


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

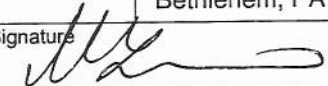
Date of Notification (1) July 23, 2014		Name of Building Owner/Operator (2) Burlington Twp. Schools		Check # 1329	
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		610 Fountain Avenue, PO Box 428	
				City, State, Zip Code Burlington, NJ 08016	
		Name of Contact Mary Ann Bell		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Burlington Township High School				Type of Facility (4)	
Street Address 610 Fountain Avenue				<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) Burlington, NJ 08016				Square Feet 10,000	# of Floors 2
				Bldg. Age 100	
County (6) Burlington		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Services, LLC			ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 1930 Brown Road			Street Address 623 Cutler Avenue		
City, State, Zip Code Newfield, NJ 08344			City, State, Zip Code Maple Shade, NJ 08052		
Project Manager for Monitoring Firm Jim Eberts		Telephone No. 856-205-1077		Telephone No. 856-755-0099	License No. 00842
Start Date (10) July 17, 2014		Scheduled Completion Date (11) August 15, 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 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		
Throughout		XXX		Elbows	25 SF
Throughout		XXX		Elbows	2 SF
C-Wing		XXX		Window Glazing (90% Exterior)	400 LF
C-Wing		XXX		Windows	17 Each
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 8/15/2014		City, State Birdsboro, PA	
Completed by Christina Lynch		Title Operations Manager		Signature 	Date 7/23/2014

* See Attached *

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility	Is Location Normally Used Solely by Maintenance/Custodial Staff?			Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal
	Yes	No	N/A			
Library Storage Room		X		Floor Tile and Mastic	144 SF	X

JUL 28 2014

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

Date of Notification (1) 07/22/2014		Name of Building Owner/Operator (2) Woodbridge VF, LLC c/o Vornado Realty Trust							
Agencies Notified	Type Notification	Street Address 210 Route 4							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus, NJ 07652-0910							
		Name of Contact Judith D. Knop, P.E.	Telephone Number 7						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former SYMS Building - Space 9		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 555 King Georges Road		Square Feet 36,000	# of Floors 1						
City (5) Woodbridge Township		Bldg. Age 50							
County (6) Middlesex County		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 45	Name of Abatement Contractor (9) Incinia Contracting, Inc.						
Street Address 64 Broad Street		Street Address 1360 Clifton Avenue, Unit 365							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Thomas Geiger		Telephone No. (732) 290-2217	Telephone No. (973) 450-9500						
Start Date (10) 08/11/2014		Scheduled Completion Date (11) 08/29/2014	License No. 01036						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Incinia Contracting, Inc.							
		Street Address 1360 Clifton Avenue, Unit 365							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
Ground Level		X	X	Vinyl Floor Tiles	36,000 SF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. NJ-641	Cubic Yards of Waste 40 Yards	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Wayne, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed by Milena Zoric		Title Executive Director	Signature 	Date 07/22/2014					

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

VIA FAX
CH#1088

Date of Notification (1)		7/23/14		Name of Building Owner/Operator (2)		217 QUINCY LLC	
Agency Notified		Type Notification		Street Address		283 Beech St.	
<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		City, State, Zip Code		KEARNY, N.J. 07032	
				Name of Contact		MR LUIS GASPAR	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3)				Type of Facility (4)			
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
City (5)				Square Feet		# of Floors	
217 QUINCY AVE				5000		3	
County (6)				County Code (7) (STATE USE ONLY)		Bldg. Age	
KEARNY N.J.						80	
Name of Monitoring Firm Hired by Building Owner (8)				Name of Abatement Contractor (9)			
ASCM No.				NOVATECH INC			
Street Address				P.O. Box 814			
City, State, Zip Code				City, State, Zip Code			
				OLD BRIDGE : N.J. 08857			
Project Manager for Monitoring Firm				Telephone No.		License No.	
				732 238x7500		00806	
Start Date (10)				Name of OSHA Monitor			
4/12/14				NOVATECH INC			
Scheduled Completion Date (11)				Street Address			
8/30/14				P.O. Box 814			
Occupancy Status During Abatement (Check only one)				City, State, Zip Code			
<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:				OLD BRIDGE N.J. 08857			
Scope of Work (Check all that apply)				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Friable Procedure.			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf							
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)	
BASEMENT		Yes No N/A X		PIPE INSULATION		2150 Y/FX	
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill	
NOVATECH INC		18501		10		G.R.O.W.S.	
City, State		Disposal Date		City, State		Date	
OLD BRIDGE N.J. 08857		8/14/14		PA		7/23/14	
Completed by		Title		Signature			
CARLOS A. MEIDA		PRESIDENT		[Signature]			

