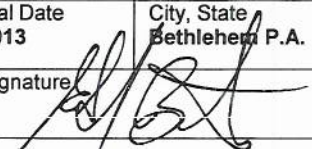


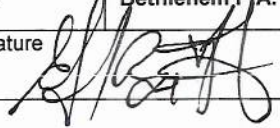
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Signature


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

Date of Notification (June 13, 2013)		Name of Building Owner/Operator (2) Town Of Mantoloking							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification Initial Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) Cancellation	Street Address 340 Drum Point Road (Yogi Plaza) 2 nd Floor City, State, Zip Code Brick, New Jersey							
		Name of Contact Larry Plevier	Telephone Number						
FACILITY INFORMATION									
name of Facility Where Abatement is Taking Place (3) 934 East Avenue		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 934 East Avenue		Square Feet 2000	# of Floors 2						
City (5) Mantoloking		Bldg. Age 50							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No.	Name of Abatement Contractor (9) Tricon Enterprises Inc						
Street Address 64 Broad street		Street Address 322 Beers St							
City, State, Zip Code Matawan, NJ. 07747		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. (732) 2902217	Telephone No. 732-739-1200						
		License No. 01095							
Start Date (10) 06/14/2013	Scheduled Completion Date (11) 07/15/2013	Name of OSHA Monitor n/a							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation <input checked="" type="checkbox"/> Demolition Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (X) 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
Entire House			<input checked="" type="checkbox"/>	Miscellaneous	2000 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Atlantic Carting Inc.		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 30	Name of Registered Landfill IESE PA Bethlehem Landfill 2335 Apple butter Rd					
City, State 1141 Rte. 23 Wayne N.J. 07470		Disposal Date 6/21/2013		City, State Bethlehem P.A. 10815					
Completed by Edgar Bastidas		Title Project manager		Signature 			Date 06/12/2013		

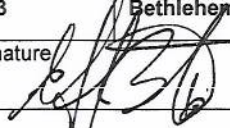
**State of New Jersey NOTIFICATION OF
ASBESTOS ABATEMENT (Pursuant to NJAC
8:60 and 12:120)**

Date of Notification (June 13, 2013)		Name of Building Owner/Operator (2) Town Of Mantoloking							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification Initial Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) Cancellation	Street Address 340 Drum Point Road (Yogi Plaza) 2 nd Floor							
		City, State, Zip Code Brick, New Jersey							
		Name of Contact Larry Plevier	Telephone Number						
FACILITY INFORMATION									
name of Facility Where Abatement is Taking Place (3) 990 East Avenue		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 990 East Avenue		Square Feet 2000	# of Floors 2						
City (5) Mantoloking		Bldg. Age 50							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No.	Name of Abatement Contractor (9) Tricon Enterprises Inc						
Street Address 64 Broad street		Street Address 322 Beers St							
City, State, Zip Code Matawan, NJ. 07747		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. (732) 2902217	Telephone No. 732-739-1200						
		License No. 01095							
Start Date (10) 06/14/2013	Scheduled Completion Date (11) 07/15/2013	Name of OSHA Monitor n/a							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovation <input checked="" type="checkbox"/> Demolition							
Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (X) 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
Entire House			<input checked="" type="checkbox"/>	Miscellaneous	2000 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Atlantic Carting Inc.		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 30	Name of Registered Landfill IESE PA Bethlehem Landfill 2335 Apple butter Rd					
City, State 1141 Rte. 23 Wayne N.J. 07470			Disposal Date 6/21/2013	City, State Bethlehem P.A. 10815					
Completed by Edgar Bastidas		Title Project manager	Signature 			Date 06/12/2013			

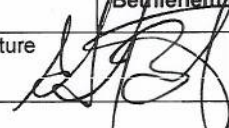
Phone Number

Signature 

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

Date of Notification (June 13, 2013)		Name of Building Owner/Operator (2) Town Of Mantoloking							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification Initial Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) Cancellation	Street Address 340 Drum Point Road (Yogi Plaza) 2 nd Floor							
		City, State, Zip Code Brick, New Jersey							
		Name of Contact Larry Plevier	Telephone Number						
FACILITY INFORMATION									
name of Facility Where Abatement is Taking Place (3) 1014 Ocean Avenue		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1014 Ocean Avenue		Square Feet 2000	# of Floors 2						
City (5) Mantoloking		Bldg. Age 50							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No.	Name of Abatement Contractor (9) Tricon Enterprises Inc						
Street Address 64 Broad street		Street Address 322 Beers St							
City, State, Zip Code Matawan, NJ. 07747		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. (732) 2902217	Telephone No. 732-739-1200						
License No. 01095									
Start Date (10) 06/14/2013	Scheduled Completion Date (11) 07/15/2013	Name of OSHA Monitor n/a							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovation <input checked="" type="checkbox"/> Demolition							
Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (X) 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
Entire House			<input checked="" type="checkbox"/>	Miscellaneous	2000 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Atlantic Carting Inc.		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 30	Name of Registered Landfill IESE PA Bethlehem Landfill 2335 Apple butter Rd					
City, State 1141 Rte. 23 Wayne N.J. 07470			Disposal Date 6/21/2013	City, State Bethlehem P.A. 10815					
Completed by Edgar Bastidas		Title Project manager	Signature 			Date 06/12/2013			

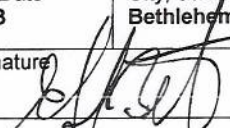
**State of New Jersey NOTIFICATION OF
ASBESTOS ABATEMENT (Pursuant to NJAC
8:60 and 12:120)**

Date of Notification (June 13, 2013)		Name of Building Owner/Operator (2) Town Of Mantoloking							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification Initial Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) Cancellation	Street Address 340 Drum Point Road (Yogi Plaza) 2 nd Floor							
	City, State, Zip Code Brick, New Jersey								
	Name of Contact Larry Plevier	Telephone Number							
FACILITY INFORMATION									
name of Facility Where Abatement is Taking Place (3) 1099 Ocean Avenue		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1099 Ocean Avenue		Square Feet 2000	# of Floors 2						
City (5) Mantoloking		Bldg. Age 50							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No.	Name of Abatement Contractor (9) Tricon Enterprises Inc						
Street Address 64 Broad street		Street Address 322 Beers St							
City, State, Zip Code Matawan, NJ. 07747		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. (732) 2902217	Telephone No. 732-739-1200						
License No. 01095									
Start Date (10) 06/14/2013	Scheduled Completion Date (11) 07/15/2013	Name of OSHA Monitor n/a							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovation <input checked="" type="checkbox"/> Demolition Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (X) 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
Entire House			<input checked="" type="checkbox"/>	Miscellaneous	2000 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Atlantic Carting Inc.		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 30	Name of Registered Landfill IESE PA Bethlehem Landfill 2335 Apple butter Rd					
City, State 1141 Rte. 23 Wayne N.J. 07470		Disposal Date 6/21/2013		City, State Bethlehem, P.A. 10815					
Completed by Edgar Bastidas		Title Project manager		Signature 		Date 06/12/2013			

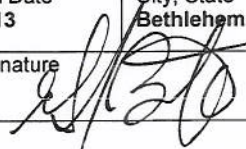
8:60 and 12:120)

Signature [Signature]


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

Date of Notification (June 13, 2013)		Name of Building Owner/Operator (2) Town Of Mantoloking							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification Initial Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) Cancellation	Street Address 340 Drum Point Road (Yogi Plaza) 2 nd Floor							
		City, State, Zip Code Brick, New Jersey							
		Name of Contact Larry Plevier	Telephone Number						
FACILITY INFORMATION									
name of Facility Where Abatement is Taking Place (3) 1409 Ocean Avenue		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1409 Ocean Avenue		Square Feet 2000	# of Floors 2						
City (5) Mantoloking		Bldg. Age 50							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No.	Name of Abatement Contractor (9) Tricon Enterprises Inc						
Street Address 64 Broad street		Street Address 322 Beers St							
City, State, Zip Code Matawan, NJ. 07747		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. (732) 2902217	Telephone No. 732-739-1200						
License No. 01095									
Start Date (10) 06/14/2013	Scheduled Completion Date (11) 07/15/2013	Name of OSHA Monitor n/a							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf									
Renovation <input checked="" type="checkbox"/> Demolition									
Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (X) 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
Entire House			<input checked="" type="checkbox"/>	Miscellaneous	2000 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Atlantic Carting Inc.		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 30	Name of Registered Landfill IESE PA Bethlehem Landfill 2335 Apple butter Rd					
City, State 1141 Rte. 23 Wayne N.J. 07470			Disposal Date 6/21/2013	City, State Bethlehem P.A. 10815					
Completed by Edgar Bastidas		Title Project manager	Signature 	Date 06/12/2013					


