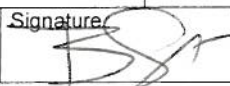
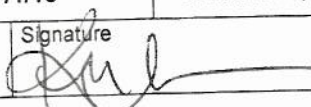


CK # 2458

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


Date of Notification (1) <b>6 / 17 / 13</b>		Name of Building Owner/Operator (2) <b>Trustees of Princeton University</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>E.A MacMillan Building</b>							
		City, State, Zip Code <b>Princeton, NJ 08544</b>							
		Name of Contact <b>Robert Ortega</b>	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University-Maclean House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>Nassau St</b>									
City (5) <b>Princeton</b>		Square Feet <b>30,000</b>	# of Floors <b>3</b>						
		Bldg. Age <b>50+</b>							
County (6) <b>MERCER</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates, Inc.</b>		ASCM No. <b>00102</b>	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>515 Grove St., Suite 1B</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Alan Lloyd</b>		Telephone No. <b>856-547-0505</b>	License No. <b>00509</b>						
Start Date (10) <b>7 / 3 / 13</b>	Scheduled Completion Date (11) <b>7 / 24 / 13</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> /____PM-____AM		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> floor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Drywall and joint compound</b>	<b>8,654 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1<sup>st</sup> floor kitchen</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile and mastic</b>	<b>146 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Basement and 3<sup>rd</sup> Floor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe and Pipe fitting insulation</b>	<b>121 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Heat Exchanger Insulation</b>	<b>14 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL, INC.</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>80</b>	Name of Registered Landfill <b>G.R.O.W.S. NORTH LANDFILL</b>					
City, State <b>BRISTOL, PA 19007</b>		Disposal Date <b>as needed</b>		City, State <b>MORRISVILLE, PA 19067</b>					
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>		Signature 		Date <b>6/17/13</b>			

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 / 17 / 13</div>		Name of Building Owner/Operator (2) <b>Ms. Carmella Stefanelli</b> / Job # 1306-1775 Chk. # <b>3200</b>							
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 <b>14 Hill Street</b>							
		City, State, Zip Code <b>Livingston, NJ 07039</b>							
		Name of Contact <b>Mr. Jay Stack, UC Builders</b>							
Telephone Number <div style="background-color: black; color: black;">XXXXXXXXXX</div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential Property</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>23 Newark Avenue</b>		Square Feet <b>980</b>	# of Floors <b>1</b>						
City (5) <b>Lavallette</b>		Bldg. Age <b>1960</b>							
County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residential Property</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>	ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>							
Street Address <b>PO Box 316</b>		Street Address <b>3859 Sylon Boulevard</b>							
City, State, Zip Code <b>Thorofare, NJ 08086</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>							
Project Manager for Monitoring Firm <b>Steve Flanigan</b>	Telephone No. <b>856-848-0800</b>	Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>						
Start Date (10) <div style="text-align: center;">6 / 26 / 13</div>	Scheduled Completion Date (11) <div style="text-align: center;">7 / 01 / 13</div>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address <b>200 U.S. Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
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"/> Negative Pressure Enclosure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Siding	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	820 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	185 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	260 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Horizon Disposal, Inc.</b>		NJDEP Waste Hauler ID No. <b>22612</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS Landfill</b>					
City, State <b>Trenton, NJ</b>		Disposal Date <b>7/1/13</b>		City, State <b>Morrisville, PA 19067</b>					
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 				Date <b>6/17/13</b>	



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

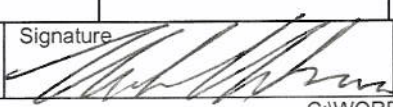
Date of Notification (1) <b>06 / 17 / 13</b>			Name of Building Owner/Operator (2) <b>Barkeley Heights Board of Education</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>345 Olainfield Avenue</b> City, State, Zip Code <b>Berkeley Heights, NJ 07922</b> Name of Contact <b>Anthony Amiano</b>					
				Telephone Number 					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>William Woodruff School</b> Street Address <b>Briarwood Drive West</b>				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.)					
City (5) <b>Berkeley Heights</b>		Square Feet <b>30,000</b>		# of Floors <b>1</b>					
County (6) <b>Union</b>		County Code (7)(STATE USE ONLY)		Bldg. Age <b>50+/-</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics, Inc</b>		ASCM No. <b>0045</b>		Name of Abatement Contractor (9) <b>New American Restoration</b>					
Street Address <b>64 Broad Street</b>		Street Address <b>421-423 Straight Street</b>							
City, State, Zip Code <b>Matawan, NJ 07747</b>		City, State, Zip Code <b>Paterson, NJ 07501</b>							
Project Manager for Monitoring Firm <b>Thomas Geiger</b>		Telephone No. <b>732-290-2217</b>		License No. <b>00805</b>					
Start Date (10) <b>07 / 08 / 13</b>		Scheduled Completion Date (11) <b>08 / 02 / 13</b>		Name of OSHA Monitor <b>New American Restoration</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address <b>421-423 Straight Street</b> City, State, Zip Code <b>Paterson, NJ 07501</b>					
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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Lower Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TSI (Pipe Insulation)	900 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lower Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Misc. (ceiling Tiles)	960 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>New American Restoration, Inc</b>		NJDEP Waste Hauler ID No. <b>30399</b>		Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>G.R.O.W.S</b>				
City, State <b>Paterson, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Igor Jezdimirovic</b>		Title <b>Vice President</b>		Signature 			Date <b>06/17/2013</b>		