6433-NJ

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

Emergency Friable Initial
 Notification - Check #:5995

Date of Notification (1) 07/21/14		Name of Building Owner/Operator (2) NJ DOT, Division of Procurement	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 1035 Parkway Ave., Engineering & Operations Bldg., Station 7205, 7th Floor			
City, State, Zip Code Trenton, NJ 08625			
Name of Contact Alan Cooper		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Cherry Hill Maintenance Yard			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 1100 Frontage Road South			Square Feet 50,000		
City (5) Cherry Hill Twp., NJ 08034			# of Floors 2		
County (6) Camden			Bldg. Age 50		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Maintenance Yard		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
ASCM No. 00030			Street Address 180 Sargeant Avenue		
Street Address 120 North Warren Street			City, State, Zip Code Clifton, NJ 07013-1935		
City, State, Zip Code Trenton, NJ 08608			Telephone Number 973-614-0377		
Project Manager for Monitoring Firm Dominick Dercole			License Number 00807		
Telephone Number 609-392-4200			Name of OSHA Monitor Four Strong Builders, Inc.		
Scheduled Start Date (10) 07/25/14			Street Address 180 Sargeant Avenue		
Sched. Completion Date (11) 08/15/14			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)					
<input type="checkbox"/> Demolition <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"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" 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) 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	E	N	E
Main Office Building - Rm: 1004, 1005, 1005A-E, 1006, 1012, 1016, 1018, 1023A, 1024, 1025, 1026, 1027, 1028, 1028A, 1029, 1030, 1031 & 1032	<input checked="" type="checkbox"/>	Floor Tile/Mastic	5,639 SF	<input checked="" type="checkbox"/>				
Main Office Building - Rm: 1018, 1023, 1023A, 1025, 1026, 1027 & 1028	<input checked="" type="checkbox"/>	Pipe Insulation / Fittings	32 LF / 37 each	<input checked="" type="checkbox"/>				
Main Office Building - Rm: 1017, 1029 & 1030	<input checked="" type="checkbox"/>	Cementitious Wall Panels	130 SF	<input checked="" type="checkbox"/>				
Electrical Building - Rm: 1008, 2001, 2002, 2003, 2003A, 2005, 2009 & 2009A	<input checked="" type="checkbox"/>	Floor Tile/Mastic	1,570 SF	<input checked="" type="checkbox"/>				
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 7/21/14			

ASB-41
 JUN 95

G4667

08/08/2031 10:07 FAX

0003/0004

CK 3188

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:28 and 8:29)

DOL - 10 DAY

Date of Notification (1) 07/22/14 CK# 3128 \$200		Name of Building Owner/Operator (2) East Brunswick Board of Education		JUL 22, 2014					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 760 Route 18 City, State, Zip Code East Brunswick, New Jersey 08816 Name of Contact Randy Leiser Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) East Brunswick High 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 380 Cranbury Road City (5) East Brunswick, New Jersey 08816				Square Feet 20,000					
County (6) Middlesex				# of Floors 2					
County Code (7) (STATE USE ONLY)				Bldg. Age 55+					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.				Current Use (Prior if being demolished) High School					
Street Address 5434 King Avenue, Suite 101 City, State, Zip Code Pennsauken, New Jersey 08109				Name of Abatement Contractor (9) Lilich Corporation					
Project Manager for Monitoring Firm Tom Pruno				Street Address 608 McBride Avenue City, State, Zip Code Woodland Park, New Jersey 07424					
Telephone No. 856-616-9516				Telephone No. 973-225-8400					
Start Date (10) 07/22/14				License No. 01104					
Scheduled Completion Date (11) 07/23/14				Name of OSHA Monitor J&S Environmental Labs Inc.					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 4:30 PM				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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Hallway I, K & L		X		TSI	5 LF	X			
Hallway I, K & L		X		TSI Wet wrap & Cut	8 LF	X			
Name of Registered Waste Hauler Lilich Corporation									
NJDEP Waste Hauler ID No. 18724			Cubic Yards of Waste 1		Name of Registered Landfill G.R.O.W.S Landfill				
City, State Woodland Park, New Jersey 07424				Disposal Date 07/25/14		City, State Morrisville, Pennsylvania			
Completed by Tatiana Kalenikova			Title Vice President		Signature <i>Tatiana Kalenikova</i>			Date 07/22/14	

