

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

OK 449.9

Date of Notification (1) 6/10/13		Name of Building Owner/Operator (2) MR. WAYNE HABERMAN				
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 521 OGDEN AVE				
		City, State, Zip Code TEANECK, NJ 07666				
		Name of Contact MR HABERMAN	Telephone Number 1			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MR. HABERMAN		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 521 OGDEN AVE		Square Feet 2000	# of Floors 2			
City (5) TEANECK		Bldg. Age 65+				
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)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc				
Street Address		Street Address 450 S. River St				
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601				
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388			
Start Date (10) 6/24/13	Scheduled Completion Date (11) 6/25/13	Name of OSHA Monitor Omega Environmental Inc				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM		Street Address 280 Huyler St				
		City, State, Zip Code South Hackensack, N.J. 07606				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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) 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
BASEMENT		THEMAL SYSTEM INSULATION	95 LF	<input checked="" type="checkbox"/>		
BASEMENT		THEMAL SURFACING	50 SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Enterprises		
City, State Hackensack, N.J. 07601		Disposal Date 6/25/13	City, State Waynesburg, Oh			
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>	Date 6/10/13			

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

MO#20613923482

Date of Notification (1) 06 / 10 / 13		Name of Building Owner/Operator (2) Carla Caraballo	
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 120 Jacoby Street City, State, Zip Code Maplewood, NJ 07040	
		Name of Contact Carla Caraballo	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 120 Jacoby Street		Square Feet	# of Floors
City (5) Maplewood, NJ 07040		Bldg. Age	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
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) 06 / 19 / 13		Scheduled Completion Date (11) 06 / 20 / 13	Name of OSHA Monitor Envirovision Consultants, Inc
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35 E 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 checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination
<input type="checkbox"/> > 160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure
		<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Tent with Negative Pressure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

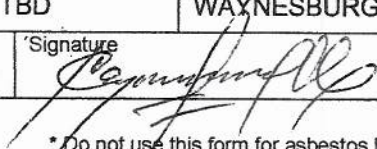
Name of Registered Waste Hauler Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470	Disposal Date TBD	City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature 	Date 06/10/2013

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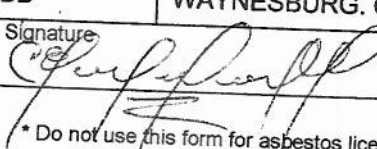
* Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1) 06/07/2013		Name of Building Owner/Operator (2) ED. WREEN							
Agencies Notified	Type Notification	Street Address 426 - MORGAN AVE.							
<input 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 type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code PALMYRA N.J. 08065							
		Name of Contact HORIZON SERVICES.	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		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 426- MORGAN AVE.		Square Feet 2600	# of Floors 2						
City (5) PALMYRA N.J. 08065		Bldg. Age 71							
County (6) N/A	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC.							
Street Address		Street Address 22 VAN ORDEN PL.							
City, State, Zip Code		City, State, Zip Code HACKENSACK N.J. 07601							
Project Manager for Monitoring Firm		Telephone No. 201 -708- 4270	License No. 01135						
Start Date (10) 06/08/2013	Scheduled Completion Date (11) 06/10/2013	Name of OSHA Monitor SAN AIR TECHNOLOGIES LAB							
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 1551 OAKBRIDGE DR. SUITE. B							
		City, State, Zip Code POWHATAN. VA. 32139							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		TSI. Peper Cell Insulation	30 SF	X			
Name of Registered Waste Hauler SHARON QUALITY CONSTRUCTION LLC.		NJDEP Waste Hauler ID No. 0033967	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE					
City, State HACKENSACK N.J. 07601			Disposal Date TBD	City, State WAXNESBURG. OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 			Date 06/07/2013			

OK 1089


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

Date of Notification (1) 06/06/2013		Name of Building Owner/Operator (2) ROBERT CAULFIELD							
Agencies Notified	Type Notification	Street Address 1 HENDERSON ST							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HOBOKEN, NJ, 07030							
		Name of Contact PHILLIP MOSCATO, JR	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4)							
Street Address 901- HUDSON STREET.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) HOBOKEN N.J.		Square Feet 2,800	# of Floors 1						
County (6) N/A	County Code (7) (STATE USE ONLY)	Bldg. Age 67 YEARS							
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished)							
Street Address		Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC							
City, State, Zip Code		Street Address 22 VAN ORDEN PL.							
Project Manager for Monitoring Firm		City, State, Zip Code HACKENSACK N.J. 07601							
Telephone No.		Telephone No. 201- 708- 4270	License No. 01135						
Start Date (10) 06/ 15 /2013	Scheduled Completion Date (11) 06/16 /2013	Name of OSHA Monitor SAN AIR TECHNOLOGIES LAB.							
Occupancy Status During Abatement (Check Only One)		Street Address 1551- OAKBRIDGE DR. SUITE B.							
<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 POWHATAN VA. 23139							
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 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		ROOFING MATERIAL	1,150 SF	X			
Name of Registered Waste Hauler SHARON QUALITY CONSTRUCTION LLC		NJDEP Waste Hauler ID No. 0033967	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC					
City, State HACKENSACK N.J		Disposal Date TBD		City, State WAYNESBURG. OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER		Signature 		Date 06/06/2013			

