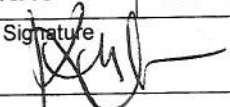
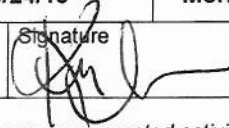


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 6 / 18 / 13		Name of Building Owner/Operator (2) Gloucester Healthcare Properties <i>2013 JUN 21 AM 2:50</i>		Job # 1306-1774: Chk. #3202					
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 104 Pension Road		<i>2013 JUN 21 AM 2:50</i> <i>ASBESTOS LICENSING</i>				
			City, State, Zip Code Englishtown, NJ 07726						
			Name of Contact Ms. Leslie Fisher						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Gloucester Manor Nursing 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 and commercial buildings, homes, etc.)						
Street Address 685 Salina Drive			Square Feet 66,564 SF	# of Floors 1	Bldg. Age 40 +-				
City (5) Sewell		County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Nursing Home					
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories, Inc.		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 3370 Progress Drive, Suite J		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Mike Panapresso		Telephone No. 215-244-1300	Telephone No. 609-702-0400	License No. 00862					
Start Date (10) 7 / 2 / 13	Scheduled Completion Date (11) 7 / 10 / 13		Name of OSHA Monitor EMSL Analytical, Inc.						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address 200 U.S. Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank Insulation	130 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elbows/Fittings	22 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breeching Insulation	100 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"/>
Name of Registered Waste Hauler Horizon Disposal, Inc.		NJDEP Waste Hauler ID No. 22612		Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfill				
City, State Trenton, NJ		Disposal Date 7/10/13		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 			Date 6-18-13		

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

Date of Notification (1) 6 / 7 / 13		Name of Building Owner/Operator (2) Woodstown-Piles Grove Reg'l S.D.		Job # 1306-1772 Chk. #3201					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 135 East Avenue City, State, Zip Code Woodstown, NJ 08098 Name of Contact Mr. Dwayne Hickman					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Woodstown High School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 140 East Avenue									
City (5) Woodstown				Square Feet 50,000 +	# of Floors 3				
				Bldg. Age 40+					
County (6) Salem		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) High School					
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No. 00073		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address P.O. Box 816		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Thorofare, NJ 080806		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Steve Flanigan		Telephone No. 856-848-0800		Telephone No. 609-702-0400	License No. 00862				
Start Date (10) 6 / 19 / 13		Scheduled Completion Date (11) 6 / 24 / 13		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM				Street Address 200 U.S. Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Maintenance Office/Art Room 19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster Ceiling Material	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Art Room 19 & Closet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	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"/>
Name of Registered Waste Hauler Horizon Disposal, Inc.		NJDEP Waste Hauler ID No. 22612		Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfill				
City, State Trenton, NJ		Disposal Date 6/24/13		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator			Signature 		Date 6-18-13		

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

Job Number: 1211-1689
 Check: #NA

Date of Notification (1) 1/28/13		Name of Building Owner / Operator (2) Johns Manville	
Agencies Notified	Type Notification	Street Address 717 17th Street	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code Denver, CO 80202	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #11 ON HOLD	Name of Contact Janet Waring, Sourcing Manager	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Johns Manville- Penbryn Plant		Type of Facility (4) <input type="checkbox"/> School (K-12)	
Street Address 437 North Grove Street		<input type="checkbox"/> Commercial buildings, homes, etc.) <input type="checkbox"/> Bldg. Age <input type="checkbox"/> Bldg. Age <input type="checkbox"/> Bldg. Age	
City (5) Berlin	County GLE	ON HOLD Due To Weather Until Further Notice	
		Plant	

Name of Monitoring Firm Hired by Building Owner (8) One Source Safety & Health		ASCM No.	Name of Abatement Contractor (9) Asbestos & Mold Services, Corp.	
Street Address 140 South Village Avenue-Suite 130		Street Address 3859 Sylon Boulevard		
City, State & Zip Code Exton, PA 19341		City, State & Zip Code Hainesport, NJ 08036		
Project Manager for Monitoring Firm Brian Hovendon		Telephone Number 610-524-5525	Telephone Number 609-702-0400	License Number 00862

Scheduled Start Date (10) 11/19/12	Scheduled Completion Date (11) 8/18/13	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one)		Street Address 107 Haddon Ave.	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State & Zip Code Westmont, NJ 08108	
<input type="checkbox"/> Abatement Performed Outside of Normal Hours			
Describe:			
<input checked="" type="checkbox"/> Facility Occupied During Abatement			