ASB-41 (R-08-09)

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

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

check # 11102

GAC Project # 2014-454

<u>Date of Notification (1)</u> July 23, 2014		<u>Name of Building Owner/Operator (2)</u> MANCHESTER REGIONAL H.S. B.O.E.	
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
<u>Street Address</u> 70 CHURCH STREET		<u>City, State, Zip Code</u> HALEDON, NJ 07508	
<u>Name of Contact</u> MR. JOHN SERAPIGLIA - MRHS		<u>Telephone Number</u> 	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> MANCHESTER REGIONAL HIGH SCHOOL		<u>Type of Facility (4)</u> <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.)	
<u>Street Address</u> 70 CHURCH STREET		<u>Sq. Feet:</u> ~120,000SF <u># of Floors:</u> 2 <u>Bldg. Age:</u> ~60+ years	
<u>City (5)</u> HALEDON	<u>County (6)</u> PASSAIC	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> RK OCCUPATIONAL & ENVIRONMENTAL ANALYSIS, INC.		<u>ASCM No.</u> 0090	
<u>Street Address</u> 401 ST. JAMES AVENUE		<u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC.	
<u>City, State, Zip Code</u> PHILLIPSBURG, NJ 08865		<u>Street Address</u> 268 MAIN STREET	
<u>Project Manager for Monitoring Firm</u> JON GILBERT		<u>Telephone Number</u> 908-454-6316	<u>License Number</u> 00840
<u>Scheduled Start Date (10)</u> 08/04/14		<u>Scheduled Completion Date (11)</u> 08/10/14	
<u>Occupancy Status During Abatement (Check only one)</u> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement (NOT SUB 8) <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe (NOT SUB 8) Vacation Period - Exterior Areas of Building <input type="checkbox"/> Facility Occupied During Entire Period of Abatement Hours M-F 7AM - 4PM (24 Hours & Weekends as needed)		<u>Name of OSHA Monitor</u> ENVIROVISION, INC.	
<u>Scope of Work (Check all that apply)</u> <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		<u>Street Address</u> 20-21 WARGARAW ROAD	
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> Exterior Façade		<u>City, State, Zip Code</u> FAIRLAWN, NJ	
<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA <input checked="" type="checkbox"/>	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> WINDOW CAULK	<u>Amount (Specify SF or LF)</u> 832 LF	<u>Abatement Type</u> Remove Repair Encap Enclose <input checked="" type="checkbox"/>
<u>Name of Reg. Waste Hauler</u> Newark Carting, Inc. Newark, NJ 04509		<u>NJDEP Waste Hauler ID #</u> NJ DEP # 4509	<u>Cubic Yards of Waste:</u> 15 CY
<u>Notes:</u> None		<u>Name of Registered Landfill</u> G.R.O.W.S. North Landfill	
<u>Completed by (Print or Type)</u> RAYMOND C. PEDALINO		<u>Signature</u> <i>Raymond C. Pedalino</i>	<u>Disposal Date</u> 08/10/14
<u>Title</u> SENIOR PROJECT MANAGER		<u>Date</u> July 23, 2014	<u>City, State</u> 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700

APPROVED
N.J. Dept. of Health & Senior Services
(Signature)
Date: 7/22/14 Time: 9:30

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 17:27 and 17:28)

