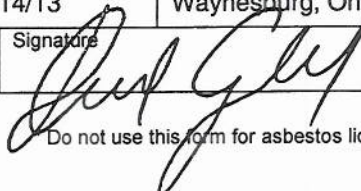


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 6/10/2013		Name of Building Owner/Operator (2) SOUNDVIEW PAPER COMPANY							
Agencies Notified	Type Notification	Street Address ONE MARKET STREET							
<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 ELMWOOD PARK, NJ 07407							
		Name of Contact ED KNAPICK	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) SOUNDVIEW PAPER 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 35 MARKET STREET		Square Feet	# of Floors						
City (5) ELMWOOD PARK		Bldg. Age							
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING						
Street Address		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-956-8700						
			License No. 00494						
Start Date (10) 6/21/2013	Scheduled Completion Date (11) 7/5/2013	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
WAREHOUSE		X		PIPE (ENCAPSULATE ONLY)	80 LF	X			
		X		COOK TANK	30 SF	X			
				(ENCAPSULATE ONLY)					
OUTSIDE EXPOSED		X		PIPE (WRAP & CUT)	290 LF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 5	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ			Disposal Date 7/5/2013	City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 6/10/2013					

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

Date of Notification (1) 5/15/13		Name of Building Owner/Operator (2) Passaic Board of Education							
Agencies Notified	Type Notification	Street Address 101 Passaic Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Passaic, NJ 07055							
		Name of Contact Mr. Barry Stein	Telephone Number <u>                    </u>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) William B. Cruise School No. 11		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 390 Gregory Avenue		Square Feet 15,000 +	# of Floors 2						
City (5) Passaic		Bldg. Age 50+							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants, Inc.		ASCM No. 0057	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address P.O. Box 385		Street Address 163 Sargeant Avenue							
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm Mr. Eric Clarkson		Telephone No. 609-652-1833	Telephone No. 973-689-6281						
Start Date (10) 06/03/13		Scheduled Completion Date (11) 06/14/13	License No. 01099						
Name of OSHA Monitor J&S Environmental Laboratories LLC									
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Boiler Room	X			Boiler Breech Exhaust Stack Ins.	507 SF	X			
Boiler Room	X			Pipe & Fitting Insulation	160 LF	X			
Storage Room adj. Boiler Room	X			Pipe & Fitting Insulation	75 LF	X			
Boiler Room	X			Boiler Plate Insulation	182 SF	X			
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 17634	Cubic Yards of Waste 5	Name of Registered Landfill Minerva, Lanfill					
City, State Clifton, New Jersey		Disposal Date 06/14/13		City, State Waynesburg, Ohio					
Completed by Dimo Golcev		Title General Manger		Signature 		Date 06/11/13			



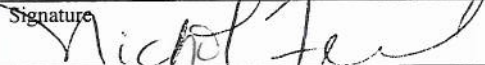
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <div style="text-align: center;">June 12, 2013</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">T C B Associates</div>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	<div style="text-align: center;">P O Box 3204</div>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	<div style="text-align: center;">Point Pleasant, New Jersey 08742</div>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	<div style="text-align: center;">Kathy</div>	<div style="text-align: center;">_____</div>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4)		
Street Address			<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.)		
<div style="text-align: center;">2402 Maple Street</div>					
City	County (6)	County Code (7) (STATE USE ONLY)	Square feet	# of Floors	Bldg. Age
<div style="text-align: center;">Point Pleasant</div>	<div style="text-align: center;">Ocean</div>		<div style="text-align: center;">2000 sf</div>	<div style="text-align: center;">1</div>	<div style="text-align: center;">60</div>
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>			Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
Street Address			Street Address		
			<div style="text-align: center;">1889 Route 9, Unit 61</div>		
City, State, Zip Code			City, State, Zip Code		
			<div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
			<div style="text-align: center;">732-349-9932</div>		<div style="text-align: center;">00624</div>
Scheduled Start Date (10) <div style="text-align: center;">7/8/13</div>		Scheduled Completion Date (11) <div style="text-align: center;">7/9/13</div>		Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>	
Occupancy Status During Abatement (Check only one)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			<div style="text-align: center;">1056 Stelton Road</div>		
			City, State, Zip Code		
			<div style="text-align: center;">Piscataway, New Jersey 08854</div>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			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-house		<input checked="" type="checkbox"/>		Asbestos siding	1900 sf	<input checked="" type="checkbox"/>			
Exterior -garage		<input checked="" type="checkbox"/>		Asbestos siding	450 sf				

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;">7/10/13</div>		City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>	
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>		Title <div style="text-align: center;">Project Manager</div>		Signature <div style="text-align: center;"></div>	
				Date <div style="text-align: center;">6/12/13</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) 6/12/2013		Name of Building Owner/Operator (2) Diane Breen	
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 checked="" type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 284 Alabama Avenue	
		City, State, Zip Code Toms River, NJ 08753	
		Name of Contact Diane Breen	Telephone Number

**FACILITY INFORMATION**

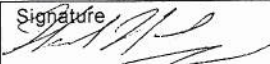
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 284 Alabama Avenue			Square feet 1200 sf		
City Toms River	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Current Use (Prior if being demolished) Residence		
Street Address			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number			Telephone Number 732-349-9932		
Scheduled Start Date (10) 6/26/13			License Number 00624		
Scheduled Completion Date (11) 6/27/13			Name of OSHA Monitor E.M.S.L. Analytical		
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		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) 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	1000 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 6/28/13		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>			Date 6/12/2013		