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

Date of Notification (1) <b>06 / 17 / 13</b>		Name of Building Owner/Operator (2) <b>Group 1 Realty, Inc</b>							
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 <b>800 Gessner Road, Suite 500</b>							
		City, State, Zip Code <b>Houston, TX 77024</b>							
		Name of Contact <b>Ammar Masri</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Crossroad Inn</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>2840 Route 73 North</b>		Square Feet <b>16,000</b>	# of Floors <b>1</b>						
City (5) <b>Maple Shade</b>		Bldg. Age <b>50+</b>							
County (6) <b>Burlington</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services, Inc</b>		ASCM No. <b>00117</b>	Name of Abatement Contractor (9) <b>Superior Abatement Inc</b>						
Street Address <b>318 12th Street</b>		Street Address <b>2 Henderson Drive</b>							
City, State, Zip Code <b>Hammonton NJ 08037</b>		City, State, Zip Code <b>West Caldwell, NJ 07006</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>	Telephone No. <b>(609) 704-8850</b>	Telephone No. <b>(973) 808-1616</b>	License No. <b>00411</b>						
Start Date (10) <b>06 / 27 / 13</b>	Scheduled Completion Date (11) <b>06 / 30 / 13</b>	Name of OSHA Monitor <b>Superior Abatement Inc</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM</u> - <u>PM</u> / <u>PM</u> - <u>AM</u>		Street Address <b>2 Henderson Drive</b>							
		City, State, Zip Code <b>West Caldwell, NJ 07006</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Roof Area (4 buildings)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Roof Flashing</b>	<b>1,800 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mechanical Room No. 1</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>VAT</b>	<b>100 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Utility Room No's. 1, 2, 3</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Flue Cement</b>	<b>6 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport Group, Inc</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>New Castle, DE</b>			Disposal Date <b>6/30/13</b>	City, State <b>Waynesburgh, OH</b>					
Completed By (Print or Type) <b>Nick Petrovski</b>		Title <b>President</b>	Signature 			Date <b>6-17-13</b>			