Check # 8506

Date of Notification (1)		Name of Building Owner/Operator (2)	
7/22/14		GABRELLIAN ASSOCIATES INC	
Agency Number		Street Address	
		95 RT 17 SOUTH	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code PARAMUS, N.J. 07652	
<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact TOM KENNEDY	
Name of Facility where Abatement is Taking Place (3)		Type of Facility (4)	
INTERSTATE SHOPPING CENTER		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, houses, etc.)	
Street Address		Square Feet	
259 N. FRANKLIN TRKE		83,000	
City (5)		Per Floor	
RAMSEY, N.J.		1	
County (6)		Bldg. Age	
BERGEN		+50	
Name of Monitoring Firm hired by Building Owner (8)		Current Use of Building (if not as intended)	
ASBESTOS		SHOPPING CENTER	
Street Address		Name of Abatement Contractor (9)	
415 Laurel Road		A. MFC Contracting Inc.	
City, State, Zip Code		Street Address	
Glen Rock, NJ 07452		415 Laurel Road	
Project Manager for Monitoring Firm		City, State, Zip Code	
		Glen Rock, NJ 07452	
Start Date (10)		Telephone No.	
7/23/14		201-252-5844	
Scheduled Completion Date (11)		Economic No.	
7/31/14		05155	
Occupancy Status During Abatement (Check Only One)		Name of DSHSA Monitor	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe		Omni Environmental Services Inc.	
Scope of Work (Check All That Apply)		Street Address	
<input type="checkbox"/> 25 sq ft or less <input checked="" type="checkbox"/> 250 sq ft or less <input type="checkbox"/> 2500 sq ft or less		280 Maple Street	
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code	
		Haddonfield, NJ 07601	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Folled Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Chamber Procedure <input checked="" type="checkbox"/> Non-Enclosed (2) and Non-Fixable Procedure	
Yes No N/A			
Location of Asbestos Containing Material (ACM) (13)		Amount (Specify SF or LF)	
SPACE # 137 & 139		3,200 SF	
Description of Asbestos Containing Material (ACM) (14) (i.e., thermal system insulation, surfacing, UACI, or other miscellaneous)		Abatement Type	
VAT		Removal	
		Partial	
		Encapsulate	
		Remove	
Name of Registered Vehicle Handler		Name of Registered Leadline	
NIEP/NIOSH Handler ID No. 20785		TESI PA Radiation Control Corp.	
Vehicle Transport		City, State, Zip Code	
City, State, Zip Code		Haddonfield, PA 19340	
Completed by Joseph Vazquez		Signature	
Date Operations		7/22/14	

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

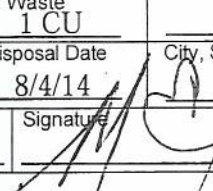
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

CK 5159

Date of Notification (1) 7/22/14		Name of Building Owner/Operator (2) MS. D. Miceu							
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 9 BRIARCLIFF RD							
		City, State, Zip Code UPPER SADDLE RIVER							
		Name of Contact MS. Miceu	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MS. Miceu		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 9 BRIARCLIFF RD		Square Feet 2000	# of Floors 2						
City (5) UPPER SADDLE RIVER		Bldg. Age 1950							
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 8/1/14		Scheduled Completion Date (11) 8/2/14	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: 7 AM - 5 PM		Street Address 280 Huyler St							
		City, State, Zip Code South Hackensack, N.J. 07606							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT				TRANSITE	48 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1 1/2	Name of Registered Landfill Minerva Enterprises					
City, State Hackensack, N.J. 07601		Disposal Date 8/2/14		City, State Waynesburg, Oh					
Completed by J. Maiorano		Title Estimator		Signature <i>[Signature]</i>				Date 7/22/14	

CK#24599

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

Date of Notification (1) <u>7/23/14</u>		Name of Building Owner/Operator (2) <u>Zantal</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>221 Riverside Drive</u>							
		City, State, Zip Code <u>Princeton, NJ 08540</u>							
		Name of Contact <u>Mr. Peter Zantal</u>	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>221 Riverside Drive</u>									
City (5) <u>Princeton, NJ</u>		Square Feet <u>2200</u>	# of Floors <u>2</u>						
		Bldg. Age <u>50+/-</u>							
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Lou Laureti</u>		Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>						
		License No. <u>00493</u>							
Start Date (10) <u>8/1/14</u>	Scheduled Completion Date (11) <u>8/4/14</u>	Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am - 4pm</u>		Street Address <u>PO Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Basement</u>			<input checked="" type="checkbox"/>	<u>Transite</u>	<u>20 sf</u>	<input checked="" type="checkbox"/>			
<u>Basement</u>				<u>Duct Insulation</u>	<u>8 lf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>8/4/14</u>		City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature 				Date <u>7/23/14</u>	