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

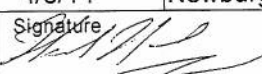


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>April 05, 2013</b>		Name of Building Owner/Operator (2) <b>Reckitt Benckiser</b>							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1 - Hold</b>	<b>799 U.S. 206</b>							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Hillsborough NJ 08844</b>							
		Name of Contact <b>Stephen Grum</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Reckitt Benckiser</b>		Type of Facility (4)							
Street Address <b>799 U.S. 206</b>		<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) <b>Hillsborough NJ 08844</b>		Square Feet	# of Floors						
County (6) <b>Somerset</b>		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Pharmaceutical</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates Inc.</b>		ASCM No.							
Street Address <b>515 Grove St, Suite 1B</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>							
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
Project Manager for Monitoring Firm <b>R. Alan Lloyd, CIH, CSP</b>		Telephone No. <b>(973) 759 - 5000</b>	License No. <b>00781</b>						
Start Date (10) <b>On Hold - TBD</b>	Scheduled Completion Date (11) <b>On Hold - TBD</b>	Name of OSHA Monitor <b>The MACK Group, LLC.</b>							
Occupancy Status During Abatement (Check Only One)		Street Address <b>1500 Kings HWY N, STE 209</b>							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours									
<input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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
<b>TBD</b>	<input checked="" type="checkbox"/>			<b>TDB</b>	<b>TBD</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Freehold / Newark Carting / Rovic</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>TDB</b>	Name of Registered Landfill <b>Cumberland Co./ BFI / GROWS / TRRF</b>					
City, State <b>Freehold / Newark / Riverdale, NJ</b>		Disposal Date <b>On Hold - TBD</b>		City, State <b>Newburg / Imperial / Morrisville, PA</b>					
Completed by <b>Mike Cooper</b>		Title <b>President</b>	Signature 			Date <b>4/5/13</b>			

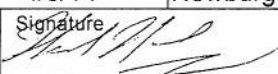
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

717

Date of Notification (1) <b>March 28, 2013</b>		Name of Building Owner/Operator (2) <b>Reckitt Benckiser</b>						
Agencies Notified	Type Notification	Street Address <b>799 U.S. 206</b>						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code <b>Hillsborough NJ 08844</b>						
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact <b>Stephen Grum</b>	Telephone Number _____					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Reckitt Benckiser</b>		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 <b>799 U.S. 206</b>		Square Feet	# of Floors					
City (5) <b>Hillsborough NJ 08844</b>		Bldg. Age						
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>Pharmaceutical</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>					
Street Address <b>515 Grove St, Suite 1B</b>		Street Address <b>1500 Kings HWY N, STE 209</b>						
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>						
Project Manager for Monitoring Firm <b>R. Alan Lloyd, CIH, CSP</b>		Telephone No. <b>856-547-0505</b>	Telephone No. <b>(973) 759 - 5000</b>					
Start Date (10) <b>4/8/13</b>		Scheduled Completion Date (11) <b>4/8/14</b>	License No. <b>00781</b>					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <b>The MACK Group, LLC.</b>						
		Street Address <b>1500 Kings HWY N, STE 209</b>						
		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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) <b>TO BE ABATED</b> 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) <b>40 s/f</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>Quality Assurance Lab Office Area</b>		<input checked="" type="checkbox"/>	<b>Transite Fume Hood</b>		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Freehold / Newark Carting / Rovic</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>0.4</b>	Name of Registered Landfill <b>Cumberland Co./ BFI / GROWS / TRRF</b>				
City, State <b>Freehold / Newark / Riverdale, NJ</b>			Disposal Date <b>4/8/14</b>	City, State <b>Newburg / Imperial / Morrisville, PA</b>				
Completed by <b>Mike Cooper</b>		Title <b>President</b>	Signature 	Date <b>3/28/13</b>				



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

Date of Notification (1) <b>June 11, 2013</b>		Name of Building Owner/Operator (2) <b>Reckitt Benckiser</b>							
Agencies Notified	Type Notification	Street Address <b>799 U.S. 206</b>							
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code <b>Hillsborough NJ 08844</b>							
<input checked="" type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	Name of Contact <b>Stephen Grum</b>							
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # <b>2</b>	Telephone Number <b>[REDACTED]</b>							
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)								
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation								
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Reckitt Benckiser</b>		Type of Facility (4)							
Street Address <b>799 U.S. 206</b>		<input type="checkbox"/> School (K-12)							
City (5) <b>Hillsborough NJ 08844</b>		<input type="checkbox"/> Subchapter 8 (Other than K-12)							
County (6) <b>Somerset</b>		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
County Code (7) (STATE USE ONLY)		Square Feet	# of Floors						
			Bldg. Age						
Current Use (Prior if being demolished) <b>Pharmaceutical</b>									
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates Inc.</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>							
Street Address <b>515 Grove St, Suite 1B</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>R. Alan Lloyd, CIH, CSP</b>		Telephone No. <b>856-547-0505</b>	License No. <b>00781</b>						
Start Date (10) <b>6/21/13</b>	Scheduled Completion Date (11) <b>4/8/14</b>	Name of OSHA Monitor <b>The MACK Group, LLC.</b>							
Occupancy Status During Abatement (Check Only One)		Street Address <b>1500 Kings HWY N, STE 209</b>							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours									
Other - Describe: _____									
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure							
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Mini-Enclosure							
<input type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Glovebag Procedure							
<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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
locker room	<input checked="" type="checkbox"/>			tile & mastic	120 sf	<input checked="" type="checkbox"/>			
QC Lab		<input checked="" type="checkbox"/>		transite counter tops	300 sf	<input checked="" type="checkbox"/>			
"-"		<input checked="" type="checkbox"/>		fume hood	1	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Freehold / Newark Carting / Rovic</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>4.2</b>	Name of Registered Landfill <b>Cumberland Co./ BFI / GROWS / TRRF</b>					
City, State <b>Freehold / Newark / Riverdale, NJ</b>		Disposal Date <b>4/8/14</b>	City, State <b>Newburg / Imperial / Morrisville, PA</b>						
Completed by <b>Mike Cooper</b>		Title <b>President</b>	Signature 				Date <b>6/11/13</b>		



