator (2) Ft. LEE SCHOOL DISTRICT	
Agencies Notified		Type Notification	
<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 type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 2175 Lemoine Avenue		City, State, Zip Code Fort Lee, NJ	
Name of Contact Jack DeNichilo		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Fort Lee School #4		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 1193 Anderson Ave		Square Feet 40,000 +	
City (5) FORT LEE		# of Floors 2	
County (6) Bergen		Bldg. Age 50+	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No.	
Street Address 307 North Walnut Street		Name of Abatement Contractor (9) GL Group, Inc	
City, State, Zip Code West Chester, PA 19380		Street Address 140 Hamburg Tpke	
Project Manager for Monitoring Firm Paul F. McCaa		City, State, Zip Code Bloomingdale, NJ 07403	
Telephone No. 610-431-7545		Telephone No. (201)710-9725	
License No. 01084		Start Date (10) 7-18-2014	
Scheduled Completion Date (11) 7-20-2014		Name of OSHA Monitor GL Group, 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 140 Hamburg Tpke	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		<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)	
Room 6		Yes No N/A X	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Bench & Air Cell Insulation		120 SF	
Abatement Type		Removal Repair Encapsulate Enclosure X	
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	
Cubic Yards of Waste TBD		Name of Registered Landfill GROWS	
City, State Bloomingdale, NJ		Disposal Date TBD	
City, State Morrisville, PA		Completed by Elena Solakov	
Title President		Signature <i>Elena Solakov</i>	
Date 7-17-2014			

EDS14-226-3

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

Page 1 of 1
Check #1303

Date of Notification (1) 7-18-2014		Name of Building Owner/Operator (2) Ft. LEE SCHOOL DISTRICT							
Agencies Notified	Type Notification	Street Address 2175 Lemoine 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fort Lee, NJ							
		Name of Contact Jack DeNichilo	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Fort Lee School #4		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 1193 Anderson Ave		Square Feet 40,000 +	# of Floors 2						
City (5) FORT LEE		Bldg. Age 50+							
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) Westchester Environmental		ASCM No.	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 307 North Walnut Street		Street Address 140 Hamburg Tpke							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Bloomington, NJ 07403							
Project Manager for Monitoring Firm Paul F. McCaa		Telephone No. 610-431-7545	License No. 01084						
Start Date (10) 7-25-2014	Scheduled Completion Date (11) 7-27-2014	Name of OSHA Monitor GL Group, 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 140 Hamburg Tpke							
		City, State, Zip Code Bloomington, NJ 07403							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 6		X		Bench & Air Cell Insulation	120 SF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS					
City, State Bloomington, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>			Date 7-18-2014		