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

EMERGENCY - REQUEST FOR WAIVER

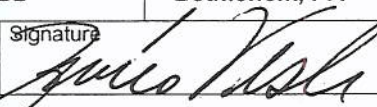
ck. 5157

Date of Notification (1) 7-22-2014		Name of Building Owner/Operator (2) B. PANE		NJ Dept of Health & Senior Services (signature) 7/22/14 369		
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Reinspection <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Consultation	Street Address 46 HILLSIDE AVENUE City, State, Zip Code CHATHAM NJ 07928 Name of Contact J. GAMBINO				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) B. PANE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> School (13-17) <input checked="" type="checkbox"/> Other (e.g., public or commercial building, house, etc.)		JUL 23 2014		
Street Address 46 HILLSIDE AVENUE		Square Feet 1900		# of Floors 2		
City (5) CHATHAM		State (6) MO		Age 116 yrs		
County (7) MORRIS		County Code (7) STATE USE ONLY		Contract Use (8) If being demolished RESIDENCE		
Name of Abatement Firm (9) Best Removal Inc		ASCEC No.		Name of Abatement Contractor (9) Best Removal Inc		
Street Address		Street Address 450 S. River St		City, State, Zip Code Hackensack, N.J. 07601		
City, State, Zip Code		Telephone No. 201-329-7444		License No. 00388		
Project Manager for Abatement Firm		Name of OSHA Monitor Omega Environmental Inc		Street Address 280 Huyler St		
Start Date (10) 7-24-2014		Scheduled Completion Date (11) 7-25-2014		City, State, Zip Code South Hackensack, N.J. 07606		
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 5AM		Stage of Work (Check all that apply) <input checked="" type="checkbox"/> < 5 ft or 25 ft <input type="checkbox"/> > 5 ft or > 25 ft		<input checked="" type="checkbox"/> Removal <input type="checkbox"/> Encapsulation <input type="checkbox"/> Full Encapsulation with Negative Pressure <input type="checkbox"/> Other (Specify)		
Location of Asbestos-Containing Material (ACM) ROSEBATH (13)	Is Location Routinely Used Exclusively by Maintenance/Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (e.g., thermal system insulation, vermiculite, WWT, or other solid materials) (14)	Amount of ACM (lb or yd) (15)	Abatement Type		
				Removal	Repair	Encapsulation
2nd FLOOR BATHROOM	Yes No N/A	VAT	72 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Handler Best Removal Inc		Waste Manifest Number 17109	Cubic Yards of Waste 1/2 yd	Name of Registered Landfill Minerva Enterprises		
City, State Hackensack, N.J. 07601		Signature R. Veldran	Signature R. Veldran	Date 7/22/14		

APP-1

* Do not use this form for asbestos abatement contracts.

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

Date of Notification (1) 07 / 22 / 14		Name of Building Owner/Operator (2) Division of Property Management & Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 West State Street							
		City, State, Zip Code Trenton, NJ 08608							
		Name of Contact Rick Ferrera	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 58 MacArthur Avenue									
City (5) Sayreville		Square Feet	# of Floors						
County (6) Middlesex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 1188						
Start Date (10) 06 / 26 / 14	Scheduled Completion Date (11) 08 / 29 / 14	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
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
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding	400 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 Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Zvonko Veskov		Title President	Signature 			Date 7/22/14			

06/24/2014 14:23

(FAX)

P.002/009

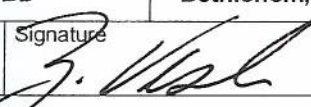
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:29 and 5:16)

Date of Notification (1) 06 / 24 / 14		Name of Building Owner/Operator (2) Division of Property Management & Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 West State Street City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrara	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential House		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 and commercial buildings, homes, etc.)	
Street Address 58 MacArthur Avenue		City, State, Zip Code Sayreville	
County (8) Middlesex		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (9) Bio Terra Solutions		ASCM No. Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
Street Address P.O. Box 1224		Street Address 27 Outwater Lane	
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07028	
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	
Start Date (10) 06 / 28 / 14		Scheduled Completion Date (11) 07 / 30 / 14	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM ____ PM ____ AM		Name of OSHA Monitor ALL PRO MANAGEMENT LLC	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 280 lf		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07028	
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)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Amount (Specify SF or LF)	
Throughout House		3100 SF	
Throughout House		1100 SF	
Exterior		60 LF	
Renovation Demolition		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure	
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	
City, State Newark, NJ		Cubic Yards of Waste As Needed	
Completed By (Print or Type) Zvonko Vaakov		Title President	
Signature <i>Z. Vaakov</i>		Date 6/24/14	