CHECK #  
2796

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

Date of Notification (1) <u>6/12/13</u>		Name of Building Owner/Operator (2) <u>CARNEY TECH CONTRACTING</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>155 RT. 50</u>	
		City, State, Zip Code <u>GREENFIELD, N.J. 08230</u>	
		Name of Contact <u>BRUCE BREUNIG</u>	Telephone No. _____

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		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 <u>3960 ASSUMY AVE</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>OCEAN CITY</u>		Bldg Age <u>40 Y</u>	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
Street Address <u>N/A</u>		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>
Start Date (10) <u>6/30/13</u>	Scheduled Completion Date (11) <u>7/6/13</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
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 <u>369 S. SPRUCE AVE.</u>	
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	

Scope of Work (Check all that apply) <input type="checkbox"/> 23 sq ft or 23 lb <input type="checkbox"/> 2150 sq ft or 2260 lb		<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 type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure
--	--	---	---

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12)	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	Encapsulation
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>2500#</u>	<u>X</u>	


Name of Registered Waste Hauler <u>KLEMMCO INC.</u>	WDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>
City, State <u>MAPLE SHADE, N.J. 08052</u>	Disposal Date	City, State <u>WOODBINE, N.J.</u>	
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>6/12/13</u>



\* Emergency \*

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

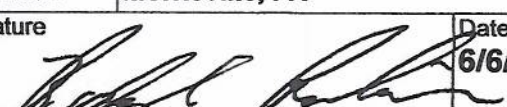
CP 3302

Date of Notification (1) 6/11/13		Name of Building Owner/Operator (2) Lisa and John Dunwoody							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 479 Anchor Ave							
		City, State, Zip Code Tuckerton NJ 08087							
		Name of Contact John	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Lisa and John Dunwoody		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 479 Anchor Ave		Square Feet 1000	# of Floors 1						
City (5) Tuckerton NJ 08087		Bldg. Age 35 =							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. ..	Name of Abatement Contractor (9) Pernaco Inc						
Street Address ..		Street Address PO Box 329							
City, State, Zip Code ..		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm ..		Telephone No. ..	Telephone No. 856-753-9800						
Start Date (10) 6/11/13		Scheduled Completion Date (11) 6/11/13	License No. 00727						
Name of OSHA Monitor same									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address ..							
		City, State, Zip Code ..							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input 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
on slab			x	floor tile	500 sf	x			
under house									
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 6/12/13	City, State Morrisville Pa 19067						
Completed by Anthony T Perna		Title President	Signature 				Date 6/11/13		



ck # 1438

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

Date of Notification (1) <b>6/6/2013</b>		Name of Building Owner / Operator (2) <b>Ventnor City</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>6201 Atlantic Avenue</b>
			City, State & Zip Code <b>Ventnor, NJ</b>
			Name of Contact <b>Charles Sabatini</b>
			Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Ventnor Municipal Bldg</b>		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 <b>6201 Atlantic Avenue</b>		Square Feet <b>10000</b>	# of Floors <b>2</b>
City (5) <b>Ventnor</b>	County (6) <b>Atlantic</b>	County Code (7)	Bldg. Age <b>80-</b>
Current Use (Prior if being demolished) <b>Municipal Bldg</b>			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Alpha Environmental Services</b>
Street Address		Street Address <b>2129 Route 33</b>	
City, State & Zip Code		City, State & Zip Code <b>Hamilton, NJ 08610</b>	
Project Manager for Monitoring Firm		Telephone Number <b>609-847-2956</b>	License Number <b>01091</b>
Scheduled Start Date (10) <b>6/17/2013</b>	Scheduled Completion Date (11) <b>6/24/2013</b>	Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address <b>107 Haddon Ave.</b>	
		City, State & Zip Code <b>Westmont, NJ 08108</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <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 or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
	Yes	No	
<b>Legion Rm Offices</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>VAT VAT</b>
			<b>1500sf 300sf</b>
Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>		NJDEP Waste Hauler ID No. <b>00033330</b>	Name of Registered Landfill <b>Grows Landfill</b>
City, State <b>Trenton, NJ</b>		Disposal Date <b>6/28/2013</b>	City, State <b>Morrisville, PA</b>
Completed By (Print or Type) <b>Rod Richardson</b>		Title <b>Project Manager</b>	Signature  Date <b>6/6/2013</b>



