

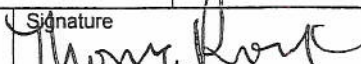
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 06 / 02 / 14			Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1405-4760 5911 JUN 5 AM 2:23						
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 # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 10 Legion Place- Building A City, State, Zip Code Morristown, NJ 07960 Name of Contact John T. Greco					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JCP&L/First Energy				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 1345 Englishtown Road				Square Feet					
City (5) Old Bridge				# of Floors					
County (6) Middlesex				Bldg. Age					
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Utility Building							
Name of Monitoring Firm Hired by Building Owner (8) 1 Source Safety & Health		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 140 South Village Ave. Suite 130		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Exton, PA 19341		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Brian Hovendon		Telephone No. 610-524-5525		License No. 00529					
Start Date (10) 05 / 19 / 14		Scheduled Completion Date (11) 06 / 30 / 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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-3:00PM/11:30PM-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
Meeting Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	1,062 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and Mastic	1,062 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 40	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 6/30/14		City, State Tullytown, PA					
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator		Signature <i>Jennifer Piraine</i>		Date 6/2/14			

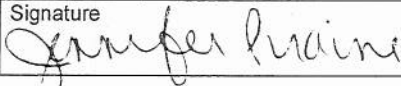
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <div style="text-align: center;">6 / 02 / 14</div>			Name of Building Owner/Operator (2) Cape Liberty Cruise Port, LLC / Job #1404-4757 Check #						
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 #4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1050 Caribbean Way City, State, Zip Code Miami, Florida 33138 Name of Contact Don Ferguson					
				Telephone Number 					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Cape Liberty Cruise Terminal - Royal Caribbean Line				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 14 Port Terminal Boulevard									
City (5) Bayonne				Square Feet	# of Floors				
				Bldg. Age					
County (6) Hudson		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Port Terminal					
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		Telephone No. 201-489-8700		Telephone No. 609-265-2107	License No. 00529				
Start Date (10) <div style="text-align: center;">05 / 07 / 14</div>		Scheduled Completion Date (11) <div style="text-align: center;">06 / 30 / 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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM**SAT Work As well**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 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
Excavated Trench	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Steam Line	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic on Concrete	10 Cubic Yds	<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 40	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 6/30/14		City, State Tullytown, PA					
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator		Signature <i>Jennifer Piraine</i>		Date 6/2/14			

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

Date of Notification (1) 6/5/2014		Name of Building Owner/Operator (2) State of New Jersey (Division of Property Management & Construction)							
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 33 West State Street City, State, Zip Code Trenton, NJ 08625 Name of Contact Joseph Kratochvil Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Liberty State Park Maintenance Facility				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 185 Theodore Conrad Drive				Square Feet 10,000	# of Floors 1				
City (5) Jersey City				Bldg. Age 30+					
County (6) Hudson County		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Maintenance Facility					
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental		ASCM No. _____		Name of Abatement Contractor (9) Site Enterprises, Inc.					
Street Address 1805 Atlantic Avenue		Street Address 815 12th Street							
City, State, Zip Code Manasquan, NJ 08736		City, State, Zip Code Hammonton, NJ 08037							
Project Manager for Monitoring Firm Jason Hooper		Telephone No. 732-223-2225		Telephone No. 609-567-1250	License No. 01172				
Start Date (10) 6/19/2014		Scheduled Completion Date (11) 7/10/2014		Name of OSHA Monitor Health & Safety Services, Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 316 12th Street City, State, Zip Code Hammonton, NJ 08037					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			X	shingles/asphalt roofing & debris	1,200sf	X			
pump house #2			X	block/window caulk	35lf	X			
pump house & storage room			X	wall stucco	1,900sf	X			
Name of Registered Waste Hauler Allservco Leasing		NJDEP Waste Hauler ID No. 0035220		Cubic Yards of Waste 50cy	Name of Registered Landfill IESI PA Bethlehem Landfill				
City, State 110 Jabez Street, Newark, NJ 07105				Disposal Date	City, State Bethlehem, PA				
Completed by Thomas Rock		Title PM		Signature 		Date 6/5/2014			