**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) <b>6/17/2013</b>			Name of Building Owner/Operator (2) <b>Matawan-Aberdeen Regional School District</b>		
Agencies Notified  ( X ) EPA ( X ) DOL ( X ) DOH ( ) DCA		Notification Type  ( X ) Initial Notification ( ) Amended Notification ( ) Cancelled		Street Address <b>One Crest Way</b>	
				City, State, Zip Code <b>Aberdeen, NJ 07721</b>	
				Name of Contact <b>Anthony Vitolo</b>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Former Cliffwood Elementary School used as Storage Building</b>			Type of Facility (4) ( X ) School (K-12) ( ) Subchapter 8 (other than K-12) ( ) Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address <b>422 Cliffwood Avenue</b>			Sq. Feet <b>20,000 SF</b> No. of Floors: <b>2</b>		
City (5) <b>Cliffwood</b>	County (6) <b>Monmouth</b>	County Code (7) (State Use Only)	Bldg. Age <b>85 yrs</b> Current Use (prior if being demolished) <b>Storage Building (prior use School)</b>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>McCabe Environmental Service, LLC</b>		ASCM No. <b>00118</b>		Name of Contractor (9) <b>Superior Abatement, Inc.</b>	
Street Address <b>464 Valley Brook Ave.</b>			Street Address <b>2 Henderson Drive, Ste A</b>		
City, State, Zip Code <b>Lyndhurst, NJ 07071</b>			City State, Zip Code <b>West Caldwell, NJ 07006</b>		
Project Manager for Monitoring Firm <b>John Chiaviello</b>		Telephone Number <b>(732) 390-5858</b>		License Number <b>00411</b>	
Scheduled Start Date (10) <b>7/01/2013</b>		Scheduled Completion Date (11) <b>7/26/2013</b>		Name of OSHA Monitor <b>Superior Abatement, Inc.</b>	
Occupancy Status During Abatement (Check only one) ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours – (X) Other – Describe: <b>Vacant Bldg.</b>			Street Address <b>2 Henderson Drive, Ste. A</b>		
			City, State, Zip Code <b>West Caldwell, NJ 07006</b>		
Source of Work (Check all that apply)  ( X ) Demolition ( ) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure (X) Non-friable Procedure for Asbestos Roof Removal.					
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) NA YES NO	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type  Rem. Rep. Encap Enclose	
East Addition Basement Hallway	X	Glue Dots	450 SF	X	
Rooms 205, 206	X	Cloth Under Tin Ceiling	1,200 SF	X	
Throughout	X	Pipe Insulation	850 LF	X	
Throughout	X	Pipe Elbow/Joint Insulation	135 EA	X	
Throughout	X	VAT/Mastic	12,850 SF	X	
North Addition	X	Plaster	5,000 SF	X	
East Addition	X	Waterproofing on Foundation	2,400 SF	X	
Boiler Room	X	Boiler Materials	150 SF	X	
Classrooms and Hallways	X	Cork Board Mastic	350 SF	X	
Original Bldg. & East Addition	X	Door Caulk	6 EA	X	
Original Bldg, East and North Additions	X	Roofing Materials	7,500SF	X	
Name of Reg. Waste Hauler <b>Service Transport Group, Inc</b>		NJDEP Waste Hauler ID # <b>SW2117</b>		Cubic Yards of Waste <b>300</b>	
City, State <b>New Castle, DE</b>		Disp. Date <b>7/26/2013</b>		Name of Reg. Landfill <b>Minerva Landfill</b>	
Completed by (Print or Type) <b>Nick Petrovski</b>		Title <b>President</b>		Signature 	
				Date <b>06/17/2013</b>	



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

*check # 1390*

Date of Notification (1) 06 / 07 / 13		Name of Building Owner / Operator (2) Kraft Foods/Mondelez	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Street Address 2211 Route 208 North City, State, Zip Code Fairlawn, New Jersey, 07410	
Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Name of Contact Mike O'Rourke	
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Kraft Foods/Mondelez			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 2211 Route 208					
City (5) Fairlawn	County (6) Bergen	County Code (7)	Square Feet 1,000,000	# Of Floors 3	Building Age 40 +
			Current Use (Prior if being demolished) Bakery/WAREHOUSE		
Name of Monitoring Firm Hired by Bldg. Owner (8) AET			ASCM NO LVI Environmental Services Inc.		
Street Address 907 Doolittle Drive			Street Address 462 Getty Avenue		
City, State, Zip Code Bridgewater, NJ 08807			City, State, Zip Code Clifton, NJ 07011		
Project Mngr. For Monitoring Firm Eric Houseknecht			Telephone Number 908-218-1108		
Scheduled Start Date (10) 07 / 08 / 13		Sched. Completion Date (11) 07 / 17 / 13		Telephone Number 973-772-3660	
				License Number 00117	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: M-F <input checked="" type="checkbox"/> Other - Describe: 7:00 AM - 3:30PM			Name of OSHA Monitor LVI Environmental Services Inc.		
			Street Address 462 Getty Avenue		
			City, State, Zip Code Clifton, NJ 07011		

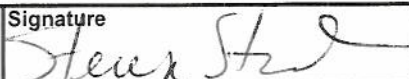
**Scope of Work (Check All That Apply)**

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

Location of Asbestos Containing <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 N C L O S U R
Boiler Room - PHASE 2	<input checked="" type="checkbox"/>	TSI	200 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"/>

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.
City, State NEWARK, NJ	Disposal Date	City, State BETHLEHEM, PA 18105	
Completed by (Print or Type) Steve Stiles	Title Project Manager	Signature <i>Steve Stiles</i>	Date 06/19/13