B &amp; G proj. #: 2013-97A

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

Check # 5958

Date of Notification (1) <u>10/16/11/12/13</u>		Name of Building Owner/Operator (2) <u>Seminary Urban Renewal</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification	
		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> On hold <input type="checkbox"/> Cancellation	
		Street Address <u>120 Albany Street</u>	
		City, State, Zip Code <u>New Brunswick, NJ 08901</u>	
		Name of Contact <u>Merissa Buczny</u>	
		Telephone Number <u></u>	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Vacant Building</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address <u>564 George Street</u>			Square Feet    # of Floors    Bldg. Age	
City (5) <u>New Brunswick, NJ 08901</u>	County (6) <u>Middlesex</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>residential housing</u>	
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>The Louis Berger Group, Inc.</u>		ASCM No.	Name of Abatement Contractor (9) <u>B &amp; G Restoration, Inc.</u>	
Street Address <u>412 Mount Kemble Avenue</u>			Street Address <u>105 Ryerson Road</u>	
City, State, Zip Code <u>Morristown, NJ 07960</u>			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	
Project Manager for Monitoring Firm <u>Craig Napolitano</u>		Phone Number <u>973-407-1000</u>	Telephone Number <u>(973)696-6869</u>	
			License Number <u>00378</u>	
Scheduled Start Date (10) <u>05/28/2013</u>		Sched. Completion Date (11) <u>08/03/2013</u>	Name of OSHA Monitor <u>B &amp; G Restoration, Inc.</u>	
			Street Address <u>105 Ryerson Road</u>	
			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	
Occupancy Status During Abatement (Check only one)				
<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____				

## Scope of Work (check all that apply)

- |  |  |  |   |
|--|--|--|---|
| <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Renovation                    | <input checked="" type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure               |
| <input type="checkbox"/> >3 sf or >3 lf        | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Mini-enclosure                                  | <input checked="" type="checkbox"/> 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						
SEE ATTACHED TABLE with Locations & quantities			<input checked="" type="checkbox"/>	SEE ATTACHED TABLE with Locations & quantities	attached	<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"/>

Registered Waste Hauler <u>B &amp; G Restoration, Inc.</u>		NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>250</u>	Name of Registered Landfill <u>Tullytown Resource &amp; Recovery Center</u>	
City, State <u>Lincoln Park, NJ</u>		Disposal Date <u>5/28/13 - 08/03/13</u>		City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>		Title <u>Secretary/Treasurer</u>		Signature <u>Gordana Luna</u>	
				Date <u>06/12/2013</u>	

From: B & G Restoration, Inc., 105 Ryerson Road, Lincoln Park, NJ 07035

2013 JUN 17 AM 2:50

Attachment to Amended 10-day notification (Amendment #2 dated June 12, 2013)

Re: 564 George Street, New Brunswick, NJ 08901

All of the following materials shall be removed.

Location of asbestos-containing material to be abated in facility	Is location normally used solely by maintenance/custodial staff	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove
Facade	N/A	Window glazing	3,600 LF	Yes
Facade	N/A	Transite Panels	1,214 SF	Yes

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**TABLE 4.2 Condition and Quantity  
564 George Street**

Material	Location	Friability	Condition	Quantity
Pipe Flange Gaskets	Boiler Room	Friable	Good	20 SF
Hot Water Tank Insulation	Boiler Room	Friable	Good	400 SF
Flue Insulation	Boiler Room	Friable	Good	200 SF
Boiler Insulation	Boiler Room	Friable	Good	160 SF
Wall Plaster – Yellow Coat	Apartments	Friable	Poor	14,500 SF
	Stairwells 1 and 2			3,150 SF
Stairwell Floor Mortar	Stairwells 1 and 2	Friable	Good	1,400 SF
Gray 9x9 Floor Tile & Associated Mastic (Floor Tile Type #1)	Throughout Apartments	Non Friable	Fair	11,300 SF
Beige with Green 9x9 Floor Tile & Associated Mastic (Floor Tile Type #5)		Non Friable	Fair	
Beige with White 9x9 Floor Tile & Associated Mastic (Floor Tile Type #10)		Non Friable	Fair	
Blue Marble 12x12 Floor Tile & Associated Mastic (Floor Tile Type #14)		Non Friable	Fair	
Tan with Dark Brown Stripes 9x9 Floor Tile & Associated Mastic (Floor Tile Type #18)		Non Friable	Fair	
Sand Color Marbled 12x12 Floor Tile & Associated Mastic (Floor Tile Type #19)		Non Friable	Fair	
Gray with White Specs 12x12 Floor Tile (Floor Tile Type #16)	Apartment 302 Bedroom	Non Friable	Fair	160 SF
Tan with White 12x12 Floor Tile (Floor Tile Type #17)	Apartment 302 Kitchen	Non Friable	Fair	40 SF
Exterior Door and Window Frame Caulking	Exterior	Non Friable	Fair	2,000 LF (80 SF)
Wire Insulation in Stove	Kitchens Throughout	Friable	Good	19 Bundles
Tar on Exterior Brick	Exterior Walls Below Grade and Foundation	Non Friable	Good	2,720 SF

09-2-100 11 MAR 2002  
 09-2-100 11 MAR 2002

**TABLE 4.2 Condition and Friability Assessment  
564 George Street**

Material	Location	Friability	Condition	Quantity
Joint Filler	Exterior	Non Friable	Good	50 SF
Pitch Pocket Tar	Roof	Non Friable	Good	5 SF
Cap Flashing Tar	Roof	Non Friable	Poor	200 SF
Coping Stone Caulking	Roof	Non Friable	Poor	100 LF (1 SF)
Tar Sheeting, Black	Basement	Non Friable	Good	5,512 SF
Seam Sealant	Basement	Non Friable	Good	300 LF

10/13/2017 10:21:50  
 10/13/2017 10:21:50  
 10/13/2017 10:21:50



State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
\*\*\*\*\* PROJECT RESUME 6/4/13 \*\*\*\*\*