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

Date of Notification (1) <u>6-3-13</u>		Name of Building Owner/Operator (2) <u>KEVIN HAYES</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>104 W BONITA WAY</u> City, State, Zip Code <u>LAVALLETTE NJ.</u> Name of Contact <u>ERIC PLACKIS</u>
	FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) <u>104 W BONITA WAY</u> City (5) <u>LAVALLETTE NJ</u> County (6) <u>OCEAN</u> County Code (7) (STATE USE ONLY) Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) Square Feet <u>500</u> # of Floors <u>2</u> Bldg. Age <u>50</u> Current Use (Prior if being demolished) <u>VACANT HOME</u>		
Name of Monitoring Firm Hired by Building Owner (8) <u>BRICK INDUSTRIES INC.</u> Street Address <u>145 NATICK TR.</u> City, State, Zip Code <u>BRICK. NJ. 08724</u> Project Manager for Monitoring Firm <u>Telephone No. 132-899-4499</u> License No. <u>01196</u>		Name of Abatement Contractor (9) <u>BRICK INDUSTRIES INC.</u> Street Address <u>145 NATICK TR.</u> City, State, Zip Code <u>BRICK. NJ. 08724</u> Telephone No. <u>132-899-4499</u> License No. <u>01196</u>	
Start Date (10) <u>6-13-13</u> Scheduled Completion Date (11) <u>6-27-13</u>		Name of OSHA Monitor Street Address City, State, Zip Code	
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>VACANT</u>			
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input 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) <u>FLOOR TILES</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A Yes No N/A Yes No N/A Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>500 SF</u>
	Amount (Specify SF or LF) <u>500 SF</u>		
Name of Registered Waste Hauler <u>BRICK IND, INC</u> City, State <u>BRICK. NJ</u>		NJDEP Waste Hauler ID No. <u>31602</u>	Cubic Yards of Waste <u>4</u> Disposal Date <u>6/28/13</u>
Name of Registered Landfill <u>G. ROWS</u> City, State <u>PA</u>		Signature <u>[Signature]</u> Date <u>6-3-13</u>	
Completed By <u>ERIC PLACKIS</u> Title <u>PRES.</u>			

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

Date of Notification (1) 06-06-13		Name of Building Owner/Operator (2) United States Gypsum Company							
Agencies Notified	Type Notification	Street Address 1255 Raritan Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Clark, New Jersey 07066							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact William C. Elser	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) United States Gypsum Company		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 1255 Raritan Road		Square Feet 100,000	# of Floors 2						
City (5) Clark		Bldg. Age 50+-							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Stanmark Contractors, LLC						
Street Address		Street Address 27 Edsall Drive							
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461							
Project Manager for Monitoring Firm		Telephone No. 973-864-2022	License No. 01137						
Start Date (10) 06/20/13	Scheduled Completion Date (11) 08/20/13	Name of OSHA Monitor AmeriSci							
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 117 30th Street							
		City, State, Zip Code New York, NY 11016							
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 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) <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
Please see attached		x		Please see attached		x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 200	Name of Registered Landfill G.R.O.W.S.					
City, State Wayne, NJ		Disposal Date on completion		City, State Morrisville, PA					
Completed by Marko Stankovic		Title President	Signature 			Date 06-06-13			

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5.0 RESULTS

According to EPA regulations, any material that contains more than 1 percent of any type of asbestos is considered an ACM. HAs of similar materials (and various colors) are listed together to reflect their nature, function, location, and relevance to future abatement or renovation activities. The laboratory analytical results indicate that ACM are present at the site in the following HAs (refer to the ACM diagrams presented in Appendix C for detailed asbestos-containing HA locations):