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

Date of Notification (June 13, 2013)		Name of Building Owner/Operator (2) Town Of Mantoloking							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification Initial Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) Cancellation	Street Address 340 Drum Point Road (Yogi Plaza) 2 nd Floor							
		City, State, Zip Code Brick, New Jersey							
		Name of Contact Larry Plevier							
FACILITY INFORMATION									
name of Facility Where Abatement is Taking Place (3) 1517 Ocean Avenue		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1517 Ocean Avenue		Square Feet 2000	# of Floors 2						
City (5) Mantoloking		Bldg. Age 50							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No.	Name of Abatement Contractor (9) Tricon Enterprises Inc						
Street Address 64 Broad street		Street Address 322 Beers St							
City, State, Zip Code Matawan, NJ. 07747		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. (732) 2902217	Telephone No. 732-739-1200						
License No. 01095									
Start Date (10) 06/14/2013	Scheduled Completion Date (11) 07/15/2013	Name of OSHA Monitor n/a							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovation <input checked="" type="checkbox"/> Demolition							
Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (X) 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
Entire House			x	Miscellaneous	2000 SF	x			
Name of Registered Waste Hauler Atlantic Carting Inc.		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 30	Name of Registered Landfill IESE PA Bethlehem Landfill 2335 Apple butter Rd					
City, State 1141 Rte. 23 Wayne N.J. 07470			Disposal Date 6/21/2013	City, State Bethlehem P.A. 10815					
Completed by Edgar Bastidas		Title Project manager	Signature 			Date 06/12/2013			

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

Date of Notification (June, 2013)		Name of Building Owner/Operator (2) Town Of Mantoloking							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification Initial Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) Cancellation	Street Address 340 Drum Point Road (Yogi Plaza) 2 nd Floor							
	City, State, Zip Code Brick, New Jersey								
	Name of Contact Larry Plevier								
FACILITY INFORMATION									
name of Facility Where Abatement is Taking Place (3) 1211 Bay Avenue		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1211 Bay Avenue		Square Feet 2000	# of Floors 2						
City (5) Mantoloking		Bldg. Age 50							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No.	Name of Abatement Contractor (9) Tricon Enterprises Inc						
Street Address 64 Broad street		Street Address 322 Beers St							
City, State, Zip Code Matawan, NJ. 07747		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. (732) 2902217	Telephone No. 732-739-1200						
License No. 01095									
Start Date (10) 06/14/2013	Scheduled Completion Date (11) 07/15/2013	Name of OSHA Monitor n/a							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovation <input checked="" type="checkbox"/> Demolition Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (X) 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
Entire House			<input checked="" type="checkbox"/>	Miscellaneous	2000 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Atlantic Carting Inc.		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 30	Name of Registered Landfill IESE PA Bethlehem Landfill 2335 Apple butter Rd					
City, State 1141 Rte. 23 Wayne N.J. 07470		Disposal Date 6/21/2013		City, State Bethlehem P.A. 10815					
Completed by Edgar Bastidas		Title Project manager		Signature 			Date 06/12/2013		


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

Date of Notification (June 13, 2013)		Name of Building Owner/Operator (2) Town Of Mantoloking							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification Initial Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) Cancellation	Street Address 340 Drum Point Road (Yogi Plaza) 2 nd Floor							
		City, State, Zip Code Brick, New Jersey							
		Name of Contact Larry Plevier	Telephone Number						
FACILITY INFORMATION									
name of Facility Where Abatement is Taking Place (3) 1008 Barnegat Avenue		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1008 Barnegat Avenue		Square Feet 2000	# of Floors 2						
City (5) Mantoloking		Bldg. Age 50							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No.	Name of Abatement Contractor (9) Tricon Enterprises Inc						
Street Address 64 Broad street		Street Address 322 Beers St							
City, State, Zip Code Matawan, NJ. 07747		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. (732) 2902217	License No. 01095						
Start Date (10) 06/14/2013	Scheduled Completion Date (11) 07/15/2013	Name of OSHA Monitor n/a							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovation <input checked="" type="checkbox"/> Demolition							
Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (X) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Entire House			<input checked="" type="checkbox"/>	Miscellaneous	2000 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Atlantic Carting Inc.		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 30	Name of Registered Landfill IESE PA Bethlehem Landfill 2335 Apple butter RdI					
City, State 1141 Rte. 23 Wayne N.J. 07470		Disposal Date 6/21/2013		City, State Bethlehem P.A. 10815					
Completed by Edgar Bastidas		Title Project manager		Signature 		Date 06/12/2013			

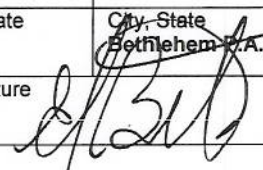
8:60 and 12:120)

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

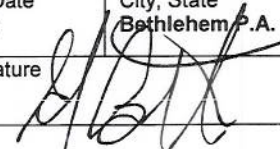
Floor

Signature 


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

Date of Notification (June 13, 2013)		Name of Building Owner/Operator (2) Town Of Mantoloking						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification Initial Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) Cancellation	Street Address 340 Drum Point Road (Yogi Plaza) 2 nd Floor						
		City, State, Zip Code Brick, New Jersey						
		Name of Contact Larry Plevier						
FACILITY INFORMATION								
name of Facility Where Abatement is Taking Place (3) 1111 Barnegat Avenue		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 1111 Barnegat Avenue								
City (5) Mantoloking		Square Feet 2000	# of Floors 2 Bldg. Age 50					
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No.	Name of Abatement Contractor (9) Tricon Enterprises Inc					
Street Address 64 Broad street		Street Address 322 Beers St						
City, State, Zip Code Matawan, NJ. 07747		City, State, Zip Code Keyport N.J. 07735						
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. (732) 2902217	Telephone No. 732-739-1200 License No. 01095					
Start Date (10) 06/14/2013	Scheduled Completion Date (11) 07/15/2013	Name of OSHA Monitor n/a						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: _____		Street Address City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovation <input checked="" type="checkbox"/> Demolition Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (X) 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) 2000 SF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Entire House			<input checked="" type="checkbox"/> Miscellaneous		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Atlantic Carting Inc.		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 30	Name of Registered Landfill IESE PA Bethlehem Landfill 2335 Apple butter Rd				
City, State 1141 Rte. 23 Wayne N.J. 07470			Disposal Date 6/21/2013	City, State Bethlehem P.A. 10815				
Completed by Edgar Bastidas		Title Project manager	Signature 		Date 06/12/2013			

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

Date of Notification (June 13, 2013)		Name of Building Owner/Operator (2) Town Of Mantoloking							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification Initial Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) Cancellation		Street Address 340 Drum Point Road (Yogi Plaza) 2 nd Floor						
			City, State, Zip Code Brick, New Jersey						
			Name of Contact Larry Plevier						
FACILITY INFORMATION									
name of Facility Where Abatement is Taking Place (3) 1112 Barnegat Avenue				Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 1112 Barnegat Avenue				Square Feet 2000	# of Floors 2				
City (5) Mantoloking				Bldg. Age 50					
County (6) Ocean		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No.		Name of Abatement Contractor (9) Tricon Enterprises Inc					
Street Address 64 Broad street				Street Address 322 Beers St					
City, State, Zip Code Matawan, NJ. 07747				City, State, Zip Code Keyport N.J. 07735					
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. (732) 2902217		Telephone No. 732-739-1200	License No. 01095				
Start Date (10) 06/14/2013		Scheduled Completion Date (11) 07/15/2013		Name of OSHA Monitor n/a					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovation <input checked="" type="checkbox"/> Demolition		Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (X) 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
Entire House			x	Miscellaneous	2000 SF	x			
Name of Registered Waste Hauler Atlantic Carting Inc.		NJDEP Waste Hauler ID No. 26085		Cubic Yards of Waste 30	Name of Registered Landfill IESE PA Bethlehem Landfill 2335 Apple butter Rd				
City, State 1141 Rte. 23 Wayne N.J. 07470				Disposal Date 6/21/2013	City, State Bethlehem P.A. 10815				
Completed by Edgar Bastidas		Title Project manager		Signature 		Date 06/12/2013			

2nd Floor

Date 013	City, State Bethlehem, P.A. 18815
Signature 	

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

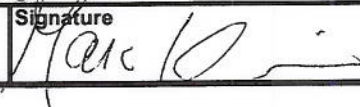
Date of Notification (1) 6 / 17 / 13		Name of Building Owner / Operator (2) Verizon	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 100 Greenwood Avenue		City, State, Zip Code Jenkintown, PA. 19046	
Name of Contact Alex Baylor		Telephone Number [Redacted]	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Verizon Atlantic City Central Office			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 1609 Pacific Avenue			Building Age 50+		
City (5) Atlantic City	County (6) Atlantic	County Code (7)	Square Feet N/A	# Of Floors 2	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Bldg. Owner (8) USA Environmental			ASCM NO		
Street Address 8436 Enterprise Avenue			Name of Abatement Contractor (9) LVI Environmental Services Inc.		
City, State, Zip Code Philadelphia, PA. 19153			Street Address 462 Getty Avenue		
Project Mngr. For Monitoring Firm Mark Jenkins			City, State, Zip Code Clifton, NJ 07011		
Telephone Number 215-365-5810			Telephone Number 973-772-3660		
Scheduled Start Date (10) 7 / 1 / 13			Sched. Completion Date (11) 7 / 19 / 13		
License Number 00117			Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: MON-FRI. 7:00AM-3:30PM		
Name of OSHA Monitor LVI Environmental Services Inc.			Street Address 462 Getty Avenue		
City, State, Zip Code Clifton, NJ 07011			City, State, Zip Code Clifton, NJ 07011		

Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation	<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			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
	YES NO N/A						
Basement Mech Room	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Floor tile and mastic	3,300SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Storage Room	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Floor tile and mastic	500SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Floor tile and mastic	385SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Stairwell @ Boiler RM	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Floor tile and mastic	260SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Group 58 Pyles Lane	NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE.	Disposal Date 7/25/2013	City, State 8955 Minerva Road Waynesburg, OH. 44688	