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

Date of Notification (1) 06 / 07 / 13		Name of Building Owner / Operator (2) Kraft Foods/Mondelez	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		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 2211 Route 208		City, State, Zip Code Fairlawn, New Jersey, 07410	
Name of Contact Mike O'Rourke		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Kraft Foods/Mondelez		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 2211 Route 208		Building Age 40 +	
City (5) Fairlawn	County (6) Bergen	County Code (7)	Square Feet 1,000,000
			# Of Floors 3
			Current Use (Prior if being demolished) Bakery/WAREHOUSE
Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO LVI Environmental Services Inc.	
Street Address 907 Doolittle Drive		Street Address 462 Getty Avenue	
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Clifton, NJ 07011	
Project Mngr. For Monitoring Firm Eric Houseknecht		Telephone Number 908-218-1108	
Sched. Start Date (10) 06 / 24 / 13		Sched. Completion Date (11) 07 / 05 / 13	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: ___ M-F <input checked="" type="checkbox"/> Other - Describe: ___ 7:00 AM - 3:30PM		Name of OSHA Monitor LVI Environmental Services Inc.	
		Street Address 462 Getty Avenue	
		City, State, Zip Code Clifton, NJ 07011	
Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos Containing <b>TO BE ABATED</b> 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)
Boiler Room - PHASE 2	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	TSI	200 SF
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Name of Registered Landfill I.E.S.I.
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature  Date 06/07/13



CHECK #  
2804


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

Date of Notification (1) <u>6/17/13</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</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 Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address <u>300 77TH ST.</u>		City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u>						
Name of Contact <u>FRANK EDUARDI</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 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>3711 WESTMINSTER AVE.</u>		Square Feet	# of Floors					
City (5) <u>OCEAN CITY</u>		Bldg. Age						
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.						
Street Address		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>						
City, State, Zip Code		Street Address <u>369 S. SPRUCE AVE.</u>						
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>					
Start Date (10) <u>7/1/13</u>	Scheduled Completion Date (11) <u>7/8/13</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>						
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>						
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <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>	Amount (Specify SF or LF) <u>2000#</u>	Abatement Type			
					Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.V.A.</u>				
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>					
Completed By <u>JOSEPH KLEMM</u>		Title <u>V/P</u>	Signature <u>Joseph Klemm</u>		Date <u>6/17/13</u>			

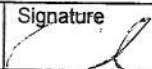


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

OK 3310

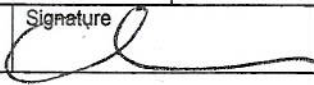
Date of Notification (1) 6/17/13		Name of Building Owner/Operator (2) Gateway Board Of Ed							
Agencies Notified		Street Address 775 Tanyard Rd							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification		City, State, Zip Code Woodbury Heights NJ 08097					
		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact Terry Hester					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Gateway Regional High School				Type of Facility (4)					
Street Address 775 Tanyard Rd				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Woodbury Heights NJ 08097				Square Feet 1000+	# of Floors 2				
County (6) Gloucester				County Code (7) (STATE USE ONLY)	Bldg. Age 35+				
Name of Monitoring Firm Hired by Building Owner (8) N/A				Current Use (Prior if being demolished) Pernaco Inc.					
Street Address				Name of Abatement Contractor (9) Pernaco Inc.					
City, State, Zip Code				Street Address PO Box 329					
Project Manager for Monitoring Firm				City, State, Zip Code West Berlin NJ 08091					
Telephone No.				Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 7/1/13		Scheduled Completion Date (11) 7/6/13		Name of OSHA Monitor Same					
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 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
Room 104 & storage		x		Floor Tile / Mastic	1130 SF	x			
Kitchen Office	x			Floor Tile / Mastic	176 SF	x			
Cafeteria Lounge	x			Floor Tile / Mastic	528 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ				Disposal Date 7/8/13	City, State Morrisville PA 19067				
Completed by Anthony T Perna		Title President		Signature 		Date 6/17/13			

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

Date of Notification (1) 6/17/13		Name of Building Owner/Operator (2) Paul Butterick (private Home)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 36 Nancy						
			City, State, Zip Code Manahawkin NJ 08050						
			Name of Contact Paul						
			Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Paul Butterick(private Home)		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 36 Nancy		Square Feet 1000	# of Floors 1						
City (5) Manahawkin NJ 08050		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pernaco Inc.							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	License No. 00727						
Start Date (10) 6/18/13		Scheduled Completion Date (11) 6/21/13	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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 SF	x			
Floor tile			x	living room	600 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ			Disposal Date 6/21/13	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 6/17/13			

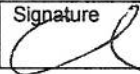


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 6/17/13		Name of Building Owner/Operator (2) Michael Jaffe (private Home)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 56 Jennie							
		City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Michael	Telephone Number <u>                    </u>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Michael Jaffe (private Home)		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 56 Jennie		Square Feet 1000+	# of Floors 2						
City (5) Manahawkin NJ 08050		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Pernaco Inc.							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. .	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 6/26/13	Scheduled Completion Date (11) 7/2/13	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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1800 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 7/2/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 6/17/13		