ASB-41
JAN 13

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

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;">06 / 24 / 14</div>			Name of Building Owner/Operator (2) Division of Property Management & Construction					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <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 33 West State Street City, State, Zip Code Trenton, NJ 08608				
		Name of Contact Rick Ferrera		Telephone Number 1				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential House				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)				
Street Address 58 MacArthur Avenue								
City (5) Sayreville				Square Feet	# of Floors			
County (6) Middlesex				County Code (7) (STATE USE ONLY)				
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions				Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC				
Street Address P.O. Box 1224				Street Address 27 Outwater Lane				
City, State, Zip Code Union, NJ				City, State, Zip Code Garfield, NJ 07026				
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762		Telephone No. 973-928-4888	License No. 1188			
Start Date (10) <div style="text-align: center;">06 / 25 / 14</div>		Scheduled Completion Date (11) <div style="text-align: center;">07 / 30 / 14</div>		Name of OSHA Monitor ALL PRO MANAGEMENT LLC				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026				
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 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			
					Removal	Repair	Encapsulate	Enclosure
Throughout House	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Drywall & Joint Compound		3100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Throughout House	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Floor Tile & Mastic		1100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Caulking		60 LF	<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"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill			
City, State Newark, NJ		Disposal Date TBD		City, State Bethlehem, PA				
Completed By (Print or Type) Zvonko Veskovic		Title President		Signature 		Date 6/24/14		

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

Date of Notification (1) 07 / 22 / 14			Name of Building Owner/Operator (2) Division of Property Management & Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 33 West State Street						
				City, State, Zip Code Trenton, NJ 08608						
		Name of Contact Rick Ferrera		Telephone Number						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residential House				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 97 Weber Avenue										
City (5) Sayreville				Square Feet	# of Floors					
				Bldg. Age						
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224				Street Address 27 Outwater Lane						
City, State, Zip Code Union, NJ				City, State, Zip Code Garfield, NJ 07026						
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762		Telephone No. 973-928-4888	License No. 1188					
Start Date (10) 06 / 26 / 14		Scheduled Completion Date (11) 08 / 29 / 14		Name of OSHA Monitor ALL PRO MANAGEMENT LLC						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 27 Outwater Lane						
				City, State, Zip Code Garfield, NJ 07026						
Scope of Work (Check all that apply)										
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
		Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
1 st Floor Foyer		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill					
City, State Newark, NJ				Disposal Date TBD	City, State Bethlehem, PA					
Completed By (Print or Type) Zvonko Veskov		Title President		Signature <i>Zvonko Veskov</i>		Date 7/22/14				

06/24/2014 10:28

(FAX)

P.010/011

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:18)

JUL 28 2014

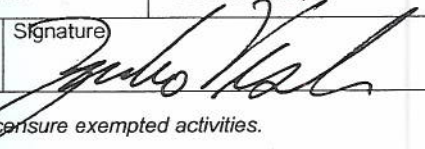
DOL - 10 DAY

Date of Notification (1) 06 / 24 / 14		Name of Building Owner/Operator (2) Division of Property Management & Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-8)	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 33 West State Street City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrara							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		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 and commercial buildings, homes, etc.)							
Street Address 97 Weber Avenue		Square Feet	# of Floors						
City (5) Sayreville		Bldg. Age							
County (6) Middlesex		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 873-494-3782	License No. 1138						
Start Date (10) 06 / 25 / 14	Scheduled Completion Date (11) 07 / 30 / 14								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 180 sf or ≥ 250 lf <input type="checkbox"/> Renovation <input checked="" 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-Frangible Procedure		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulation	Prohibit
Throughout House	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drywall & Joint Compound	4300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 84609	Cubic Yards of Waste As Needed	Name of Registered Landfill IEBI Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Zvenko Veskov		Title President		Signature 		Date 6/24/14			