Completed by (Print or Type) Marc Heim	Title Project Manager	Signature 	Date 06/17/13
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

Date of Notification (1): 6/13/13		Name of Building Owner/Operator (2): MRS. CARMELA STEFANO							
Agencies Notified () EPA (X) DEP (X) DOL (X) DOH () DCA	Type Notification () Initial Notification () Amendment Notification (X) Emergency () Cancellation	Street Address: 81 HARBOR KEY ROAD		City, State, Zip Code: UNION CITY, NJ 07087					
		Name of Contact: CARMELA		Telephone Number: _____					
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3): RESIDENTIAL				Type of Facility (4): () School (K-12) () Subchapter 8 (Other than K-12) (X) Other (i.e., private & commercial buildings, homes, etc.)					
Street Address: 911 17 TH . STREET									
City & State (5): UNION CITY, NJ				Square Feet: NA	# of Floors: 1				
County (6): HUDSON		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished): VACANT					
Name of Monitoring Firm Hired by Building Owner (8): ENVIRONMENTAL CONSULTING GROUP, LLC		ASCM No.: NA		Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.					
Street Address: PO BOX 8466		Street Address: 339 North 6 th Street							
City, State, Zip Code: HALEDON, NJ 07538		City, State, Zip Code: Prospect Park, NJ 07508							
Project Manager for Monitoring Firm: FERNANDO VILLA		Telephone No.: 973-418-4036		Telephone No.: (973) 595-6955	License No.: 00641				
Start Date (10): 6/13/13		Scheduled Completion Date (11): 6/14/13		Name of OSHA Monitor: S/M Enterprise of New Jersey, Inc.					
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: 339 N. 6 TH . STREET					
				City, State, Zip Code: PROSPE CT NJ 07508					
Scope of Work (Check all that apply):									
<div style="display: flex; justify-content: space-between;"> <div> (X) ≥ 3 sf or ≥ 3 lf () ≥ 160 sf or ≥ 260 lf </div> <div> (X) Renovation () Demolition </div> <div> () Full Containment with Negative Pressure () Wrapping () Glovebag Procedure (X) Non-Friable Procedure </div> </div>									
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	Cleaning	Encapsulat	Enclosure
BASEMENT		X		PIPE INSULATION	100 LF		X		
Name of Registered Waste Hauler: NEWARK CARTING, INC.			NJDEP Waste Hauler ID No.: 18693	Cubic Yards of Waste:	Name of Registered landfill: IESI				
City, State: PO BOX 5670, NEWARK NJ 07105			Disposal Date: 6/20/13		City, State: IMPEL, PA 15126				
Completed By: MIKE ALTADOUKA			Title: PRESIDENT		Signature: _____		Date: 6/13/13		

CHECK #
2802

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:124)

2013 JUN 10

Date of Notification (1)		Name of Building Owner/Operator (2)	
6/15/03		TRANSFORMATION ENTERPRISES	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> NJDEP <input type="checkbox"/> NJA <input type="checkbox"/> NJM	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	601 W. CHURCH LANDING ROAD	
		City, State, Zip Code	
		EDGE HARBOR, N.J. 08215	
		Name of Contact	Telephone Number
		BARRERA	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
RESIDENCE		<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.)	
Address		Square Feet	# of Floors
127 11TH ST. SOUTH		1000	2
City, State		Block	Age
BRIDGEVILLE		40T	
County	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished)	
ATLANTIC		VACANT	

Name of Monitoring Firm Hired by Building Owner	ASCM No.	Name of Abatement Contractor (9)	
N/A		KLEMM INC.	
Street Address		Street Address	
		369 S. SPRUIELL AVE	
City, State, Zip Code		City, State, Zip Code	
		MAPLE SHADE, N.J. 08012	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.
		856-774-0422	000144

Date of Abatement	Scheduled Completion Date (11)	Name of OSHA Monitor
7/2/13	7/19/13	JOSEPH KLEMM
Vacancy 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		369 S. SPRUIELL AVE
		City, State, Zip Code
		MAPLE SHADE, N.J. 08012

Abatement Method (Check all that apply)

☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted ("I") and Non-Frangible Procedure

Location of Asbestos-Containing Material (ACM) to be Abated in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (17)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Spec. SF or LF)	Remarks
	Yes	No	NA			
SLIDING			X	TRANSITE	1500	X

Waste Handler	NJOEP Waste Handler ID No.	Cubic Yards of Waste	Name of Registered Carrier
KLEMM INC.	17901		ACUA
City, State		Disposal Date	City, State
MAPLE SHADE, N.J.			BRIDGEVILLE, N.J.
Signature	Title	Signature	Date
JOSEPH KLEMM	V/P	JOSEPH KLEMM	6/15/03

* Do not use this form for asbestos licensure exempted activities

CHECK #
2802

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

Date of Notification (1) <u>6/15/13</u>		Name of Building Owner/Operator (2) <u>FAITH TECH CONTRACTING</u>				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOM <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 RT. 50</u>				
		City, State, Zip Code <u>GREENFIELD, N.J. 08230</u>				
		Name of Contact <u>BRUCE BREUNIG</u>	Telephone Number _____			
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>2309 HAVEN AVE.</u>		Square Feet <u>1000</u>	Bldg Age <u>40+</u>			
City (5) <u>OCEAN CITY</u>		# of Floors <u>2</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>		ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>			
Street Address		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>6/27/13</u>		Scheduled Completion Date (11) <u>7/18/13</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: _____		Name of OSHA Monitor <u>JOSEPH KLEMM</u>				
		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 sf or 23 ft <input type="checkbox"/> 2160 sf or 2260 ft		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition				
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Enclosure	Encapsulation
<u>SIDING</u>		<u>TRANSITE</u>				
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		Waste Hauler D 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>6/15/13</u>			

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

MO#20613923572

Date of Notification (1) 06 / 14 / 13		Name of Building Owner/Operator (2) Kenny Gerard	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 Longacre Drive City, State, Zip Code Livingston, NJ 07039 Name of Contact Kenny Gerard Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house Street Address 20 Longacre Drive City (5) Livingston, NJ 07039 County (6) Essex		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)
County Code (7) (STATE USE ONLY) Essex	Current Use (Prior if being demolished)	Square Feet # of Floors Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code	ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470	Telephone No. 973-638-1777 License No. 01127
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Start Date (10) 06 / 24 / 13	Scheduled Completion Date (11) 06 / 25 / 13	Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35 E City, State, Zip Code Fair Lawn, NJ 07410
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Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination
<input type="checkbox"/> > 160 sf or >260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
		<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Tent with Negative Pressure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler insulation	24 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470	NUDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 06/14/2013

ASB-41

MAY 11

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

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:26 and 12:120)

Date of Notification (1) 06/12/13 CK#2685 \$200		Name of Building Owner/Operator (2) Oak Knoll School of the Holy Child	
Agencies Notified EPA DEP DOL DOH 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 44 Blackburn Road	
		City, State, Zip Code Summit, New Jersey 07901	
		Name of Contact John Daura	

DOL - 10 DAY
JUN 12 2013
WAIVER APPROVED

Name of Facility Where Abatement is Taking Place (3) Oak Knoll School of the Holy Child, Grace Hall		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 14 Blackburn Road		Square Feet 20,000	# of Floors 2
City (5) Summit, New Jersey 07901		Bldg. Age 55+	
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) F&M Associates		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address 1 Tindall Road		Street Address 608 McBride Avenue	
City, State, Zip Code Aldershot, New Jersey 07748		City, State, Zip Code Woodland Park, New Jersey 07424	
Project Manager for Monitoring Firm Sevin Burns		Telephone No. 732-671-4000	Telephone No. 973-225-8400
			License No. 01104
Start Date (10) 06/21/13		Scheduled Completion Date (11) 06/24/13	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: 4PM Start		Name of OSHA Monitor J&S Environmental Labs LLC	
		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, New Jersey 07083	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥ 3 of or ≥ 3 if ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
	<input type="checkbox"/> Demolition	<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
Basement	X			Thermal System Insulation	375 LF	X			
Basement	X			Pipe Fitting Insulation	35 LF	X			

Name of Registered Waste Hauler Lilich Corporation		NJDEF Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S Landfill	
City, State Woodland Park, New Jersey		Disposal Date 06/26/13	City, State Morrisville, Pennsylvania		
Completed by Ivana Kelenikova		Title Vice President	Signature <i>Ivana Kelenikova</i>	Date 06/12/13	

023763

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60 and 12: 120-)

Date of Notification (1) 06 / 05 / 13	Name of Building Owner/Operator (2) Ramapo College of New Jersey
Agencies Notified [X] EPA [] DEP [X] DOL [X] DOH [X] DCA	Type of Notification [X] Initial [] Amended Amendment # [] Emergency (including Justification) [] Cancellation
Street Address 505 Ramapo Valley Road	
City, State, Zip Code Mahwah NJ 07430	
Name of Contact Dan Connelly	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Ramapo College of New Jersey	Type of Facility (4) [] School (K-12) [X] Subchapter 8 (Other than K-12) [] Other (i.e., private & commercial buildings, homes, etc.)
Street Address 505 Ramapo Valley Road	Square Feet
City (5) Mahwah	# of Floors
County (6) Bergen	Bldg. Age
County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.
Street Address 344 West State Street	Street Address 1141 Route 23
Trenton, NJ 08618	City, State, Zip Code Wayne NJ 07470
Project Manager for Monitoring Firm Willie Weisgarber	Telephone Number 973 628-9500
Scheduled State Date (10) 06 / 24 / 13	License No. 00408
Scheduled Completion Date (11) 06 / 28 / 13	Name of OSHA Monitor Enviro Vision Consultants, Inc.
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 20-21 Wagaraw Road, Bldg. #34A
Scope of Work (Check all that apply) [] ≥ 3 sf or ≥ 3 lf [X] ≥ 160 sf or ≥ 260 lf	City, State, Zip Code Fairlawn NJ 07410