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


CK 3314

Date of Notification (1) 6/17/13		Name of Building Owner/Operator (2) Harry Couch (private Home)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 208 Sprague Av City, State, Zip Code West Creek NJ 08092 Name of Contact Harry					
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Harry Couch(private Home)				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 208 Sprague Av				Square Feet 1000					
City (5) West Creek NJ 08092				# of Floors 2					
County (6) Ocean				Bldg. Age 35+					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Pernaco Inc.							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. .		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800					
				License No. 00727					
Start Date (10) 6/26/13		Scheduled Completion Date (11) 7/2/13		Name of OSHA Monitor Same					
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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1600 SF	x			
			x			x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ				Disposal Date 7/2/13	City, State Morrisville PA 19067				
Completed by Anthony T Perna		Title President		Signature 			Date 6/17/13		



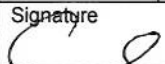
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

*CK 331 Emergency*

Date of Notification (1) 6/17/13		Name of Building Owner/Operator (2) Susan Lawler (private Home)							
Agencies Notified	Type Notification	Street Address 58 Lake Superior drive							
<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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mystic Island NJ							
		Name of Contact Susan							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Susan Lawler (private Home)		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 58 Lake Superior drive		Square Feet 1000	# of Floors 1						
City (5) Mystic Island NJ		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Pernaco Inc.							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. .	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 6/21/13	Scheduled Completion Date (11) 6/26/13	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 Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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 Siding			x	Exterior Siding	1200 SF	x			
			x			x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ			Disposal Date 6/26/13	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 6/17/13			

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

ck 3315

Date of Notification (1) 6/17/13		Name of Building Owner/Operator (2) Andy Stratton (private Home)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1809 Binnacle					
				City, State, Zip Code Forked River NJ 08731					
		Name of Contact Andy		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Andy Stratton (private Home)				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 1809 Binnacle				Square Feet 1000					
City (5) Forked River NJ 08731				# of Floors 1					
County (6) Ocean				Bldg. Age 35+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Pernaco Inc.							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.		License No. 00727					
Start Date (10) 7/1/13		Scheduled Completion Date (11) 7/6/13		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 type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input 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 Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 2		Name of Registered Landfill G.R.O.W.S.			
City, State Elm NJ		Disposal Date 7/6/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 6/17/13			



MO#20613923561

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

Date of Notification (1) 06 / 15 / 13		Name of Building Owner/Operator (2) Regina Pietersen							
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 626 Broadway City, State, Zip Code Long Branch, NJ 07740 Name of Contact Regina Pietersen Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address 626 Broadway City (5) Long Branch, NJ 07740 County (6) Monmouth		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)							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		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							
Project Manager for Monitoring Firm Telephone No.		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35 E City, State, Zip Code Fair Lawn, NJ 07410							
Start Date (10) 06 / 26 / 13 Scheduled Completion Date (11) 06 / 27 / 13		Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> > 3 sf or > 3 lf <input type="checkbox"/> > 160 sf or > 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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"/>	Boiler insulation	40 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 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 ASB-41 MAY 11		Title Owner	Signature <i>Regina Pietersen</i>	Date 06/15/2013					

\* 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) <div style="text-align: center;">June 17, 2013</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">V Kama Group, LLC <span style="float: right;">2013 JUN 20 a 21866</span></div>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	18 Valley Brook Drive	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code <div style="text-align: center;">Middlesex, NJ 08846</div>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact <div style="text-align: center;">Martin Kama</div>	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4)		
Street Address <div style="text-align: center;">310 3<sup>rd</sup> Avenue</div>			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K12)		
City <div style="text-align: center;">Ortley Beach</div>			County (6) <div style="text-align: center;">Ocean</div>		
			County Code (7) (STATE USE ONLY)		
Square feet <div style="text-align: center;">900 sf</div>			# of Floors <div style="text-align: center;">1</div>		Bldg. Age <div style="text-align: center;">60</div>
			Current Use (Prior if being demolished) <div style="text-align: center;">Residence</div>		
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>			ASCM No.		Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>
Street Address			Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>		
City, State, Zip Code			City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <div style="text-align: center;">732-349-9932</div>		License Number <div style="text-align: center;">00624</div>
Scheduled Start Date (10) <div style="text-align: center;">6/18/13</div>		Scheduled Completion Date (11) <div style="text-align: center;">6/19/13</div>		Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address <div style="text-align: center;">1056 Stelton Road</div>		
			City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)  YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	850 sf	X			

Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>		NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>		Cubic Yards of Waste <div style="text-align: center;">3</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>	
City, State <div style="text-align: center;">Toms River, New Jersey</div>		Disposal Date <div style="text-align: center;">6/20/13</div>		City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>		
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>		Title <div style="text-align: center;">Project Manager</div>		Signature <div style="text-align: center;"><i>Nicholas Fernicola</i></div>		Date <div style="text-align: center;">6/17/2013</div>

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



Check# 9486

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



State of New Jersey *APPROVED: TOM VOORHEES, NJDOH*  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120) *CL# 2453*

Date of Notification (1) <b>6/14/2013</b>		Name of Building Owner / Operator (2) <b>Hess Corporation</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>One Hess Plaza</b> City, State & Zip Code <b>Woodbridge, NJ 07095</b> Name of Contact <b>John Philbin</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Hess Corporation</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>123 Derousse Ave.</b>		Square Feet	# of Floors						
City (5) <b>Pennsauken</b>	County (6) <b>Camden</b>	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) <b>Exterior</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>						
Street Address <b>28 N. Pennell Road</b>		Street Address <b>1123 Beaver Street</b>							
City, State & Zip Code <b>Media, PA 19063</b>		City, State & Zip Code <b>Bristol, PA 19007</b>							
Project Manager for Monitoring Firm <b>Dave Turotsy</b>		Telephone Number <b>800-969-6AET</b>	Telephone Number <b>(215)788-6040</b>						
License Number <b>00509</b>									
Scheduled Start Date (10) <b>6/17/2013</b>	Scheduled Completion Date (11) <b>6/17/2013</b>	Name of OSHA Monitor <b>Bristol Environmental Inc.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <b>Exterior Removal</b> <input checked="" type="checkbox"/> Facility Occupied During Abatement: <b>7 AM – 3:30 PM</b>		Street Address <b>1123 Beaver Street</b>							
		City, State & Zip Code <b>Bristol, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Tank 2022</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Transite Panel</b>	<b>200 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Bristol Environmental Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS Landfill</b>					
City, State <b>Bristol, PA</b>		Disposal Date <b>6/18/2013</b>	City, State <b>Morrisville, PA</b>						
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni / jil</i>				Date <b>6/14/13</b>		



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

*No check*

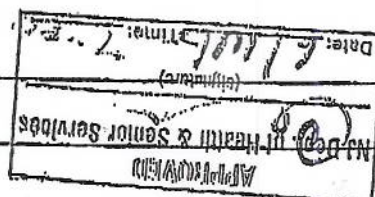
2013 JUN 20 AM 2:58

Date of Notification (1) <b>06/17/13</b>		Name of Building Owner/Operator (2) <b>Linden DPW</b>							
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 type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (Including justification) <input checked="" type="checkbox"/> Cancellation		Street Address <b>700 Lower Road</b> City, State, Zip Code <b>Linden, New Jersey 07036</b> Name of Contact <b>John Venditto</b>						
			Telephone Number _____						
	<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Linden DPW</b> Street Address <b>700 Lower Road</b> City (5) <b>Linden, New Jersey 07036</b> County (6) <b>Union</b>		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.) Square Feet <b>10,000</b> # of Floors <b>2</b> Bldg. Age <b>55+</b> County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) <b>Public Works Building</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Detall Associates</b> Street Address <b>300 Grand Avenue</b> City, State, Zip Code <b>Englewood, New Jersey 07631</b> Project Manager for Monitoring Firm <b>Stephen J.</b>		ASCM No. _____ Name of Abatement Contractor (9) <b>Lilich Corporation</b> Street Address <b>606 McBride Avenue</b> City, State, Zip Code <b>Woodland Park, NJ 07424</b> Telephone No. <b>201-569-6708</b> Telephone No. <b>973-225-8400</b> License No. <b>01104</b>							
Start Date (10) <b>ON HOLD</b> Scheduled Completion Date (11) <b>ON HOLD</b>		Name of OSHA Monitor <b>J&amp;S Environmental Labs</b> Street Address <b>2333 Route 22 West</b> City, State, Zip Code <b>Union, New Jersey 07083</b>							
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 <input checked="" type="checkbox"/> Other - Describe: <b>7AM - 11 AM</b>									
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Mechanic's Office		X		DoubleLayerVAT&Mastic(NonFri)	160 SF	X			
Cafeteria		X		DoubleLayerVAT&Mastic(NonFri)	800 SF	X			
Locker Room & Hallway		X		VAT & Mastic(NonFri)	240 SF	X			
Foreman's Office		X		VAT & Mastic(NonFri)	240 SF	X			
Name of Registered Waste Hauler <b>Lilich Corporation</b>		NJDEP Waste Hauler ID No. <b>18724</b>		Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>G.R.O.W.S Landfill</b>				
City, State <b>Woodland Park, New Jersey 07424</b>				Disposal Date	City, State <b>Morrisville, Pennsylvania</b>				
Completed by <b>Tatiana Kalenikova</b>		Title <b>Vice President</b>		Signature <i>Tatiana Kalenikova</i>		Date <b>06/17/13</b>			