A38-41
JAN 13

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

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

Date of Notification (1) 07 / 22 / 14		Name of Building Owner/Operator (2) Division of Property Management & Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 West State Street							
		City, State, Zip Code Trenton, NJ 08608 JUL 28 2014							
		Name of Contact Rick Ferrera	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 105 Weber Avenue									
City (5) Sayreville		Square Feet	# of Floors Bldg. Age						
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. 973-494-3762	Telephone No. 973-928-4888	License No. 1188						
Start Date (10) 06 / 26 / 14	Scheduled Completion Date (11) 08 / 29 / 14	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
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"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Material	1200 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 Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Zvonko Veskov		Title President		Signature 		Date 7/22/14			

06/24/2014 10:29

(FAX)

P.011/011

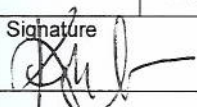
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:20 and 8:16)

Date of Notification (1) 06 / 24 / 14		Name of Building Owner/Operator (2) Division of Property Management & Construction		DOL - 10 DAY					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-8)	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 33 West State Street City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrara		JUL 28 2014 WAIVER APPROVED					
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 105 Weber Avenue			Squares Feet						
City (5) Sayreville			# of Floors						
County (6) Middlesex			Bldg. Age						
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No. 973-494-3782		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3782		License No. 1198					
Start Date (10) 06 / 25 / 14		Scheduled Completion Date (11) 07 / 30 / 14		Name of OSHA Monitor ALL PRO MANAGEMENT LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement ____ AM ____ PM ____ PM ____ AM				Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 23 lf <input checked="" type="checkbox"/> ≥ 180 sf or ≥ 280 lf		<input type="checkbox"/> Renovation <input checked="" 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-Frangible Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulation	Enclosure
Throughout House	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drywall & Joint Compound	4300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04809		Cubic Yards of Waste As Needed		Name of Registered Landfill IESI Landfill			
City, State Newark, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Zvenko Vaskov		Title President		Signature <i>Zvenko Vaskov</i>		Date 6/24/14			

A98-41
JAN 13

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

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 / 22 / 14</div>		Name of Building Owner/Operator (2) Dierdre Valente / Job #1407-1897 Chk. #3667							
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 287 Briarwood Drive City, State, Zip Code Wycoff, NJ 07481 Name of Contact Dierdre Valente							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1405 Baltimore Avenue									
City (5) Lavallette	Square Feet 1200	# of Floors 1	Bldg. Age 50						
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) NA		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address		Street Address 3859 Sylon Boulevard							
City, State, Zip Code		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm		Telephone No. 609-702-0400	License No. 00862						
Start Date (10) <div style="text-align: center;">07 / 31 / 14</div>	Scheduled Completion Date (11) <div style="text-align: center;">07 / 31 / 14</div>	Name of OSHA Monitor EMSL Analytical, 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 200 U.S. 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
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Shingles	850 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 Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfill					
City, State Freehold, NJ		Disposal Date 7/31/14		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 			Date 7-22-14		

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

Cherkey 2174

Date of Notification (1) 07 / 24 / 14		Name of Building Owner / Operator (2) MERCK			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Street Address 1011 MORRIS AVENUE City, State, Zip Code UNION, NJ 07083 Name of Contact MIKE CARRANO Telephone Number JU	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MERCK			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 1011 MORRIS AVENUE			Square Feet 10,000		
City (5) UNION	County (6) UNION	County Code (7)	# Of Floors 2	Building Age 45+	
			Current Use (Prior if being demolished) MECHANICAL		
Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO	Name of Abatement Contractor (9) LVI Demolition Services Inc.		
Street Address 335 HIGH STREET		Street Address			
City, State, Zip Code METUCHEN, NJ 08840		32 Williams Parkway City, State, Zip Code			
Project Mngr. For Monitoring Firm ERIC HOUSEKNETCH		Telephone Number 732-321-0666	East Hanover, NJ 07936		
Scheduled Start Date (10) 07 / 28 / 14		Sched. Completion Date (11) 07 / 30 / 14	Telephone Number 973-772-3660		License Number 00860
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 7:00AM-3:30 PM			Name of OSHA Monitor LVI Demolition Services Inc. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07936		
Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type R E M O V A L R E P A I R E N C A P S U L E N C L O S U R	
U-7	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE & FITTING	6 LF	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
U-7	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE DEBRIS/DUST	50 SF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.	
City, State NEWARK, NJ		Disposal Date	City, State TULLYTOWN, PA		
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER	Signature <i>Steven Stiles</i>		Date 07/24/14