- [X] Renovation
[] Demolition
[] Full Containment With Negative Pressure
[] Mini-Enclosure
[X] Glovebag Procedure
[] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance / Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Manhole #3, #4, #5 and Courtyard			X	Pipe Insulation	600 LF	X			

Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting, Inc.	NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S
City, State Wayne NJ 07470	Disposal Date	City, State Morrisville PA	
Completed by (Print or Type) Jerry Bijelonic	Title Project Manager	Signature 	Date 6/5/2013

CK 023764

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60-7 and 12: 120-7)

Date of Notification (1) 06 / 11 / 13		Name of Building Owner/Operator (2) Jersey City Public School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment <input type="checkbox"/> Cancellation <input type="checkbox"/> Emergency	
Street Address 346 Clairmont Avenue		City, State, Zip Code Jersey City, NJ 07305	
Name of Contact Dianne Petolino		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) William Dickinson High School			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 2 Palisades Avenue			Square Feet		
City (5) Jersey City			# of Floors		
County (6) Hudson			Bldg. Age		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc.		Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.	
Street Address 344 West State Street		Street Address 1141 Route 23	
Trenton, NJ 08618		City, State, Zip Wayne NJ 07470	
Project Manager for Monitoring Firm Willie Weisgarber		Telephone Number 973 628-9500	
Telephone Number 609-656-8101		License Number 00408	
Scheduled State Date (10) 06 / 22 / 13		Name of OSHA Monitor Enviro Vision Consultants, Inc.	
Scheduled Completion Date (11) 07 / 30 / 13		Street Address 20-21 Wagaraw Road, Bldg. #34A	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility <input checked="" type="checkbox"/> Hours - Describe: 7:00a.m. - 3:30p.m. <input type="checkbox"/> Other - Describe:		City, State, Zip Code Fairlawn NJ 07410	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment With Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Renovation	<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			
				R	E	N	E
				M	R	A	N
Rooms 331-333-335-336-337-338	X	VAT	4254 SF	X			
Rooms 331-333-335-336-337-338	X	Lab Tops	150 SF	X			
Rooms 331-333-335-336-337-338	X	Glue Daubs	50 SF	X			

Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting, Inc.		NJDEP Waste Hauler ID No. 17819		Cubic Yards of Waste		Name of Registered Landfill G.R.O.W.S	
City, State Wayne NJ 07470		Disposal Date		City, State Morrisville PA		Date	
Completed by (Print or Type) Jerry Bijelonic		Title Project Manager		Signature		Date	

No check

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

2013 JUN 18 PM 2:52
LIC-11-100-100

Date of Notification (1) 06 / 12 / 13		Name of Building Owner/Operator (2) Gannet Fleming Project Development Corp							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address One Cragwood Road, Suite 205							
		City, State, Zip Code South Plainfield, New Jersey 07080							
		Name of Contact Greg Marone	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ingredion Incorporated		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 10 FINDERNE AVENUE									
City (5) BRIDGEWATER, New Jersey 09907		Square Feet 25,000	# of Floors 2						
		Bldg. Age 55+							
County (6) Somerset	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Manufacturing Company						
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environemntal Tech., Inc.		ASCM No. 0021	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 220 Church Street		Street Address 606 McBride Avenue							
City, State, Zip Code BRIDGEWATER, New Jersey 08807		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. 908-296-1132	Telephone No. 973-225-8400						
		License No. 01104							
Start Date (10) 06 / 14 / 13	Scheduled Completion Date (11) 06 / 17 / 13		Name of OSHA Monitor J&S Environmental						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM 4PM / PM 12AM		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Labs2151,2153,2155,2157	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	2240 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labs2151,2153,2155,2157	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Wall Panels	5760 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labs2151,2153,2155,2157	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Table Tops	696 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labs2151,2153,2155,2157	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fume Hoods	4 ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 15	Name of Registered Landfill G.R.O.W.S.					
City, State Woodland Park, New Jersey		Disposal Date 06/18/13		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Tatiana Kalenikova		Title Vice President		Signature Tatiana Kalenikova		Date 6/12/13			

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

Date of Notification (1) 06 / 03 / 13		Name of Building Owner/Operator (2) Gannet Fleming Project Development Corp		Check # 2668 \$ 200					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address One Cragwood Road, Suite 205 City, State, Zip Code South Plainfield, New Jersey 07080 Name of Contact Greg Marone					
				Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ingredion Incorporated				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 10 FINDERNE AVENUE									
City (5) BRIDGEWATER, NEW JERSEY 09907				Square Feet 25,000	# of Floors 2				
				Bldg. Age 55+					
County (6) SOMERSET		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Manufacturing Company					
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Tech., Inc.		ASCM No. 0021		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 220 Church Street		Street Address 606 McBride Avenue							
City, State, Zip Code BRIDGEWATER, NEW JERSEY 08807		City, State, Zip Code WOODLAND PARK, NEW JERSEY 07424							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. 908-296-1132		Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 06 / 14 / 13		Scheduled Completion Date (11) 06 / 17 / 13		Name of OSHA Monitor J&S Environmental					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM				Street Address 2333 Route 22 West City, State, Zip Code Union, New Jersey 07083					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Labs 2151, 2153, 2155, 2157, 2159, 2161	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	2240 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labs 2151, 2153, 2155, 2157, 2159, 2161	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Wall Panels	5760 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labs 2151, 2153, 2155, 2157, 2159, 2161	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Table Tops	696 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labs 2151, 2153, 2155, 2157, 2159, 2161	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fume Hoods	4 ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 15	Name of Registered Landfill G.R.O.W.S.				
City, State Woodland Park, New Jersey				Disposal Date 06/18/13	City, State Morrisville, Pennsylvania				
Completed By (Print or Type) Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>		Date 6/3/13			

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

CK 4806

Date of Notification (1) 6/13/13		Name of Building Owner/Operator (2) MR. VINCENT SALVA				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 215 VREELAND AVE				
		City, State, Zip Code LEONIA, NJ 07605				
		Name of Contact MR. SALVA	Telephone Number			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MR. SALVA		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 215 VREELAND AVE		Square Feet 1800	# of Floors 2			
City (5) LEONIA		Bldg. Age 50 years				
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)				
Street Address		Street Address				
City, State, Zip Code		City, State, Zip Code				
Project Manager for Monitoring Firm		Telephone No.	License No.			
Start Date (10) 7/8/13		Scheduled Completion Date (11) 7/9/13				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM		Name of OSHA Monitor Omega Environmental Inc				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 280 Huyler St				
City, State, Zip Code South Hackensack, N.J. 07606						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BASEMENT	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) 90 LF	Abatement Type		
				Removal	Repair	Encapsulate
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 11/29	Name of Registered Landfill Minerva Enterprises		
City, State Hackensack, N.J. 07601		Disposal Date 7/9/13	City, State Waynesburg, Oh			
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>		Date 6/13/13		

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

No check

Date of Notification (1) 6/3/2013		Check#		Name of Building Owner/Operator (2) Mr. Joseph Porcile					
Agencies Notified		Type Notification		Street Address 402 Kearny Avenue					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Kearny, NJ 07032					
				Name of Contact Joseph Porcile					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Department of Health @ Town of Kearny				Type of Facility (4)					
Street Address 645 Kearny 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) Kearny, NJ 07032				Square Feet 10,000	# of Floors 1	Bldg. Age 60+			
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Department of Health					
Name of Monitoring Firm Hired by Building Owner (8) Omega Environment Services			ASCM No.		Name of Abatement Contractor (9) EA Service Corporation				
Street Address 280 Hyuler Street			Street Address 426 69th Street						
City, State, Zip Code South Hackensack, NJ 07606			City, State, Zip Code Guttenberg, NJ 07093						
Project Manager for Monitoring Firm			Telephone No. 201-489-8700		Telephone No. 201-295-1700		License No. 01074		
Start Date (10) 6/14/13		Scheduled Completion Date (11) 6/17/2013		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: _____				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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room	x			Pipe Fittings	120 LF	x			
Basement Boiler Room	x			Insulation on exhaust breaching	20 LF	x			
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste thd	Name of Registered Landfill Waste Management				
City, State PO Box 5010				Disposal Date thd	City, State Tullytown Landfills				
Completed by Gina Salvador		Title Office Manger		Signature <i>Chual</i>		Date 6/12/2013			