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;">6 / 03 / 14</div>		Name of Building Owner/Operator (2) Trustees of Princeton / Job #1406-4772 Check #6321							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Trustees of Princeton University E.A. MacMillan Bldg. City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego, P.E.							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University Main Campus - Nassau Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1 Nassau Street									
City (5) Princeton	Square Feet 32,000	# of Floors 4	Bldg. Age 258						
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) University							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates	ASCM No. 00098	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Michael R. Keehn	Telephone No. 609-386-8800	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 06 / 23 / 14	Scheduled Completion Date (11) 07 / 03 / 14	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM 6:00PM-2:30AM		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
Basement B13 & B14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	575 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement B13 & B14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	50 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"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 7/3/14		City, State Tullytown, PA					
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator		Signature 		Date 6/3/14			

NO: 21570922135

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Paragon Job#

Date of Notification (1) 10/16/10 13/11/14		Name of Building Owner/Operator (2) Church of Sacred Heart	
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 <input type="checkbox"/> Amendment Amendment # _____ <input type="checkbox"/> Emergency (include justification) <input type="checkbox"/> Cancellation	
Street Address 171 Clifton Ave.		City, State, Zip Code Newark, NJ 07104	
Name of Contact Chris Tomlan		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Main School Central Stair Well & Main Offices			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 1060-1066 South Orange Avenue			Square Feet 16,000 sf		
City (5) Newark			# of Floors 03		
County (6) Essex			Bldg. Age 50		
County Code (7) (State use only)			Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Bldg. Owner (8) Whitman Companies		ASCM No. 00110		Name of Abatement Contractor (9) Paragon Contracting, Inc.	
Street Address 7 Pleasant Hill Rd.		City, State, Zip Code Cranbury, NJ 08512		Street Address 590 River Rd.	
Project Manager for Monitoring Firm Kevin Lovely		Phone Number 732-390-5858		City, State, Zip Code Clifton, NJ 07014	
Scheduled Start Date (10) 06/23/2014		Sched. Completion Date (11) 07/09/2014		Telephone Number (973) 614-1600	
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: Occupied, area under containment		License Number 00748		Name of OSHA Monitor Paragon Contracting, Inc.	
City, State, Zip Code Clifton, NJ 07014		Street Address 590 River Rd.		City, State, Zip Code Clifton, NJ 07014	

Scope of Work (check all that apply)									
<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment w/negative pressure					
<input type="checkbox"/> >3 sf or >3 lf		<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Mini-enclosure					
				<input type="checkbox"/> Non-Exempted (") Non-friable procedure					
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Central Stair well (Bas., 1st & 2nd Fl.)		<input checked="" type="checkbox"/>		Pipe Elbows (Assumed)	50 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Main Offices		<input checked="" type="checkbox"/>		VAT & Mastic	1,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central Stair well (Bas., 1st & 2nd Fl.)		<input checked="" type="checkbox"/>		Ceiling Tiles	4,000 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"/>
Registered Waste Hauler Paragon Contracting, Inc.		NJDEP Hauler ID# 22161		Cubic Yards of Waste 35 cyds	Name of Registered Landfill Tullytown/GROWS				
City, State Clifton, NJ 07014		Disposal Date TBD		City, State Tullytown, PA					
Completed by (Print or Type) Goran Lazevski		Title President		Signature 			Date 06/03/2014		

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

Date of Notification (1) <div style="text-align: center;">6/2/2014</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Sakoutis Brothers Disposal 24421</div>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	P O Box 84 2014 JUN -5 AM 12:41	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Colts Neck, NJ 07722	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	John Sakoutis	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4)		
Street Address <div style="text-align: center;">97 Canoe Brook Parkway</div>			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City <div style="text-align: center;">Summit</div>			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
			County (6) <div style="text-align: center;">Union</div>		
County Code (7) (STATE USE ONLY)		Square feet <div style="text-align: center;">1800 sf</div>		# of Floors <div style="text-align: center;">1</div>	Bldg. Age <div style="text-align: center;">60</div>
Current Use (Prior if being demolished) <div style="text-align: center;">Residence</div>					
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>			ASCM No.		Name of Abatement Contractor (9)
Street Address			Guardian Contracting, Inc.		
City, State, Zip Code			Street Address		
Project Manager for Monitoring Firm			1889 Route 9, Unit 61		
			City, State, Zip Code		
Telephone Number			Toms River, New Jersey 08755-1271		
Scheduled Start Date (10) <div style="text-align: center;">6/3/14</div>			Telephone Number <div style="text-align: center;">732-349-9932</div>		License Number <div style="text-align: center;">00624</div>
Scheduled Completion Date (11) <div style="text-align: center;">6/5/14</div>			Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address		
			1056 Stelton Road		
Scope of Work (Check all that apply)			City, State, Zip Code		
			Piscataway, New Jersey 08854		
<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"/> Renovation <input checked="" type="checkbox"/> Demolition			<input type="checkbox"/> Glovebag Procedure		
			<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1650 sf	X			

Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>	NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>	Cubic Yards of Waste <div style="text-align: center;">3</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>
City, State <div style="text-align: center;">Toms River, New Jersey</div>	Disposal Date <div style="text-align: center;">6/6/14</div>	City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>	
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fericola</div>	Title <div style="text-align: center;">Project Manager</div>	Signature 	Date <div style="text-align: center;">6/2/2014</div>

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

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

Date of Notification (1) 5/30/2014		Name of Building Owner/Operator (2) NEW JERSEY TRANSIT							
Agencies Notified	Type Notification	Street Address ONE PENN PLAZA EAST							
<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 NEWARK, NJ 07102							
		Name of Contact JAMAAL GITTENS	Telephone Number 214 JUN -6 AM 12:37						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BLOCK 144 DEVELOPMENT LLC (3 BUILDINGS)		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 77 WEST 18TH STREET		Square Feet	# of Floors						
City (5) WEEHAWKEN		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) TTI ENVIRONMENTAL, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 1253 N. CHURCH STREET		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code MOORESTOWN, NJ 08057		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm JEFF SIEMENS		Telephone No. 856-840-8800	Telephone No. 973-956-8700						
Start Date (10) 6/11/2014		Scheduled Completion Date (11) 7/2/2014	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: VACANT		Name of OSHA Monitor SAME AS (9) ABOVE							
		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
SEE ATTACHED									
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 100+/-	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 7/2/2014		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>			Date 5/30/2014			

Block 144 Development LLC, Hoboken and Weehawken, New Jersey

144 Concrete/Block Building

Location	Material	Estimated Quantity
Concrete Block Building Warehouse N.E. Area	Roll-up Garage Door Frame Caulking	60 LF
Concrete Block Building Perimeter	Weatherproofing Felt and/or Mastic Material Between the Facade and Interior Walls	8,680 SF
Concrete Block Building	Below Grade Weatherproofing Felt and/or Mastic Material	3,310 SF
Concrete Block Building	Built-up Roofing Material	3,093 SF
Concrete Block Building	Roof Flashing Insulation	217 SF
Concrete Block Building	Fire Door Insulation	2 Ea. or 42 SF
Concrete Block Building Throughout	Electrical Wiring Insulation	To be determined

Concrete Block Building Throughout	Electrical Panels	8 SF
Concrete Block Building Throughout	Pipe and Pipe Fitting Insulation	To be determined
Concrete Block Building	Skylight Caulking	160 LF

144 Metal Corrugated Bldg.

Location	Material	Estimated Quantity
Corrugated Metal Building (2)	Fire Door Insulation	2 Ea. or 42 SF
Corrugated Metal Building	Roof Flashing	30 SF
Corrugated Metal Building Throughout	Electrical Wiring Insulation	To be determined
Corrugated Metal Building Throughout	Electrical Panels	8SF
Corrugated Metal Building	Built-up Roofing Material	2,970 SF

Carmine Franco Building

Location	Material	Estimated Quantity
Corrugated Metal Building Throughout Rooftop	Sheet Metal Roof Caulking Sealant	120 SF

MO-21635682546

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

Date of Notification (1) May 28, 2014		Name of Building Owner/Operator (2) City of Trenton							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 319 East State St.		City, State, Zip Code Trenton, NJ 08608							
Name of Contact Eric Carroll		Telephone Number /							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Demolition site		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 130 South Logan St.		Square Feet 3							
City (5) Trenton, NJ		# of Floors 50+							
County (6) Mercer		County Code (7) (STATE USE ONLY) _____							
Current Use (Prior if being demolished) Commercial									
Name of Monitoring Firm Hired by Building Owner (8) T.T.I. Environmental		ASCM No. _____							
Name of Abatement Contractor (9) Unipro, Inc.									
Street Address 1253 North Church St.		Street Address 173 Karkus Ave.							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Woodbridge, NJ 07095							
Project Manager for Monitoring Firm Jim Giuliardi		Telephone No. 856-840-8800							
Telephone No. 732-726-3111		License No. 00615							
Start Date (10) 5/29/14		Scheduled Completion Date (11) 5/30/14							
Name of OSHA Monitor T.T.I. Environmental									
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 1253 North Church St.							
		City, State, Zip Code Moorestown, NJ 08057							
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
One side of building				Non friable asbestos shingles	1,300 sf	x			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 4509		Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S., Inc.				
City, State Newark, NJ		Disposal Date 6/2/14		City, State Morrisville, PA					
Completed by David T. Tolcin		Title Pres.		Signature <i>David T. Tolcin</i>		Date 5/28/14			