07/22/2014 13:17 Two Brothers Contracting

(FAX) 973 956 8811

P.002/004

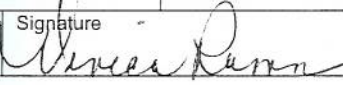
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:129)

DOL - 10 DAY

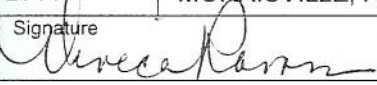
JUL 23 2014 APPROVED

Date of Notification (1) 7/22/2014		Name of Building Owner/Operator (2) NORTHERN VALLEY REGIONAL HIGH SCHOOL DISTRICT						
Agencies Notified	Type Notification	Street Address 162 KNICKERBOCKER ROAD, PO BOX 270						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code DEMAREST, NJ 07672						
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact JOHN KOHLER						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) OLD TAPPAN HIGH SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 100 CENTRAL AVENUE		Square Feet	# of Floors					
City (5) OLD TAPPAN		Bldg. Age						
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) ENVIROVISION CONSULTANTS, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.					
Street Address 20-21 WAGARAW ROAD - BLDG. 35E		Street Address 250 RUTHERFORD BLVD.						
City, State, Zip Code FAIR LAWN, NJ 07410		City, State, Zip Code CLIFTON, NJ 07014						
Project Manager for Monitoring Firm WILLIE MORALES		Telephone No. 973-638-8145	Telephone No. 973-956-8700					
Start Date (10) 7/25/2014		Scheduled Completion Date (11) 7/28/2014	License No. 00494					
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: NON OCCUPIED		Name of OSHA Monitor SAME AS (9) ABOVE						
		Street Address						
		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> 23 sf or less if <input type="checkbox"/> 2160 sf or 2400 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 (C) 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	Removed	Repair	Encapsulate
COACHES OFFICE		X	PIPE ELBOWS & JOINTS	25 LF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 3	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.				
City, State CLIFTON, NJ		Disposal Date 7/28/2014		City, State MORRISVILLE, PA				
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>		Date 7/22/2014		

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

Date of Notification (1) 7/22/2014		Name of Building Owner/Operator (2) NORTHERN VALLEY REGIONAL HIGH SCHOOL DISTRICT							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	162 KNICKERBOCKER ROAD, PO BOX 270 JUL 23 2014							
		City, State, Zip Code DEMAREST, NJ 07672							
		Name of Contact JOHN KOHLER	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) OLD TAPPAN HIGH SCHOOL		Type of Facility (4)							
Street Address 100 CENTRAL AVENUE		<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) OLD TAPPAN		Square Feet	# of Floors						
County (6) BERGEN		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ENVIROVISION CONSULTANTS, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 20-21 WAGARAW ROAD - BLDG. 35E		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code FAIR LAWN, NJ 07410		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm WILLIE MORALES		Telephone No. 973-636-9145	License No. 00494						
Start Date (10) 7/25/2014	Scheduled Completion Date (11) 7/28/2014		Name of OSHA Monitor SAME AS (9) ABOVE						
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: NON OCCUPIED		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
COACHES OFFICE		X		PIPE ELBOWS & JOINTS	25 LF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 3	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 7/28/2014		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature 		Date 7/22/2014			

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

Date of Notification (1) 7/22/2014		Name of Building Owner/Operator (2) JESSICA DAVIDSON		JUL 28 2014					
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 262 DONALDSON AVENUE City, State, Zip Code RUTHERFORD, NJ 07070 Name of Contact JESSICA DAVIDSON Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 262 DONALDSON AVENUE				Square Feet # of Floors Bldg. Age					
City (5) RUTHERFORD		County (6) BERGEN		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) TWO BROTHERS CONTRACTING, INC.					
Street Address		Street Address 250 RUTHERFORD BLVD.		City, State, Zip Code CLIFTON, NJ 07014					
City, State, Zip Code		Telephone No. 973-956-8700		License No. 00494					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor SAME AS (9) ABOVE					
Start Date (10) 8/2/2014		Scheduled Completion Date (11) 8/6/2014		Street Address					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE	20 LF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743		Cubic Yards of Waste 2		Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.			
City, State CLIFTON, NJ		Disposal Date 8/6/2014		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature 		Date 7/22/2014			