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

CK # 4804

Date of Notification (1) 6/13/13		Name of Building Owner/Operator (2) ESTATE OF MARY PHILBRICK JONES						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 55 ESSEX RD						
		City, State, Zip Code SUMMIT, NJ. 07901						
		Name of Contact MS. D. LUPTON						
Telephone Number								
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) ESTATE OF MARY PHILBRICK JONES		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 55 ESSEX RD								
City (5) SUMMIT		Square Feet 1500	# of Floors 2					
County (6) UNION		Bldg. Age 1935						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENCE						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)						
ASCM No.		Best Removal Inc						
Street Address		Street Address 450 S. River St						
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601						
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388					
Start Date (10) 7/1/13	Scheduled Completion Date (11) 7/2/13	Name of OSHA Monitor Omega Environmental Inc						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 70M TO 50M		Street Address 280 Huyler St						
		City, State, Zip Code South Hackensack, N.J. 07606						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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) BASEMENT	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) THERMAL SYSTEM INSULATION	Amount (Specify SF or LF) 245 LF	Abatement Type			
					Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2/26	Name of Registered Landfill Minerva Enterprises				
City, State Hackensack, N.J. 07601		Disposal Date 7/2/13		City, State Waynesburg, Oh				
Completed by J. Maiorano		Title Estimator		Signature <i>[Signature]</i>			Date 6/13/13	

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

MO#20613932695

Date of Notification (1) 06 / 13 / 13		Name of Building Owner/Operator (2) Arne Olsen	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 286 South Irving Street City, State, Zip Code Ridgewood, NJ 07450 Name of Contact Arne Olsen Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house Street Address 286 South Irving Street City (5) Ridgewood, NJ 07450 County (6) Bergen		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)
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Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code	ASCM No. Gr Tech LLC 576 Valley Rd #283 Wayne, NJ 07470	Name of Abatement Contractor (9) Street Address City, State, Zip Code Telephone No. License No.
--	--	---

Start Date (10) 06 / 22 / 13	Scheduled Completion Date (11) 06 / 23 / 13	Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35 E City, State, Zip Code Fair Lawn, NJ 07410
---------------------------------	--	---

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM

Scope of Work (Check all that apply)
☒ >3 sf or >3 lf
☐ > 160 sf or >260 lf
☒ Renovation
☐ Demolition
☐ Clean up and decontamination
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Tent with Negative Pressure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	165 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

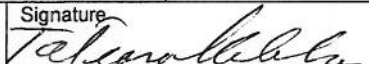
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>Arne Olsen</i>	Date 06/13/2013

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

CK# 4505

Date of Notification (1) 6/13/13		Name of Building Owner/Operator (2) ESTATE OF VAUGHN HAGEDORN	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 103 IRVING ST
			City, State, Zip Code MIDLAND PARK, NJ. 07432
			Name of Contact MS. HAGEDORN
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) ESTATE OF VAUGHN HAGEDORN		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 103 IRVING ST		Square Feet 2000	# of Floors 2
City (5) MIDLAND PARK		Bldg. Age 30 years	
County (6) BERGEN COUNTY		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc
Street Address			Street Address 450 S. River St
City, State, Zip Code			City, State, Zip Code Hackensack, N.J. 07601
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-329-7444
			License No. 00388
Start Date (10) 7/3/13	Scheduled Completion Date (11) 7/4/13	Name of OSHA Monitor Omega Environmental Inc	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM		Street Address 280 Huyler St	
		City, State, Zip Code South Hackensack, N.J. 07606	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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) BASEMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A Y		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) THERMAL SYSTEM INSULATION
	Amount (Specify SF or LF) 155 LF		
		Abatement Type	
		Removal	<input checked="" type="checkbox"/>
		Repair	<input type="checkbox"/>
		Encapsulate	<input type="checkbox"/>
		Enclosure	<input type="checkbox"/>
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2.27
City, State Hackensack, N.J. 07601		Name of Registered Landfill Minerva Enterprises	
Disposal Date 7/5/13		City, State Waynesburg, Oh	
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>	Date 6/13/13

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

Date of Notification (1) 06/12/13 CK#2688 \$200		Name of Building Owner/Operator (2) Fairleigh Dickinson University							
Agencies Notified	Type Notification	Street Address 1000 River Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Teaneck, New Jersey 07666							
		Name of Contact Craig Gorsczya	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FDU, Becton Hall		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 1000 River Road		Square Feet 40,000	# of Floors 4						
City (5) Teaneck, New Jersey 07666		Bldg. Age 55+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) College							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 5434 King Avenue, Suite 101		Street Address 606 McBride Avenue							
City, State, Zip Code Pennsauken, New Jersey 08109		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Tom Pruno		Telephone No. 856-616-9516	License No. 01104						
Start Date (10) 06/17/13	Scheduled Completion Date (11) 06/30/13	Name of OSHA Monitor J&S Environmental Labs 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: 5PM Start		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
1st,2nd,3rd & 4th Floor Classrooms		X		VAT & Mastic (Non Friable)	8496 SF	X			
2nd, 3rd & 4th Floor Classrooms		X		Ceiling Tile & Glue Dots (Non Friable)	1810 SF	X			
1st Floor Classroom		X		Fittings (Glovebag)	9 ea	X			
1st,2nd,3rd & 4th Floor Hallways		X		VAT & Mastic (Non Friable)	4080	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 50	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey			Disposal Date 07/01/13	City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President	Signature 	Date 06/12/13					

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

Date of Notification (1) 06/05/13 Ck# 2670 \$200		Name of Building Owner/Operator (2) Fairleigh Dickinson University							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Street Address 1000 River Road							
		City, State, Zip Code Teaneck, New Jersey 07666							
		Name of Contact Craig Gorsczya	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FDU, Becton Hall		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 1000 River Road		Square Feet 40,000	# of Floors 4						
City (5) Teaneck, New Jersey		Bldg. Age 55+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) College							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 5434 King Avenue, Suite 101		Street Address 606 McBride Avenue							
City, State, Zip Code Pennsauken, New Jersey 08109		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Tom Pruno		Telephone No. 856-616-9516	Telephone No. 973-225-8400						
Start Date (10) 06/17/13		Scheduled Completion Date (11) 06/28/13	License No. 01104						
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: 5 PM Start		Name of OSHA Monitor J&S Environmental Labs Inc.							
		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st, 2nd, 3rd & 4th Floor Classrooms		X		VAT & Mastic (Non Friable)	8496 SF	X			
2nd, 3rd & 4th Floor Classrooms		X		Ceiling Tile & Glue Dots (Non Friable)	1810 SF	X			
1st Floor Classroom		X		Fittings (Glovebag)	9 ea	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date 06/28/13	City, State Morrisville, New Jersey						
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>			Date 06/05/13			

APPROVED
NJ Dept. of Health & Senior Services
(signature)
Date: 6/12/13 Time: 3:12

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

CF 00537

Date of Notification (1) 6/12/13

Name of Building Owner/Operator (2) Elizabeth BOE

Street Address 500 N. Broad & LINDEN

City, State, Zip Code Elizabeth NJ 07207

Name of Contact Mr. Milanes Telephone Number

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☒ DOM
☒ OCA

Type Notification
☐ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE (3)

Warehouse

Street Address 417 S. Broad

City (5) Elizabeth

County (6) Union

County Code (7) (STATE USE ONLY)

Type of Facility (4)
☐ School (K-12)
☒ Subchapter 8 (Other than K-12)
☐ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior to being demolished)

Name of Monitoring Firm Hired by Building Owner (8) Detail Associates

ASCM No. 00012

Name of Abatement Contractor (9) F. Grisez & Son

Street Address 300 Grand Ave

Street Address 513 E 32ND ST

City, State, Zip Code Englewood NJ

City, State, Zip Code Paterson NJ 07504

Project Manager for Monitoring Firm Anthony Valentine

Telephone No. 201-569-6708

Telephone No. 973-345-2222

License No. 00021

Start Date (10) 6/15/13

Scheduled Completion Date (11) 6/18/13

Name of OSHA Monitor SAME

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)
☐ 23 of or 23 ft
☐ 2160 of or 2280 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Wire-Enclosure
☒ Glovebag Procedure
☐ 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	Encapsulation	Enclosure
Tin room area				Pipe insulation	30 LF x				

Name of Registered Waste Hauler Eastern Waste

NJDES Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill BF & Imperial Inc

City, State Freehold NJ

Disposal Date

City, State Imperial PA

Completed By Frank Gula

Title Ron

Signature

Date 6/12/13

A60-41

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

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

Check # 8178

Date of Notification (1) 6/13/13		Name of Building Owner/Operator (2) MRS. LITUCHY		APPROVED NJ Dept. of Health & Senior Services (signature) Date: 6/13 Time: 2:05					
Agencies Notified		Street Address 151 OAKLAND ROAD							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		City, State, Zip Code MAPLEWOOD NJ 07040							
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact MRS LITUCHY		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) LITUCHY				Type of Facility (4)					
Street Address 151 OAKLAND ROAD				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) MAPLEWOOD				Square Feet 2100	# of Floors 2				
County (6) ESSEX				County Code (7) (STATE USE ONLY)	Bldg. Age 60				
Name of Monitoring Firm Hired by Building Owner (8)				Current Use (Prior if being demolished) RES					
ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.							
Street Address		Street Address 105 Lowell Road							
City, State, Zip Code		City, State, Zip Code Glen Rock, N.J. 07452							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-262-5841	License No. 00156				
Start Date (10) 6/13/13		Scheduled Completion Date (11) 6/14/13		Name of OSHA Monitor Omega Environmental Services Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 280 Huyler Street					
<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 Hackensack, NJ 07606					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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) (12) TO BE ABATED in Facility	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
BASMENT			X	PIPE	35-LF	X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 5	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.				
City, State Riverdale, New Jersey 07457		Disposal Date 6/13/13		City, State Bethlehem, PA 18015					
Completed by R. McDonald		Title President		Signature [Signature]		Date 6/13/13			