MO#21901436223

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

Date of Notification (1)

06 / 03 / 14

Name of Building Owner/Operator (2)

Elaine Bauer

Street Address

223 Piermont Road

City, State, Zip Code

Closter, NJ 07624

Name of Contact

Elaine Bauer

Telephone Number

Agencies Notified

☐ EPA☒ DOLWD☒ DHSS☐ DCA

(NJAC 5:23-8)

Type Notification

☒ Initial☐ Amended

Amendment #

☐ Emergency (including justification)☐ Cancellation**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

Private home

Street Address

223 Piermont Road

City (5)

Closter, NJ 07624

County (6)

Bergen

Type of Facility (4)

☐ School (K-12)☐ Subchapter 8 (Other than K-1 2)☒ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet

of Floors

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

City, State, Zip Code

576 Valley Rd #283

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

Start Date (10)

06 / 12 / 14

Scheduled Completion Date (11)

06 / 13 / 14

Name of OSHA Monitor

Envirovision Consultants, Inc

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: AM- PM/ PM- AM

Street Address

20-21 Wagaraw Road, Bldg. # 34A

City, State, Zip Code

Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ ≥ 160 sf or ≥260 lf☒ Renovation
☐ Demolition
☐ Clean up and decontamination with negative pressure
☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure ☐ Tent with Negative Pressure
☒ 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	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT floor tiles	70 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

Gr Tech LLC

City, State

Wayne, NJ 07470

NJDEP Waste Hauler ID No.

0033785

Cubic Yards of Waste

TBD

Name of Registered Landfill

T.R.R.F. Inc

Disposal Date

TBD

City, State

Tullytown, PA

Completed By (Print or Type)

N.Jevtic

Title

Owner

Signature

Date

06/03/2014

ASB-41

MAY 11

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

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

Date of Notification (1) 06/02/14 \$200 Ck#3120			Name of Building Owner/Operator (2) Monmouth Regional High School						
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		One Norman J Field Way					
				City, State, Zip Code Tinton Falls, New Jersey 07724					
				Name of Contact Maria Anne Parry					
				Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Monmouth Regional High School				Type of Facility (4)					
Street Address One Norman J Field Way				<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) Tinton Falls, New Jersey 07724				Square Feet 50,000	# of Floors 3				
				Bldg. Age 55+					
County (6) Monmouth		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.			ASCM No. _____		Name of Abatement Contractor (9) Lilich Corporation				
Street Address PO Box 385			Street Address 606 McBride Avenue						
City, State, Zip Code Oceanville, New Jersey 08231			City, State, Zip Code Woodland Park, NJ 07424						
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833		Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 06/23/14		Scheduled Completion Date (11) 08/25/14		Name of OSHA Monitor J&S Environmental Labs					
Occupancy Status During Abatement (Check Only One)				Street Address 2333 Route 22 West					
<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-3:30PM Occupied				City, State, Zip Code Union, New Jersey 07083					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
H-410A,B,C,D,E,F-717A		x		CarpetVAT&Mastic(occFullConta	683 SF	x			
H-410A,B,C,D,E,F-717A		x		Pipe Fitting Insulation(occFullCof	34 LF	x			
H/F Hallways, F-716,720,723		x		Pipe Fitting Insulation(occFullCof	136 LF	x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Woodland Park, NJ 07424				Disposal Date 08/26/14	City, State Morrisville, Pennsylvania				
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>			Date 06/02/14		