B & G proj. #: 2013-97A

Check # N/A

Date of Notification (1) 06/04/13		Name of Building Owner/Operator (2) Seminary Urban Renewal	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> On hold <input type="checkbox"/> Cancellation	Street Address 120 Albany Street	
		City, State, Zip Code New Brunswick, NJ 08901	
		Name of Contact Merissa Buczny	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Vacant Building			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address 564 George Street			Square Feet	# of Floors
City (5) New Brunswick, NJ 08901			County (6) Middlesex	County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8) The Louis Berger Group, Inc.			Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 412 Mount Kemble Avenue			Street Address 105 Ryerson Road	
City, State, Zip Code Morristown, NJ 07960			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm Craig Napolitano		Phone Number 973-407-1000	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 05/28/2013		Sched. Completion Date (11) 08/03/2013		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:				
Name of OSHA Monitor B & G Restoration, Inc.			Street Address 105 Ryerson Road	
			City, State, Zip Code LincolnPark, NJ 07035	

Scope of Work (check all that apply)

- ☒ Demolition      ☐ Renovation      ☒ Full Containment w/negative pressure      ☐ Glovebag procedure  
☐ >3 sf or >3 lf      ☒ ≥160 sf or ≥260 lf      ☐ Mini-enclosure      ☒ 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						
SEE ATTACHED TABLE with Locations & quantities			<input checked="" type="checkbox"/>	SEE ATTACHED TABLE with Locations & quantities	attached	<input checked="" type="checkbox"/>			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 250	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 5/28/13 - 08/03/13	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 06/04/2013

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

Date of Notification (1) 6/12/2013		Name of Building Owner/Operator (2) CONGREGATION B'NAI JESHURUN							
Agencies Notified	Type Notification	Street Address 1025 SOUTH ORANGE AVENUE							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SHORT HILLS, NJ 07078							
		Name of Contact ALICE LUTWAK	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) TEMPLE B'NAI JESHURUN		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 & commercial buildings, homes, etc.)							
Street Address 1025 SOUTH ORANGE AVENUE		Square Feet	# of Floors						
City (5) SHORT HILLS		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) ENVIRONMENTAL CONNECTION, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING						
Street Address 120 NORTH WARREN STREET		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code TRENTON, NJ 08608		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm ROLAND C. JONES		Telephone No. 212-952-7300	Telephone No. 973-956-8700						
Start Date (10) 6/24/2013		Scheduled Completion Date (11) 7/24/2013	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: 7AM - 12AM		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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED		X							
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 120	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ			Disposal Date 7/24/2013	City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 6/12/2013					



Temple B'Nai Jeshurun, Short Hills, NJ

<u>Location</u>	<u>ACM Material</u>	<u>Quantity</u>
Throughout	Spray on Fireproofing	17,350 SF
Throughout	Floor Tile & Mastic	2,300 SF
Throughout	Fitting Insulation	260 LF
Ellis Hall	Stage Curtain	1,200 SF
Ellis Hall	Stage Wiring	100 LF
Offices	Debris	30 SF

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

Date of Notification (1) <b>June 12, 2013</b>		Name of Building Owner/Operator (2) <b>Ciel Power</b>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	<b>1280 Wall Street West, Suite 309</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	<b>Lyndhurst, NJ 07071</b>	
<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	<b>Steven Little</b>	<b>[REDACTED]</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4)		
Street Address <b>237 Grant Avenue</b>			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K12)		
City <b>Highland Park</b>			Square feet		
			<b>2000 sf</b>		
County (6) <b>Middlesex</b>		County Code (7) (STATE USE ONLY)	# of Floors <b>2</b>	Bldg. Age <b>60</b>	
Current Use (Prior if being demolished) <b>Residence</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting, Inc.</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address <b>1889 Rte. 9, Unit 61</b>			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code <b>Toms River, NJ 08755</b>			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>		Telephone Number <b>732-349-9932</b>	Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>
Scheduled Start Date (10) <b>6/13/13</b>		Scheduled Completion Date (11) <b>6/14/13</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			<b>1056 Stelton Road</b>		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			City, State, Zip Code		
<input type="checkbox"/> Other - Describe _____			<b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input checked="" type="checkbox"/> Glovebag Procedure	
				<input type="checkbox"/> Non-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
Basement		X		Asbestos pipe insulation	85 lf	X			

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>	Disposal Date <b>6/17/13</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>6/12/2013</b>

\*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) <b>June 12, 2013</b>		Name of Building Owner/Operator (2) <b>Thomas Hamilton</b> <span style="float: right; font-size: 1.5em;">21834</span>	
Agencies Notified	Type of Notification	Street Address <b>8 Griffin Court</b>	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code <b>Sparta, NJ 07871</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification Amendment # _____		
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact <b>Thomas Hamilton</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA		Telephone Number _____	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4)		
Street Address <b>3204 Ivy Lane</b>			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K12)		
City <b>Toms River Twp.</b>			Square feet <b>1200 sf</b>		
			# of Floors <b>1</b>		
County (6) <b>Ocean</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>60</b>		
Current Use (Prior if being demolished) <b>Residence</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>
Scheduled Start Date (10) <b>6/12/13</b>		Scheduled Completion Date (11) <b>6/13/13</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
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 <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)  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	1000 sf	X			

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>	Disposal Date <b>6/14/13</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>6/12/2013</b>