Jun 11 2013 07:53am

P001/001

NJ Dept. of Health & Senior Services
 (Signature)
 Date: 6/11/13 Time: 1:50

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

Check # 8177

Date of Notification (1) <u>6/10/13</u>		Name of Building Owner/Operator (2) <u>316 BROADWAY REALTY LLC</u>							
Agencies Notified	Type Notification	Street Address <u>316 BROADWAY</u>							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> OCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <u>KEYPORT, NJ 07735</u>							
		Name of Contact <u>BOB H</u>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>HOUSE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <u>316 BROADWAY</u>		Square Feet <u>1800</u>							
City (5) <u>KEYPORT</u>		# of Floors <u>2</u>							
County (6) <u>MONMOUTH</u>		Bldg. Age <u>60</u>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>RED / DEMO</u>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <u>A. Mac Contracting Inc.</u>							
Street Address		Street Address <u>105 Lowell Road</u>							
City, State, Zip Code		City, State, Zip Code <u>Glen Rock, N.J. 07452</u>							
Project Manager for Monitoring Firm		Telephone No. <u>201-262-5841</u>	License No. <u>00156</u>						
Start Date (10) <u>6/11/13</u>	Scheduled Completion Date (11) <u>6/12/13</u>	Name of OSHA Monitor <u>Omega Environmental Services Inc.</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>280 Huyler Street</u>							
		City, State, Zip Code <u>Hackensack, NJ 07606</u>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥100 sf or ≥200 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
<u>OUTSIDE</u>			<u>X</u>	<u>SHINGLES</u>	<u>4850 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>Rovic Transport</u>		NJDEP Waste Hauler ID No. <u>20785</u>	Cubic Yards of Waste <u>8</u>	Name of Registered Landfill <u>IESI PA Bethlehem Landfill Corp.</u>					
City, State <u>Riverdale, New Jersey 07457</u>		Disposal Date <u>6/11/13</u>		City, State <u>Bethlehem, PA 18015</u>					
Completed by <u>R. McDonald</u>		Title <u>President</u>	Signature <u>R. McDonald</u>			Date <u>6/10/13</u>			

1

No
check
PAGE 1 of 2

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

Check # 8116
8146

Date of Notification (1) 3/12/13		Name of Building Owner/Operator (2) HANOVER ACQUISITIONS, LLC/HANOVER							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended 4 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 153 FORT LEE ROAD		City, State, Zip Code TEANECK, N.J. 07666							
Name of Contact MARC SCHLUSSEL		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FORMALLY BERLEX LABS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 110 EAST HANOVER AVE.		Square Feet 84,000							
City (5) CEDAR KNOLLS		# of Floors 2							
County (6) MORRIS		County Code (7) (STATE USE ONLY)							
Current Use (Prior if being demolished) LAB / DEMOLITION		Building Age 60							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) A. Mac Contracting Inc.							
City, State, Zip Code		Street Address 105 Lowell Road							
Project Manager for Monitoring Firm		City, State, Zip Code Glen Rock, N.J. 07452							
Telephone No.		Telephone No. 201-252-5841							
Start Date (10) 3/26/13		Scheduled Completion Date (11) 6/26/13							
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 type="checkbox"/> Other - Describe:		License No. 00156							
Name of OSHA Monitor Omega Environmental Services Inc.		Street Address 280 Huyler Street							
City, State, Zip Code Hackensack, NJ 07606									
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 5 of or ≥ 5 IF <input type="checkbox"/> ≥ 150 of or ≥ 250 IF <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (7) 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? (13)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulation	Enclosure
THROUGHOUT			X	PIPE ELBOWS	2740 (Pcs)	X			
			X	LAB HOOPS	946 SF	X			
			X	ROOFING	69,820 SF	X			
			X	BOILER	300 SF	X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 556 PAGE 2		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.			
City, State Riverton, New Jersey 07457		Disposal Date 3/26/13		City, State Bethlehem, PA 18015					
Completed by R. McDonald		Title President		Signature R. McDonald		Date 5/23/13			

PAGE 2 of 2

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

Check # 8116
81%

Date of Notification (1) 3/12/13		Name of Building Owner/Operator (2) HANOVER ACQUISITIONS, LLC / HANOVER							
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended 4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 153 FORT LEE ROAD / RIVERDALE, LLC							
		City, State, Zip Code TEANECK, N.J. 07666							
		Name of Contact MARC SCHLUSSEL							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FORMALLY BERLEX LABS		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 110 EAST HANOVER AVE.		Square Foot 84,000							
City (5) CEDAR KNOLLS		# of Floors 2							
County (6) MORRIS		County Code (7) (STATE USE ONLY)							
Current Use (Prior to being demolished) LAB / DEMOLITION		Bldg. Age 60							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) A. Mac Contracting Inc.							
City, State, Zip Code		Street Address 105 Lowell Road							
Project Manager for Monitoring Firm		City, State, Zip Code Glen Rock, N.J. 07452							
Telephone No.		Telephone No. 201-262-6841							
Start Date (10) 3/26/13		License No. 00186							
Scheduled Completion Date (11) 6/26/13		Name of OSHA Monitor Omega Environmental Services Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 280 Huyler Street							
Scope of Work (Check All That Apply) <input type="checkbox"/> 25 or more SF 2100 or more SF <input type="checkbox"/> Renovation Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Circulating Procedure Non-Exempted (*) and Non-Fixable Procedure		City, State, Zip Code Hackensack, NJ 07606							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)			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	NA			Removal	Repair	Encapsulate	Enclosure
THROUGH OUT			X	WINDOW CAULK	306 SF	X			
			X	PIPE	387 LF	X			
			X	FLOOR TILE	16,646 SF	X			
			X	MASTIC	7,970 SF	X			
Name of Registered Waste Hauler Rovio Transport		NJDEP Waste Hauler ID No. 20785		Outside Yards of Waste 240		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.			
City, State Riverdale, New Jersey 07457		Disposal Date 3/26/13 on		City, State Bethlehem, PA 18016					
Completed by R. McDonald		Title President		Signature <i>[Signature]</i>		Date 5/23/13			

PAGE 1 of 2

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

Check # 8116
8146
8178

Date of Notification (1) 3/12/13		Name of Building Owner/Operator (2) HANOVER ACQUISITIONS, LLC/HANOVER	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended 5 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	
Street Address 153 FORT LEE ROAD		City, State, Zip Code TEANECK, N.J. 07666	
Name of Contact MARC SCHLUSSEL		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) FORMALLY BERLEX LABS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 110 EAST HANOVER AVE.		Square Feet 84,000	
City (5) CEDAR KNOLLS		# of Floors 2	
County (6) MORRIS		County Code (7) (STATE USE ONLY)	
Current Use (Prior if being demolished) LAB / DEMOLITION		Building Age 60	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
City, State, Zip Code		Street Address 105 Lowell Road	
Project Manager for Monitoring Firm		City, State, Zip Code Glen Rock, N.J. 07452	
Telephone No.		Telephone No. 201-262-5941	
Start Date (10) 3/26/13		License No. 00156	
Scheduled Completion Date (11) 6/26/13		Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Unoccupied During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other—Describe: _____		Street Address 280 Huyler Street	
Scope of Work (Check All That Apply) <input type="checkbox"/> 10 or more SF <input type="checkbox"/> 100 or more SF <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Encapsulated (?) and Non-Fabric Procedure		City, State, Zip Code Hackensack, NJ 07606	
Location of Asbestos-Containing Material (ACM) THROUGHOUT		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 asbestos-containing)		Amount (Specify SF or L) 2790 PC	
		X	
PIPE ELBOWS		946 SF	
LAB HOODS		6992 SF	
ROOFING		300 SF	
BOILER		X	
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20786	
City, State Riverton, New Jersey 07457		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
Completed by R. McDonald		Title President	
Signature R. McDonald		Date 6/13/13	