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
G-301,302,304,306,308,312,A601	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Carpet,VAT & Mastic	2,160 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G-301,302,303,304,306,308,312,A601	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe & Fitting Insulation	400 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-603,604,605,614,& B 103	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Carpet, VAT & Mastic	3,910 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-B Hall, A-603,604,605,606,A-607,608, 610,612,614,614C,A-615,B-101,B-103	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe & Fitting Insulation	2,531 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Check # 1034

Date of Notification (1) 6/03/2014		Name of Building Owner/Operator (2) Emile Wamsteker		2014 JUN -6 AM 12:42	
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 31 Rollinson Street City, State, Zip Code West Orange, NJ Name of Contact Emile Wamsteker	
				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 & commercial buildings, homes, etc.)	
Street Address 31 Rollinson Street				Square Feet 1,900 +	
City (5) West Orange				# of Floors 2	
County (6) Essex				Bldg. Age 50+	
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) Unicorn Contracting Corp.	
Street Address		Street Address 1087 Pleasant Valley Way			
City, State, Zip Code		City, State, Zip Code West Orange, NJ 07052			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-333-9176	
Start Date (10) 6/15/2014		Scheduled Completion Date (11) 6/16/2014		License No. 01232	
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 <input type="checkbox"/> Other - Describe: _____				Street Address 20-21 Wagaraw Rd. - Bldg.35E 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"/> 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		
Basement			X	Pipe Insulation	10 LF
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 1	
City, State Freehold, New Jersey		Disposal Date TBD		Name of Registered Landfill G.R.O.W.S., Inc.	
City, State Morrisville, Pennsylvania					
Completed by Blagica Nikolova		Title President		Signature <i>B Nikolova</i> Date 06/03/2014	

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

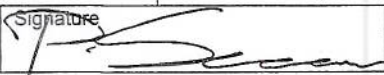
CK# 2340

Date of Notification (1) 6-3-14		Name of Building Owner/Operator (2) Jeff Bucca 2014 NY 12:41					
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 313 BEAUMONT AVE.		City, State, Zip Code MIDDLESEX NJ 08846					
Name of Contact JEFF		Telephone Number 973					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Bucca/HATO Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 10 MADISON AVE.		Square Feet # of Floors Bldg. Age					
City (5) MIDDLESEX		County Code (7) (STATE USE ONLY) MIDDLESEX					
Current Use (Prior if being demolished) RESIDENCE		Name of Abatement Contractor (9) Ace Insulation Co., Inc.					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.					
Street Address		95 Montrose Road					
City, State, Zip Code		Colts Neck, N.J. 07722					
Project Manager for Monitoring Firm		Telephone No. 732-294-1757					
Start Date (10) 6-12-14		Scheduled Completion Date (11) 6-20-14					
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: 7AM - 7PM		Name of OSHA Monitor					
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 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		Street Address City, State, Zip Code					
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
INTERIOR		FLOOR	1200	<input checked="" type="checkbox"/>			
EXTERIOR		GRASS SIDEWALK	1000	<input checked="" type="checkbox"/>			
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 6-20-14	City, State Easton, Pa				
Completed by George Wuest		Title President	Signature George Wuest		Date 6-3-14		

CK 1461

Print Form

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

Date of Notification (1) 05/30/2014		Name of Building Owner/Operator (2) Mr. Devon Basher		2014 JUN -6 AM 12:39					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 210 Greenwich Street City, State, Zip Code Belvidere, New Jersey 07823 Name of Contact Mr. Devon Basher Telephone Number 					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			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 210 Greenwich Street			Square Feet 2,500 # of Floors 2 Bldg. Age 80						
City (5) Belvidere		County (6) Warren County Code (7) (STATE USE ONLY) _____							
Current Use (Prior if being demolished) Residential			Name of Monitoring Firm Hired by Building Owner (8) TBD ASCM No. _____						
Name of Abatement Contractor (9) Sky Contracting, LLC			Street Address 1385 Valley Road, Suite K City, State, Zip Code Wayne, New Jersey 07470						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. (973) 928-5040 License No. 00874					
Start Date (10) 06/11/2014		Scheduled Completion Date (11) 06/14/2014		Name of OSHA Monitor Sky Contracting, LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 1385 Valley Road, Suite K City, State, Zip Code Wayne, New Jersey 07470						
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 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 INSulation	75 LF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 10	Name of Registered Landfill Minerva Enterprises, LLC				
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio					
Completed by Predrag Sarcev		Title Vice President		Signature 		Date 05/30/2014			