HA	Material	Location	Friability and NESHAP Category	Condition	Quantity
HA FT 1	9" x 9" Tan Streaked VFT	Front Office Bldg: Vault	Non Friable Category I	Damaged	96 SF
HA FT 6	9" x 9" Brown VFT	Paper Machine Building: Production Manager's Office Engineering Office	Non Friable Category I	Under 12"x12" VFT	228 SF 250 SF
HA DI 1	Aircell Duct Insulation	Front Office Bldg: Former Heater Room	Friable	Damaged	30 SF
HA DI 3	Brown Spray-on Duct Insulation	#2 Finished Paper Warehouse: Loft Area above Lunch & Locker Rooms	Friable	Damaged	250 SF
HA VDC 1	White Vibration Cloth	Front Office Bldg: Former Heater Room	Non Friable Category I	Significant Damaged	8 LF (1 VDC)
*HA CP 1	Tan/Brown Ceiling Panels (<1% Amosite)	#1 Finished Paper Warehouse: Dry Sprinkler Room	Friable	Damaged	24 SF
[REDACTED]					
HA PI 1	White Block Pipe Insulation - 4"-6"	#2 Finished Paper Warehouse: Loft Area above Lunch & Locker Rooms	Friable	Damaged	175 LF
[REDACTED]					
HA PI 2	White Block Pipe Insulation - 12"-18"	Powerhouse: Operating Level-Feed Pump Area Operating Level-TurbineGen Area Heater Platform Upper Level	Friable	Good Good Damaged Damaged	315 LF 60 LF 40 LF 70 LF
HA PI 3	White Block Pipe Insulation - 8"-10"	Powerhouse: Operating Level-Feed Pump Area Heater Platform	Friable	Good Good	210 LF 35 LF

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HA	Material	Location	Friability and NESHAP Category	Condition	Quantity
HA PI 5	Layered Paper Pipe Insulation	Paper Machine Building: Production Office	Friable	Damaged	6 LF
HA PI 6	White Block Pipe Insulation - 18" w/o metal jackets	Powerhouse: Basement Level	Friable	Damaged	40 LF
HA PI 7	White Block Pipe Insulation - 8"-10" w/o metal jackets	Powerhouse: Basement Level	Friable	Good	30 LF
HA PI 8	White Block Pipe Insulation - 3"-6" w/o metal jackets	Paper Machine Building: Truckers' Lounge/Vending	Friable	Good	50 LF
		Wet End Upper Level Sizug Tank Area		Damaged	210 LF
		Upper Level Tool Box Room		Damaged	20 LF
		Powerhouse: Basement Level		Damaged	52 LF
HA PI 9	Block Pipe Insulation - 18" w/white metal jackets	Powerhouse: Basement Level	Friable	Good	25 LF
HA PI 10	Block Pipe Insulation - 18" -24" w/silver metal jackets	Powerhouse: Basement Level	Friable	Good	100 LF
HA PI 11	Block Pipe Insulation - 8" -10" w/silver metal jackets	Powerhouse: Basement Level	Friable	Good	150 LF
HA PI 12	Aircell Pipe Insulation	Paper Machine Building: Truckers' Lounge/Vending	Friable	Damaged	20 LF
HA TI 1	Hot Process Softener Tank Insulation	Powerhouse: Operating - Heater Platform Levels	Friable	Good	300 SF
HA TI 2	Hot Water Tank Insulation	Powerhouse: Heater Platform Level	Friable	Good	550 SF
					
HA HI 2	High Pressure Steam Heater Header Insulation	Powerhouse: Heater Platform Level	Friable	Damaged	20 LF
HA SG 1	Boiler Stack Gaskets	Powerhouse: Upper Level	Non Friable Category I	Good	3 x16 LF
		Mezzanine Level		Good	3 x85 LF
HA BHG 1	Boiler Hatch Gaskets	Powerhouse: Upper Level	Non Friable Category I	Good	3 x 8 LF
		Operating Level		Good	3 x32 LF
HA FD 1	Metal Fire Door Insulation	All Original /Pre 1980 Metal Fire Doors assumed to be asbestos insulated	Friable	Good	~32 Doors
HA FB	Tar & Felt Flashing w/Aluminizer	Powerhouse: Main Roof	Non Friable Category I	Good	~625 SF
HA FD	Tar & Felt Flashing w/Aluminizer	Powerhouse: Hopper Roof	Non Friable Category I	Good	~220 SF

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HA	Material	Location	Friability and NESHAP Category	Condition	Quantity
HA FG	Roof Flashing	Paper Machine Bldg: Roof, Dry End Parapet Wall	Non Friable Category I	Good	~440 SF
HA FK	Tar Flashing w/Felt Cover	#1 Finished Paper Whse: Roof Canopy, Wall	Non Friable Category I	Good	~50 SF