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PAGE 2 of 2

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

Check# 8116
81%
8178

Date of Notification (1)		Name of Building Owner/Operator (4)							
3/12/13		HANOVER ACQUISITIONS, LLC / HANOVER							
Agency Notice		Street Address							
Type of Notification		153 FORT LEE ROAD / RIVERDALE, LLC							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> OCL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <u>5</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Consultation	City, State, Zip Code							
<input type="checkbox"/> DCH <input type="checkbox"/> DCA		TEANECK, N.J. 07666							
		Name of Contact							
		MARC SCHLUSSEL							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (6)							
FORMALLY BERLEX LABS		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, houses, etc.)							
Street Address		Square Feet							
110 EAST HANOVER AVE.		84,000							
City (5)		No. of Rooms							
CEDAR KNOLLS		2							
County (4)		Map No.							
MORRIS		60							
County Code (7) (State Use Only)		Current Use (Prior to being demolished)							
		LAB / DEMOLITION							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9)							
		A. Mac Contracting Inc.							
City, State, Zip Code		Street Address							
		105 Lowell Road							
Project Manager for Monitoring Firm		City, State, Zip Code							
Telephone No.		Glen Rock, N.J. 07452							
		Telephone No.							
		201-282-8841							
Start Date (10)		License No.							
3/26/13		00185							
Scheduled Completion Date (11)		Name of OSHA Monitor							
6/26/13		Omega Environmental Services Inc.							
Company Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		280 Huyler Street							
		City, State, Zip Code							
		Hackensack, NJ 07606							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ab of crs & lf or ab of crs & lf									
<input type="checkbox"/> Remediation Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure HEPA Enclosure Glovebag Procedure Non-Enclosed (?) and Non-Positive Procedures									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)	In Location Normally Used Solely by Maintenance/ Contracted Staff (13)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, WMT, or other asbestos-containing)	Amount (Specify SF or LF)	Abatement Type				
	YES	NO			N/A	Removal	Repair	Encapsulation	Other
THROUGH OUT			X	WINDOW CAULK	306 SF	X			
			X	PIPE	387 LF	X			
			X	FLOOR TILE	33,906 SF	X			
			X	MASTIC	14,750 SF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Date of Work		Name of Registered Landfill			
Rovato Transport		20785		240		IESI PA Bethlehem Landfill Corp.			
City, State		Disposal Date		City, State					
Riverdale, New Jersey 07457		3/26/13		Bethlehem, PA 18015					
Completed by		Title		Signature		Date			
R. McDonald		President				6/13/13			

CHECK #
2799

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

2013 JUN 18

Date of Notification (1) <u>6/13/13</u>		Name of Building Owner/Operator (2) <u>SEVEN MILE CUSTOM HOMES</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>P.O. BOX 485</u>						
		City, State, Zip Code <u>STONE HARBOR, N.J. 08247</u>						
		Name of Contact <u>CHARLES</u>	Telephone Number					
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 B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>274 64TH ST.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>					
City (5) <u>AVULON</u>		Age <u>40+</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>		ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>					
Street Address		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>856-779-0472</u>	License No. <u>00444</u>					
Start Date (10) <u>6/27/13</u>		Scheduled Completion Date (11) <u>7/3/13</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:		Name of OSHA Monitor <u>JOSEPH KLEMM</u>						
		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"/> ≥ 3 sf or ≥ 3 ll <input type="checkbox"/> ≥ 160 sf or ≥ 260 ll <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-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u> <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>			Description of Asbestos Containing Material (ACM), (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u> <u>TRANSITE</u>	Amount (Specify SF or LF) <u>1500 LF</u>	Abatement Type		
	Removal	Repair	Encapsulation			Extraction		
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP 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>6/13/13</u>			

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

ck 224

2013 JUN 10 PM 2:50

Date of Notification (1) 6/11/2013		Name of Building Owner/Operator (2) George Bendinger							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 10 Shurs Lane						
			City, State, Zip Code Philadelphia PA 19127						
			Name of Contact Andrew Ricco						
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 22 Penn Street		Square Feet 10516							
City (5) Woodbury NJ		# of Floors 2.5							
County (6) Gloucester		Bldg. Age 73							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) N/A.		ASCM No.							
Street Address		Name of Abatement Contractor (9) Ricco Construction Corp.							
City, State, Zip Code		Street Address 282 Creek Road							
Project Manager for Monitoring Firm		City, State, Zip Code Bellmawr NJ 08031							
Telephone No.		Telephone No. (856) 444-6452							
Start Date (10) 6/27/13		License No. 01204							
Scheduled Completion Date (11) 6/28/13		Name of OSHA Monitor Andrew Ricco							
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 282 Creek Road							
		City, State, Zip Code Bellmawr NJ 08031							
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 checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			X	siding	1000sf	X			
Name of Registered Waste Hauler Ricco Construction Corp.		NJDEP Waste Hauler ID No. 28909		Cubic Yards of Waste 10		Name of Registered Landfill Salem County			
City, State Bellmawr NJ		Disposal Date TBD.		City, State Alloway NJ					
Completed by Andrew Ricco		Title Owner		Signature Andrew Ricco		Date 6/11/2013			

CHECK #

2798

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

2013 JUN 18 4:11 PM
LIC 170

Date of Notification (1) 6/13/13		Name of Building Owner/Operator (2) EARTHTECH CONTRACTING					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 155 R. 50 City, State, Zip Code GREENFIELD, N.J.					
		Name of Contact BRUCE BREUNIG	Telephone Number _____				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address 438 HACKNEY PLACE		Square Feet	# of Floors				
City, State, Zip Code BRIARCLIFF, N.J.		Bldg. Age					
County (6) ATLANTIC	County Code (7) (STATE ONLY) 02	Current Use (Prior if being demolished) VACANT					
Name of Monitoring Firm Hired by Building Owner N/A		Name of Abatement Contractor (9) KLEMMCO INC.					
Street Address		Street Address 369 S. SPRUCE AVE.					
City, State, Zip Code		City, State, Zip Code MAPLE SHADE, N.J. 08052					
Project Manager for Monitoring Firm		Telephone No. 856-779-0472	License No. 00444				
Start Date (10) 6/24/13	Scheduled Completion Date (11) 7/3/13	Name of OSHA Monitor JOSEPH KLEMM					
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 369 S. SPRUCE AVE. City, State, Zip Code MAPLE SHADE, N.J. 08052					
Scope of Work (Check all that apply) <input type="checkbox"/> 20 SF or 2 ft <input type="checkbox"/> 2160 SF or 2260 ft <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-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE	Amount (Specify SF or LF) 1300 ft	Abatement Method			
				Removal	Repair	In-situ Encapsulation	Encasement
Name of Registered Waste Hauler KLEMMCO INC.		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste	Name of Registered Landfill A.C.U.A.			
City, State MAPLE SHADE, N.J.		Disposal Date	City, State PLEASANTVILLE, N.J.				
Completed By JOSEPH KLEMM	Title V/P	Signature Joseph Klemm	Date 6/13/13				

CHECK #
12-797

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

Date of Notification (1) 6/13/13		Name of Building Owner/Operator (2) EARTH TECH CONTRACTING			
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 155 RT. 50			
		City, State, Zip Code GREENFIELD, N.J. 08230			
		Name of Contact BRUCE BREUNIG	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 B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)			
Street Address 9 GARFIELD PLACE		Square Feet 1000	# of Floors 2		
City (5) OCEAN CITY		Bldg Age 40+			
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.			
Street Address		Name of Abatement Contractor (9) KLEMMCO INC.			
City, State, Zip Code		Street Address 369 S. SPRUCE AVE.			
Project Manager for Monitoring Firm		City, State, Zip Code MAPLE SHADE, N.J. 08052			
Telephone No.		Telephone No. 856-779-0422	License No. 00444		
Sign Date (10) 6/24/13		Name of OSHA Monitor JOSEPH KLEMM			
Scheduled Completion Date (11) 7/13/13		Street Address 369 S. SPRUCE AVE.			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code MAPLE SHADE, N.J. 08052			
Scope of Work (Check all that apply)					
<input type="checkbox"/> 23 sf or 23 ft <input type="checkbox"/> 2160 sf or 2260 ft		<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) 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) 12004	Abatement Type	
				Removal	Encapsulation
SIDING	X	TRANSITE		X	
Name of Registered Waste Hauler KLEMMCO INC.		NUEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5	Name of Registered Landfill C.M.C.M.U.A.	
City, State MAPLE SHADE, N.J. 08052		Disposal Date	City, State WOODBINE, N.J.		
Completed By JOSEPH KLEMM	Title OWNER	Signature <i>Joseph Klemm</i>	Date 6/13/13		

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) Bridgewater-Raritan Regional School District <i>Q 2185</i>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	836 Newmans Lane	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Bridgewater, NJ 08807	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Raymond Ruth	_____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Crim School			Type of Facility (4)		
Street Address 1300 Crimm Road			<input checked="" type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K12)		
City Bridgewater			Bldg. Age		
			43		
County (6) Somerset		County Code (7) (STATE USE ONLY)	Square feet 240,000 sf	# of Floors 2	Current Use (Prior if being demolished) School
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 3 Crosswicks Street			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Bordentown, New Jersey 08505			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Mike Hoodak		Telephone Number 609-298-5520	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 7/1/13		Scheduled Completion Date (11) 7/8/13		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 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 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) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Boiler room		X		Asbestos breeching insulation	30 sf	X			
Boiler room		X		8 fittings	8	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 7/9/13	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.