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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;">June 12, 2013</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Magnolia Construction LLC</div>	
Agencies Notified [ x ] EPA [ ] DEP [ x ] DOL [ x ] DOH [ ] DCA	Type of Notification [ ] Initial Notification [ ] Amended Notification Amendment # _____ [ x ] Emergency (including justification) [ ] Cancellation	Street Address <div style="text-align: center;">124 Arneytown Hornerstown</div> City, State, Zip Code <div style="text-align: center;">Allentown, NJ 08501</div> Name of Contact <div style="text-align: center;">Christy Poles</div> Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4) [ ] School (K-12) [ ] Subchapter 8 (other than K12) [ x ] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <div style="text-align: center;">25 Budd Drive</div>			Square feet <div style="text-align: center;">1000 sf</div>		
City <div style="text-align: center;">Manahawkin</div>	County (6) <div style="text-align: center;">Ocean</div>	County Code (7) (STATE USE ONLY)	# of Floors <div style="text-align: center;">1</div>	Bldg. Age <div style="text-align: center;">60</div>	
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>			Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
Street Address			Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>		
City, State, Zip Code			City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <div style="text-align: center;">732-349-9932</div>		License Number <div style="text-align: center;">00624</div>
Scheduled Start Date (10) <div style="text-align: center;">6/13/13</div>		Scheduled Completion Date (11) <div style="text-align: center;">6/17/13</div>		Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>	
Occupancy Status During Abatement (Check only one) [ x ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other - Describe _____			Street Address <div style="text-align: center;">1056 Stelton Road</div>		
			City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div>		
Scope of Work (Check all that apply)					
[ ] >3 sf or ≥3 lf		[ ] Renovation		[ ] Full Containment with Negative Pressure	
[ x ] ≥160 sf or ≥260 lf		[ x ] Demolition		[ ] Mini-Enclosure	
				[ ] Glovebag Procedure	
				[ x ] 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	850 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;">6/18/13</div>	City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>	
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>	Title <div style="text-align: center;">Project Manager</div>	Signature 	Date <div style="text-align: center;">6/12/13</div>

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

Date of Notification (1) <div style="text-align: right;">June 12, 2013</div>		Name of Building Owner/Operator (2) KPS Sons Carpentry, LLC <span style="float: right;">a 21830</span>	
Agencies Notified	Type of Notification	Street Address 46 Princeton Avenue	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Brick, New Jersey 08724	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification Amendment # _____		
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency (including justification)		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA		Name of Contact Ken	Telephone Number _____

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 55 Florence Lane			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k12)		
City Beach Haven			Square feet 1800 sf		
			# 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			ASCM No.		
Street Address			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number			Telephone Number 732-349-9932		
Scheduled Start Date (10) 6/13/13			License Number 00624		
Scheduled Completion Date (11) 6/14/13			Name of OSHA Monitor E.M.S.L. Analytical		
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		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					

Location of Asbestos-Containing Material (ACM) <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	1700 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 4	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 6/17/13		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>				Date 6/12/2013	

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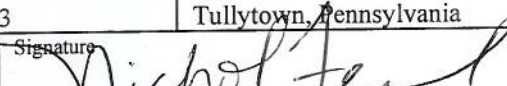
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>June 12, 2013</b>		Name of Building Owner/Operator (2) <b>T Fiore Demolition</b> <span style="float: right;">α 21829</span>	
Agencies Notified	Type of Notification	Street Address <b>645 Fisher Blvd.</b>	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code <b>Toms River, NJ 08753</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____	Name of Contact <b>Bill</b>	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Telep. _____	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4)		
Street Address <b>213 20<sup>th</sup> Avenue</b>			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K-12)		
City <b>Seaside Park</b>			Square feet <b>1500 sf</b>		
			# of Floors <b>1</b>		
County (6) <b>Ocean</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>60</b>		
Current Use (Prior if being demolished) <b>Residence</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			ASCM No.		
Street Address			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
City, State, Zip Code			Street Address <b>1889 Route 9, Unit 61</b>		
Project Manager for Monitoring Firm			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Telephone Number		Telephone Number <b>732-349-9932</b>	License Number <b>00624</b>		
Scheduled Start Date (10) <b>6/12/13</b>		Scheduled Completion Date (11) <b>6/13/13</b>			
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor <b>E.M.S.L. Analytical</b>		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			Street Address <b>1056 Stelton Road</b>		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
<input type="checkbox"/> Other - Describe _____					
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)  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	500 sf	X			

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>	Disposal Date <b>6/14/13</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>6/12/2013</b>

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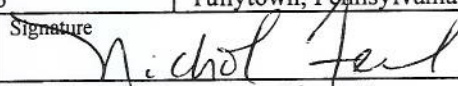
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <div style="text-align: center;">June 12, 2013</div>		Name of Building Owner/Operator (2) Paul Wenrich		
Agencies Notified	Type of Notification	Street Address 14 West Street		
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Rumson, NJ 07760		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification			
<input checked="" type="checkbox"/> DOL	Amendment # _____			
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)			
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact Paul Wenrich		Telephone Number _____

**FACILITY INFORMATION**

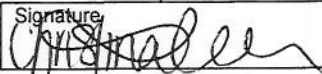
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 25 Rona Lane			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K12)		
City Manahawkin			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
			County (6) Ocean		
County Code (7) (STATE USE ONLY)		Square feet 1000 sf	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	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	License Number 00624		
Scheduled Start Date (10) 6/13/13		Scheduled Completion Date (11) 6/14/13		Name of OSHA Monitor E.M.S.L. Analytical	
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			
		City, State, Zip Code Piscataway, New Jersey 08854			
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)  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	850 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 6/17/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 6/12/2013