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



Date of Notification (1) 06/13/13 CK# 2689 \$200		Name of Building Owner/Operator (2) Linden DPW	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	
Street Address 700 Lower Road		City, State, Zip Code Linden, New Jersey 07036	
Name of Contact John Venditto		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Linden DPW		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 700 Lower Road		Square Feet 10,000	# of Floors 2
City (5) Linden, New Jersey 07036		Bldg. Age 55+	
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Public Works Building	
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address 300 Grand Avenue		Street Address 606 McBride Avenue	
City, State, Zip Code Englewood, New Jersey 07631		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm Stephen J.		Telephone No. 201-569-6708	Telephone No. 973-225-8400
Start Date (10) 06/21/13		Scheduled Completion Date (11) 06/24/13	License No. 01104
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: 7AM - 11 AM		Name of OSHA Monitor J&S Environmental Labs	
		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"/> 23,310 or 23-11 <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			

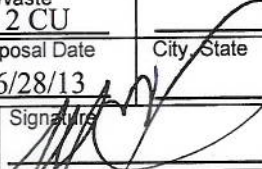
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Mechanic's Office		X		Double Layer VAT & Mastic (NonFri)	160 SF	X			
Cafeteria		X		Double Layer VAT & Mastic (NonFri)	800 SF	X			
Locker Room & Hallway		X		VAT & Mastic	240 SF	X			
Foreman's Office		X		VAT & Mastic	240 SF	X			

Name of Registered Waste Hauler Lilich Corporation	NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S Landfill
City, State Woodland Park, New Jersey 07424	Disposal Date 06/26/13	City, State Morrisville, Pennsylvania	
Completed by Katiana Kalenikova	Title Vice President	Signature <i>Katiana Kalenikova</i>	Date 06/13/13



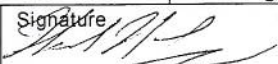
CK #25204

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

Date of Notification (1) <u>6/17/13</u>		Name of Building Owner/Operator (2) <u>Terry Capanna</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>78 Wilcox Ave.</u>	
		City, State, Zip Code <u>South River, NJ 08882</u>	
		Name of Contact <u>Terry Capanna</u>	Telephone Number _____
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>78 Wilcox Ave.</u>		Square Feet <u>1400</u>	# of Floors <u>2</u>
City (5) <u>South River, NJ</u>		Bldg. Age <u>70</u>	
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Residential</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>6/27/13</u>	Scheduled Completion Date (11) <u>6/28/13</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am - 4:30 pm</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input 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) <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)
	Yes	No	
<u>Basement</u>			<u>Thermal Piping</u>
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>
City, State <u>Allentown, NJ 08501</u>		Disposal Date <u>6/28/13</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>
City, State <u>Tullytown, PA</u>			
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>6/17/13</u>

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

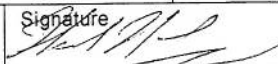
**812**

Date of Notification (1) <b>June 17, 2013</b>		Name of Building Owner/Operator (2) <b>Bridgewater Site</b>							
Agencies Notified	Type Notification	Street Address <b>10 FINDERNE AVENUE</b>							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b>	City, State, Zip Code <b>Bridgewater, NJ 08807</b>							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact <b>Fred Giovannucci</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Building 7</b>		Type of Facility (4)							
Street Address <b>10 FINDERNE AVENUE</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>Bridgewater, NJ 08807</b>		Square Feet	# of Floors Bldg. Age						
County (6) <b>SOMERSET</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>business</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AET</b>		ASCM No. <b>0021</b>	Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>						
Street Address <b>907 Doolittle Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>		Telephone No. <b>(908) 218-1108</b>	Telephone No. <b>(973) 759 - 5000</b>						
Start Date (10) <b>1/9/13</b>		Scheduled Completion Date (11) <b>1/8/14</b>	License No. <b>00781</b>						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor <b>The MACK Group, LLC.</b>							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>1500 Kings HWY N, STE 209</b>							
		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>basement</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Transite</b>	<b>20 sf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Building 7 Rm # 7225-7237</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>transite wall panels</b>	<b>1725 sf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>17.5</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>1/8/14</b>		City, State <b>Newburg, PA</b>					
Completed by <b>Mike Cooper</b>		Title <b>President</b>	Signature 			Date <b>6/17/13</b>			