HA	Material	Location	Friability and NESHAP Category	Condition	Quantity
HA FO	Felt & Tar Flashing w/Aluminizer	Main Office Addition Roof, Front Wall Parapet	Non Friable Category I	Good	~115 SF
HA FS:	Felt & Tar Flashing	Stock Prep Stair Tower Roof	Non Friable Category I	Good	~135 SF
SF = square feet, LF = linear feet, RACM = Regulated ACM, VFT = vinyl floor tile, ACT = acoustical ceiling tile					

Friable ACM is any material containing more than 1 percent asbestos that, when dry, may be crumbled, pulverized, or reduced to powder by hand pressure. Non-friable ACM is any material containing more than 1 percent asbestos that, when dry, cannot be crumbled, pulverized, or reduced to powder by hand pressure. Under NESHAP, non-friable ACM is divided into two categories. Category I Non-Friable ACM are asbestos-containing resilient floor coverings (commonly known as vinyl asbestos tile), asphalt roofing products, and gaskets. These materials rarely become friable unless ground, sanded, abraded or pulverized. All other non-friable ACM such as transite materials are considered to be a Category II material, which can become friable on impact.

* Do not use this form for asbestos licensure exempted activities

Date of Notification (1) June 10, 2013		Name of Building Owner/Operator (2) Rich-Mark Contracting, Inc.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address P O Box 124		City, State, Zip Code Toms River, NJ 08754	
Name of Contact Mark Tucker		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 27 Rochester Drive			Square feet 1000 sf		
City Brick			# of Floors 1		
County (6) Ocean			Bldg. Age 60		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm			Telephone Number 732-349-9932		
Telephone Number			License Number 00624		
Scheduled Start Date (10) 6/11/13			Name of OSHA Monitor E.M.S.L. Analytical		
Scheduled Completion Date (11) 6/12/13			Street Address 1056 Stelton Road		
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 Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> 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			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	800 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 6/13/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 6/10/2013

*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)

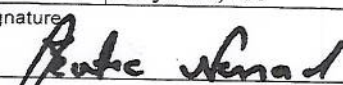
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Date of Notification (1) 06/08/2013		Name of Building Owner/Operator (2) RIDVAN SAHATQIU							
Agencies Notified	Type Notification	Street Address 135 - MARION PEPE DR. APT. C							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code LODI N.J. 07644							
		Name of Contact RIDVAN SAHATQIU	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4)							
Street Address 3 - ROSS STREET		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) WHARTON N.J. 07885		Square Feet 2500	# of Floors 2 stories						
County (6)		Bldg. Age 83							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCN No.	Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC						
Street Address		Street Address 22 VAN ORDEN PL.							
City, State, Zip Code		City, State, Zip Code HACKENSACK N.J. 07601							
Project Manager for Monitoring Firm		Telephone No. 201-708-4270	License No. 01135						
Start Date (10) 06/17/2013	Scheduled Completion Date (11) 06/18/2013	Name of OSHA Monitor SAN AIR TECHNOLOGIES LAB							
Occupancy Status During Abatement (Check Only One)		Street Address 1551 OAKBRIDGE SUITE. B							
<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 POWHATAN VA. 23139							
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		X		PIPE INSULATION	60 SF	X			
Name of Registered Waste Hauler SHARON QUALITY CONSTRUCTION LLC		NJDEP Waste Hauler ID No. 0033967	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE. INC					
City, State HACKENSACK N.J. 07601		Disposal Date TBD		City, State WAYNESBURG, OHIO					
Completed by XIOMARA GOMEZ		Title PRESIDENT		Signature <i>Xiomara Gomez</i>			Date 06/08/2013		

MO#20613923493

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

Date of Notification (1) 06 / 07 / 13		Name of Building Owner/Operator (2) Lynn Kreinberg							
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 103 N.Fulton Street City, State, Zip Code Bloomfield, NJ 07003 Name of Contact Lynn Kreinberg						
			Telephone Number						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 103 N.Fulton Street		Square Feet	# of Floors						
City (5) Bloomfield, NJ 07003		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC							
Street Address		Street Address 576 Valley Rd #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127						
Start Date (10) 06 / 17 / 13	Scheduled Completion Date (11) 06 / 18 / 13		Name of OSHA Monitor Envirovision Consultants, Inc						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM _____ PM / _____ PM _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35 E City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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 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	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature 		Date 06/07/2013			

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