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

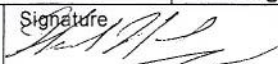
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) June 12, 2013		Name of Building Owner/Operator (2) Irwin Elementary School <span style="float:right">Check # 5891</span>							
Agencies Notified	Type Notification	Street Address 71 Racetrack Road							
<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	City, State, Zip Code East Brunswick, NJ 08816							
		Name of Contact _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Irwin Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 71 Racetrack Road		Square Feet 10,000	# of Floors 2						
City (5) East Brunswick, NJ 08816		Bldg. Age 100							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) EDI Design, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 5434 King Avenue		Street Address 623 Cutler Ave.							
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Jay Murray		Telephone No. 856-616-9516	Telephone No. 856-755-0099						
License No. 00842									
Start Date (10) June 25, 2013	Scheduled Completion Date (11) July 12, 2013	Name of OSHA Monitor EMSL							
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 107 Haddon Ave							
		City, State, Zip Code Westmont, New Jersey 08108							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Boiler Room		X		Boiler Insulation	275 SF	xxx			
Boiler Room		X		Pipe Insulation	320 LF	xxx			
Name of Registered Waste Hauler Freehold		NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste 7	Name of Registered Landfill Grows Landfill					
City, State Mount Holly, New Jersey 08060			Disposal Date 7/12/2013	City, State Tullytown, PA.					
Completed by Christina Lynch		Title Operations Manager	Signature 	Date June 12, 2013					



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

*No check*

Date of Notification (1) <b>June 11, 2013</b>		Name of Building Owner/Operator (2) <b>Macy's Inc.</b>							
Agencies Notified	Type Notification	Street Address <b>7th West Seventh Street</b>							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Cincinnati, OH 45202</b>							
		Name of Contact <b>Tia Liddell</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Macy's Inc.</b>		Type of Facility (4)							
Street Address <b>275 Parsonage Rd</b>		<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) <b>Edison, NJ 08837</b>		Square Feet	# of Floors						
County (6) <b>Middlesex</b>		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>store</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>						
Street Address <b>515 Grove Street</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>R. Alan Lloyd, CIH, CSP</b>		Telephone No. <b>856-547-0505 x2875</b>	License No. <b>00781</b>						
Start Date (10) <b>6-21-13</b>	Scheduled Completion Date (11) <b>6-30-13</b>	Name of OSHA Monitor <b>The MACK Group, LLC.</b>							
Occupancy Status During Abatement (Check Only One)		Street Address <b>1500 Kings HWY N, STE 209</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 <b>Cherry Hill, NJ 08034</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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
Store Room		<input checked="" type="checkbox"/>		ACM floor tile & mastic	200 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Freehold / Newark Carting / Rovic</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Cumberland Co. / BFI / GROWS / TRRF</b>					
City, State <b>Freehold / Newark / Riverdale, NJ</b>		Disposal Date <b>6-30-13</b>		City, State <b>Newburg / Imperial / Morrisville, PA</b>					
Completed by <b>Mike Cooper</b>		Title <b>President</b>		Signature 			Date <b>6/11/13</b>		

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

*No check*

Date of Notification (1) <b>June 11, 2013</b>		Name of Building Owner/Operator (2) <b>Macy's Inc.</b>	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>7th West Seventh Street</b> City, State, Zip Code <b>Cincinnati, OH 45202</b>	
		Name of Contact	Telephone Number
		<b>Tia Liddell</b>	

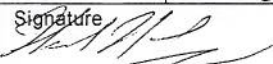
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Macy's Inc.</b>		Type of Facility (4)	
Street Address <b>275 Parsonage Rd</b>		<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) <b>Edison, NJ 08837</b>		Square Feet	# of Floors
County (6) <b>Middlesex</b>		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>store</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates Inc.</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>	
Street Address <b>515 Grove Street</b>		Street Address <b>1500 Kings HWY N, STE 209</b>	
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>	
Project Manager for Monitoring Firm <b>R. Alan Lloyd, CIH, CSP</b>		Telephone No. <b>856-547-0505 x2875</b>	License No. <b>00781</b>
Start Date (10) <b>6-21-13</b>	Scheduled Completion Date (11) <b>6-30-13</b>	Name of OSHA Monitor <b>The MACK Group, LLC.</b>	
Occupancy Status During Abatement (Check Only One)		Street Address <b>1500 Kings HWY N, STE 209</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 <b>Cherry Hill, NJ 08034</b>	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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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
Store Room		<input checked="" type="checkbox"/>		ACM floor tile & mastic	200 s/f	<input checked="" type="checkbox"/>			

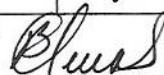
Name of Registered Waste Hauler <b>Freehold / Newark Carting / Rovic</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Cumberland Co./ BFI / GROWS / TRRF</b>	
City, State <b>Freehold / Newark / Riverdale, NJ</b>		Disposal Date <b>6-30-13</b>		City, State <b>Newburg / Imperial / Morrisville, PA</b>	
Completed by <b>Mike Cooper</b>		Title <b>President</b>	Signature 		Date <b>6/11/13</b>