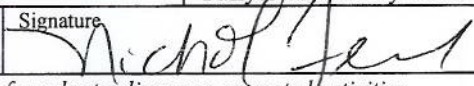
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) June 13, 2013		Name of Building Owner/Operator (2) South Brunswick Board of Education <i>an 21855</i>	
Agencies Notified	Type of Notification	Street Address 4 Executive Drive	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Monmouth Junction, New Jersey 08852	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification Amendment # _____		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency (including justification)	Name of Contact Paul Bennett	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DCA		Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Crossroads South School			Type of Facility (4)		
Street Address 195 Major Road			<input checked="" type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K12)		
City Monmouth Junction			Bldg. Age 50		
			Current Use (Prior if being demolished) School		
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Square feet 150,000 sf	# of Floors 2	
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 3 Crosswicks Street			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Bordentown, New Jersey 08505			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Rod Richardson		Telephone Number 609-298-5520	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 6/26/13		Scheduled Completion Date (11) 7/1/13	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 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 E 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
Boiler Room		X		Asbestos fittings	8 fittings	X			
Stage area		X		Asbestos fittings	6 fittings	X			
Theater crawlspace		X		Asbestos fittings	4 fittings	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 7/2/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 6/13/2013

**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) Bridgewater-Raritan Regional School District <i>621857</i>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	836 Newmans Lane	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Bridgewater, NJ 08807	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Raymond Ruth	_____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hamilton School			Type of Facility (4)		
Street Address Hamilton Lane			<input checked="" type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K-12)		
City Bridgewater			Bldg. Age		
			43		
County (6) Somerset	County Code (7) (STATE USE ONLY)	Square feet 240,000 sf	# of Floors 2	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No. 00004	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 3 Crosswicks Street		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code Bordentown, New Jersey 08505		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm Mike Hoodak	Telephone Number 609-298-5520	Telephone Number 732-349-9932	License Number 00624		
Scheduled Start Date (10) 6/25/13	Scheduled Completion Date (11) 7/1/13	Name of OSHA Monitor E.M.S.L. Analytical			
Occupancy Status During Abatement (Check only one)		Street Address 1056 Stelton Road			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Piscataway, New Jersey 08854			
<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"/> >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 checked="" type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

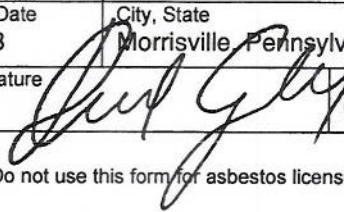
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)	YES	NO	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify 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
Boiler room		X			Asbestos breeching insulation	30 sf	X			
Boiler room		X			8 fittings	8	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 7/2/13	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.

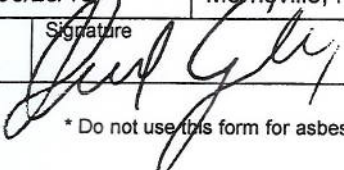
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK #2693

Date of Notification (1) 05/30/13		Name of Building Owner/Operator (2) Ramapo College of New Jersey							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 505 Ramapo Valley Road							
		City, State, Zip Code Mahwah, NJ 07430							
		Name of Contact Gina Mayer-Costa							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Academic Building-Core 1 (A Wing)		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 505 Ramapo Valley Road		Square Feet 350,000 +	# of Floors 4						
City (5) Mahwah		Bldg. Age 43							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Education Building							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		ASCM No. 00112	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address 344 West State Street		Street Address 163 Sargeant Avenue							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm Mr. William Weisgarber, Jr.		Telephone No. 609-656-8101	Telephone No. 973-689-6281						
License No. 01099									
Start Date (10) 06/17/13	Scheduled Completion Date (11) 07/19/13	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: OCCUPIED		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor between A-Wing & Library		x		Sprayed-On Fireproofing	25 SF	x			
2nd Floor between A-Wing & Library		x		Sprayed-On Fireproofing	25 SF	x			
Mech. Penthouse, Lower-Upper Level	x			Sprayed-On Fireproofing	50 SF	x			
Core 1-A Wing and Mech. Penthouse	x			Duct (Wrap & Cut Procedure)	1,500 SF	x			
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613		Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Clifton, New Jersey				Disposal Date 07/05/13	City, State Morrisville, Pennsylvania				
Completed by Dimo Golcev		Title General Manager		Signature 	Date 06/12/13				

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

CK # 2658

Date of Notification (1) 05/30/13		Name of Building Owner/Operator (2) Ramapo College of New Jersey							
Agencies Notified	Type Notification	Street Address 505 Ramapo Valley 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 Mahwah, NJ 07430							
		Name of Contact Gina Mayer-Costa							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Academic Building-Core 1 (A Wing)		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 505 Ramapo Valley Road		Square Feet 350,000 +	# of Floors 4						
City (5) Mahwah		Bldg. Age 43							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Education Building							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		ASCM No. 00112	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address 344 West State Street		Street Address 163 Sargeant Avenue							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm Mr. William Weisgarber, Jr.		Telephone No. 609-656-8101	Telephone No. 973-689-6281						
		License No. 01099							
Start Date (10) 06/12/13	Scheduled Completion Date (11) 07/12/13	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: OCCUPIED		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor between A-Wing & Library		x		Sprayed-On Fireproofing	25 SF	x			
2nd Floor between A-Wing & Library		x		Sprayed-On Fireproofing	25 SF	x			
Mechanical Penthouse, Lower Level	x			Sprayed-On Fireproofing	25 SF	x			
Mechanical Penthouse, Upper Level	x			Sprayed-On Fireproofing	25 SF	x			
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613		Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Clifton, New Jersey				Disposal Date 06/28/13	City, State Morrisville, Pennsylvania				
Completed by Dimo Golcev		Title General Manger		Signature 	Date 05/30/13				

OK 90824

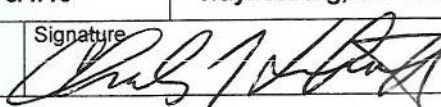
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <div style="text-align: center;">6 / 11 / 13</div>		Name of Building Owner/Operator (2) Carteret Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 599 Roosevelt Blvd							
		City, State, Zip Code Carteret, NJ 07008							
		Name of Contact Mr. N. Patel	Telephone Number 609-213-5000						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Carteret High School Stadium		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 199 Washington Avenue		Square Feet 60,000	# of Floors 1						
City (5) Carteret		Bldg. Age 50							
County (6) Middlesex County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) R K Occupational & Environmental Analy.		ASCM No. 00090	Name of Abatement Contractor (9) Luzon Inc.						
Street Address 403 St. James Avenue		Street Address 8451 Executive Ave.							
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Philadelphia, Pa. 19153							
Project Manager for Monitoring Firm Jonathan S Gilbert		Telephone No. 908 454 6316	License No. 01109						
Start Date (10) <div style="text-align: center;">6 / 27 / 13</div>	Scheduled Completion Date (11) <div style="text-align: center;">7 / 09 / 13</div>	Name of OSHA Monitor Joseph Maronski							
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: 7:00AM-3:30PM / ____ PM - ____ AM		Street Address 8451 Executive Avenue							
		City, State, Zip Code Philadelphia, Pa. 19153							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Football Stadium	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Transite Roof	9,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Service Transport Group		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 40 CYS.	Name of Registered Landfill Minerva Landfill					
City, State 58 Pyles Lane, New Castle, DE 19720		Disposal Date 7-26-13		City, State Waynesburg, PH					
Completed By (Print or Type) Piyush Patel		Title Program Manager		Signature <i>Piyush Patel</i>			Date 6/11/13		

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

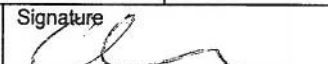
CK # 22053

Date of Notification (1) 06 / 13 / 13		Name of Building Owner/Operator (2) The State of New Jersey-The Department of Transportation							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1035 Parkway Ave-CN600							
		City, State, Zip Code Trenton, NJ 08625							
		Name of Contact James Britton	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bridge No. 11-Bell Road (CR658) over I-295		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 Bridge No. 11-Bell Road (CR658) over I-295									
City (5) Mount Ephraim		Square Feet 10,000	# of Floors 50+						
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Bridge Structure							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc. Bromley Corp Center		ASCM No.	Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation						
Street Address Three Terri Lane		Street Address 500 East Luzerne Street							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm John R Lutz		Telephone No. 609-386-8800	License No. 00646						
Start Date (10) 06 / 27 / 13	Scheduled Completion Date (11) 07 / 31 / 13	Name of OSHA Monitor SAME AS 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 - Describe Time of Abatement: 7AM-4PM/4PM-7AM		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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
6" X 12" mounting plates	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Caulking	288 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8" Gas Main	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tar Dipped Pipe Wrap	255 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Diamond Huntbach Construction		NJDEP Waste Hauler ID No. 19689	Cubic Yards of Waste 10	Name of Registered Landfill Minerva					
City, State Philadelphia, PA 19124		Disposal Date 8/1/13		City, State Waynesburg, OH 44688					
Completed By (Print or Type) Charles F. Imbimbo		Title Project Manager		Signature 		Date 06/13/13			

* Emergency *

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

CK 3309

Date of Notification (1) 6/12/13		Name of Building Owner/Operator (2) Cape May County Technical School District							
Agencies Notified	Type Notification	Street Address 188 County Highway 609							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cape May Ct House NJ 08210							
		Name of Contact James Owens	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Cape May County Technical School District		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 188 County Highway 609		Square Feet 1000+	# of Floors 1+						
City (5) Cape May Ct House NJ 08210		Bldg. Age 35+							
County (6) Cape May	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address 515 Grove Street		Street Address PO Box 329							
City, State, Zip Code Haddon Heights NJ 08035		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Alan Lioyed		Telephone No. 856-656-2875	Telephone No. 856-753-9800						
		License No. 00727							
Start Date (10) 6/19/13	Scheduled Completion Date (11) 6/24/13	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 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) 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
Rooms 131 & 138		x		Floor Tile Only	3500 Sf	x			
					total				
Name of Registered Waste Hauler EarthTeck		NJDEP Waste Hauler ID No. 16429	Cubic Yards of Waste 15	Name of Registered Landfill CMCMUA					
City, State Ocean View			Disposal Date 6/24/13	City, State Woodbine NJ 08270					
Completed by Anthony T Perna		Title President	Signature 			Date 6/12/13			