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

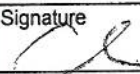
**625**

Date of Notification (1) <b>December 21, 2012</b>			Name of Building Owner/Operator (2) <b>Bridgewater Site</b>		
Agencies Notified		Type Notification	Street Address		
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>10 FINDERNE AVENUE</b> City, State, Zip Code <b>Bridgewater, NJ 08807</b> Name of Contact <b>Fred Giovannucci</b>		
			Telephone Number		
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Building 7</b>			Type of Facility (4)		
Street Address <b>10 FINDERNE AVENUE</b>			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) <b>Bridgewater, NJ 08807</b>			Square Feet	# of Floors	Bldg. Age
County (6) <b>SOMERSET</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>business</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>AET</b>		ASCN No. <b>0021</b>	Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>		
Street Address <b>907 Doolittle Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>			
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>			
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>		Telephone No. <b>(908) 218-1108</b>	Telephone No. <b>(973) 759 - 5000</b>	License No. <b>00781</b>	
Start Date (10) <b>1/9/13</b>		Scheduled Completion Date (11) <b>1/8/14</b>		Name of OSHA Monitor <b>The MACK Group, LLC.</b>	
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: _____			<b>1500 Kings HWY N, STE 209</b>		
			City, State, Zip Code <b>Cherry Hill, NJ 08034</b>		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
<b>basement</b>	<input checked="" type="checkbox"/>			<b>Transite</b>	<b>20 sf</b>
<b>TBD</b>	<input checked="" type="checkbox"/>			<b>TBD</b>	<b>TBD</b>
Name of Registered Waste Hauler <b>Newark Carting</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>0.2</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>	
City, State <b>Newark, NJ</b>		Disposal Date <b>1/8/14</b>		City, State <b>Newburg, PA</b>	
Completed by <b>Mike Cooper</b>		Title <b>President</b>	Signature 		Date <b>12/21/12</b>

\* Emergency \*

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

CK 3181

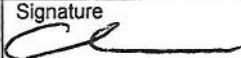
Date of Notification (1) 6/17/13		Name of Building Owner/Operator (2) Frank Rullo (private Home)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 36 Lake Superior Dr.							
		City, State, Zip Code Mystic Island NJ 08097							
		Name of Contact Frank	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Frank Rullo (private Home)		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 36 Lake Superior Dr.		Square Feet 1000	# of Floors 1						
City (5) Mystic Island NJ 08097		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pernaco Inc.							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 6/18/13	Scheduled Completion Date (11) 6/21/13	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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Exterior Siding	1200 SF	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 6/21/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 6/17/13		



**\* Emergency \***


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

CK 3312

Date of Notification (1) 6/17/13		Name of Building Owner/Operator (2) Richerd Arkenberg (Private Home)							
Agencies Notified	Type Notification	Street Address 32 Nautilus Road							
<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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Waretown NJ 08758							
		Name of Contact Rich	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Richerd Arkenberg (Private Home)		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 32 Nautilus Road		Square Feet 1000+	# of Floors 1						
City (5) Waretown NJ 08758		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 6/17/13	Scheduled Completion Date (11) 6/18/13	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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding				Exterior Siding	2000 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 6/18/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 6/17/13		

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

CK 3317

Date of Notification (1) 6/17/13		Name of Building Owner/Operator (2) Lorraine Schutt (private Home)							
Agencies Notified	Type Notification	Street Address 1083 Beach Haven West Blvd							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Manahawkin NJ 08050							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Lorraine	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Lorraine Schutt (private Home)		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 1083 Beach Haven West Blvd		Square Feet 1000	# of Floors 1						
City (5) Manahawkin NJ 08050		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Pernaco Inc.							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address _____		Street Address PO Box 329							
City, State, Zip Code _____		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm _____		Telephone No. _____	License No. 00727						
Start Date (10) 6/18/13	Scheduled Completion Date (11) 6/21/13	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 Other - Describe: _____		Street Address _____							
		City, State, Zip Code _____							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 6/21/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 6/17/13		