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

Date of Notification (1) <b>6 / 11 / 13</b>		Name of Building Owner/Operator (2) <b>South Plainfield Board of Education</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>125 Jackson Avenue</b>							
		City, State, Zip Code <b>South Plainfield</b>							
		Name of Contact <b>Mr. James Olobardi</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>South Plainfield High School Gym Floor Abatement</b>		Type of Facility (4) <input checked="" 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 <b>200 Lake Street</b>		Square Feet <b>60,000</b>	# of Floors <b>1</b>						
City (5) <b>South Plainfield</b>		Bldg. Age <b>50</b>							
County (6) <b>Middlesex County</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>High School</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AHERA Consultants</b>	ASCM No. <b>00057</b>	Name of Abatement Contractor (9) <b>Luzon Inc.</b>							
Street Address <b>P O Box 385</b>		Street Address <b>8451 Executive Ave.</b>							
City, State, Zip Code <b>Oceanville, NJ 08231-0385</b>		City, State, Zip Code <b>Philadelphia, Pa. 19153</b>							
Project Manager for Monitoring Firm <b>John Smoyer</b>	Telephone No. <b>609-652-1833</b>	Telephone No. <b>267-284-1050</b>	License No. <b>01109</b>						
Start Date (10) <b>6 / 27 / 13</b>	Scheduled Completion Date (11) <b>8 / 10 / 13</b>	Name of OSHA Monitor <b>Joseph Maronski</b>							
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: <b>6:00AM-11:00PM</b> / <b>PM</b> - <b>AM</b>		Street Address <b>8451 Executive Avenue</b>							
		City, State, Zip Code <b>Philadelphia, Pa. 19153</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) <b>TO BE ABATED IN Facility (13)</b>	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
<b>Beneath wood Gym Floor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Black Vapor Barrier paper</b>	<b>10,000 SF</b>	<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 <b>Service Transport Group</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>	Cubic Yards of Waste <b>50 CYS.</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>58 Pyles Lane, New Castle, DE 19720</b>		Disposal Date <b>8-11-13</b>	City, State <b>Waynesburg, PH</b>						
Completed By (Print or Type) <b>Piyush Patel</b>	Title <b>Program Manager</b>	Signature <b>Piyush Patel</b>	Date <b>6/11/13</b>						

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

Date of Notification (1) 6/10/2013		Check #2429		Name of Building Owner/Operator (2) St Valentine Parish	
Agencies Notified		Type Notification		Street Address 125 North Spring Street	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input 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		City, State, Zip Code Bloomfield, NJ 07003	
				Name of Contact Rev. Juancho de Leon	
				Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) St Valentine School				Type of Facility (4)	
Street Address 236 Hoover Avenue				<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Bloomfield, NJ 07003				Square Feet 40,000	# of Floors 3
County (6) Essex				County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School
Name of Monitoring Firm Hired by Building Owner (8) EnvironVision Consultants			ASCM No.	Name of Abatement Contractor (9) EA Services Corporation	
Street Address 20-21 Wagaraw Road			Street Address 426 69th Street		
City, State, Zip Code Fair Lawn, NJ 07410			City, State, Zip Code Guttenberg, NJ 07093		
Project Manager for Monitoring Firm Fred Larson			Telephone No. 973-636-9145	Telephone No. 201-295-1700	License No. 01074
Start Date (10) 6/24/13		Scheduled Completion Date (11) 6/30/2012		Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One)				Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 7:00 AM				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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)
	Yes	No	N/A		
Basement		x		Floor tile and mastic	2,300 SF
Name of Registered Waste Hauler Freehold Carting			NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste tbd	Name of Registered Landfill Waste Management
City, State PO Box 5010			Disposal Date tbd		City, State Tullytown Landfill
Completed by Gina Salvador		Title Office Manager		Signature 	Date 6/10/2013



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

Date of Notification (1) <b>6-11-2013</b>		Name of Building Owner/Operator (2) <b>Chris &amp; Kathleen Ward</b>	
Agencies Notified	Type Notification	Street Address <b>58 Essex Ave.</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Glen Ridge, NJ, 07028</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Chris &amp; Kathleen Ward</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Same as above</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet <b>2100</b>		
City (5)			# of Floors <b>3</b>		
County (6) Essex <b>ESSEX</b>			Bldg. Age <b>89</b>		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.		Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address		Street Address <b>86 Christopher St.</b>		City, State, Zip Code <b>Montclair, NJ 07042</b>	
City, State, Zip Code		Telephone Number <b>(973) 744-8800</b>		License Number <b>00371</b>	
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>		Name of OSHA Monitor <b>N/A</b>	
Scheduled Start Date (10) <b>6-20-13</b>		Sched. Completion Date (11) <b>6-21-2013</b>		Street Address	
Month Day Year <b>6-20-13</b>		Month Day Year <b>6-21-2013</b>		City, State, Zip Code	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>					

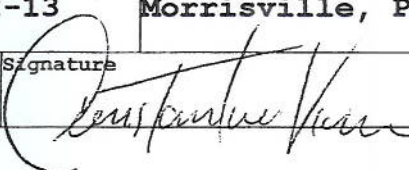
## Scope of Work (Check all that apply)

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

☒ Renovation  
☐ Demolition

☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glovebag Procedure  
☐ 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			R E M O V E M E N T	R E P A I R	E N C L O S U R E	E N C L O S U R E
<b>Basement</b>			<b>X</b>	<b>Pipe Insulation</b>	<b>8 LF</b>	<b>X</b>			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>		Cubic Yards of Waste 1		Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>6-22-13</b>		City, State <b>Morrisville, PA 19067</b>			
Completed By (Print or Type) <b>Constantine Vivian</b>		Title <b>President</b>		Signature 		Date <b>6-11-2013</b>	