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
"H" Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Deck Panels	2,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"H" Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Field	17,400 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"/>
	<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 Horizon Disposal		NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 30	Name of Registered Landfill GROWS Landfill	
City, State Trenton, NJ		Disposal Date 8/18/13		City, State Morrisville, PA	
Completed By (Print or Type) Kim Trumbetti		Title Admin.	Signature 		Date 6/18/13

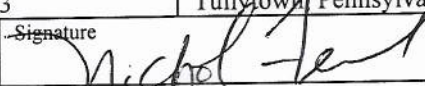
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) June 18, 2013		Name of Building Owner/Operator (2) Anni Volkert	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	2 Harlan Drive	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Dumont, NJ 07628	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Anni Volkert	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 262 West 12th Street			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Ship Bottom			Square feet 2000 sf		
County (6) Ocean			# of Floors 1		
County Code (7) (STATE USE ONLY)			Bldg. Age 60		
Name of Monitoring Firm Hired by Building Owner (8) N/A			Current Use (Prior if being demolished) Residence		
ASCN No.			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 6/19/13		Scheduled Completion Date (11) 6/20/13	Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation <input 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) <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-house & garage		X		Asbestos siding	1700 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 6/21/13	City, State Tullytown Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 6/18/2013

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

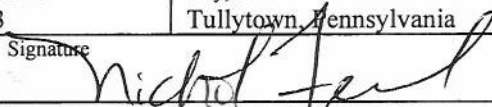
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <div style="text-align: center;">June 18, 2013</div>		Name of Building Owner/Operator (2) Allen Marshall	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [] Initial Notification [] Amended Notification Amendment # _____ [x] Emergency (including justification) [] Cancellation	Street Address 289 North Drive City, State, Zip Code River Edge, NJ 07661	
		Name of Contact Allen Marshall	Telephone Number 2013 JUN 27 AM 2:50 21882

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k-12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 7 West Stanton Avenue			Square feet 1500 sf		
City LBI	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 6/19/13		Scheduled Completion Date (11) 6/20/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
[] >3 sf or ≥3 lf		[] Renovation		[] Full Containment with Negative Pressure	
[x] ≥160 sf or ≥260 lf		[x] Demolition		[] Mini-Enclosure	
				[] Glovebag Procedure	
				[x] Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Exterior		X		Asbestos siding	1250 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 6/21/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 6/18/2013

*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;">6/18/2013</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">V W V Construction Inc 2013 <i>OK</i> 21884</div>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	25 Sheffield Road	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code <div style="text-align: center;">Wayne, NJ 07470</div>	
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact <div style="text-align: center;">Sonny</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;">102 Albacore Drive</div>			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K12)		
City <div style="text-align: center;">Ortley Beach</div>			Square feet <div style="text-align: center;">900 sf</div>		
			# of Floors <div style="text-align: center;">1</div>		
County (6) <div style="text-align: center;">Ocean</div>			Bldg. Age <div style="text-align: center;">60</div>		
County Code (7) (STATE USE ONLY)			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>			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;">6/19/13</div>		Scheduled Completion Date (11) <div style="text-align: center;">6/20/13</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)		
			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <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 </div> </div>		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) 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	800 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;">6/21/13</div>	City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>	
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>	Title <div style="text-align: center;">Project Manager</div>	Signature 	Date <div style="text-align: center;">6/18/2013</div>

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

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

Date of Notification (1) June 17, 2013		Name of Building Owner/Operator (2) Bergen Builders	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 28 Peaksail Drive City, State, Zip Code Bayville, NJ 08721 Name of Contact Gene
			Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 1 Bowline Avenue			Square feet 1200 sf # of Floors 1 Bldg. Age 60		
City Brick	County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 6/18/13		Scheduled Completion Date (11) 6/19/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R	R	E			E			
Exterior		X		Asbestos siding	1100 sf	X			

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

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

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

Date of Notification (1) June 17, 2013		Name of Building Owner/Operator (2) Frank Lurch Demolition Company, LLC 2013 JUN 21 AM 2:50	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	515 Main Street	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Avon by the Sea, NJ 07717	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Frank Lurch	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 510 8th Avenue			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Belmar			Square feet		
			1000 sf		
County (6) Monmouth		County Code (7) (STATE USE ONLY)	# of Floors		
			1		
			Bldg. Age		
			60		
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address		
			1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code		
			Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
			732-349-9932		00624
Scheduled Start Date (10) 6/18/13		Scheduled Completion Date (11) 6/19/13	Name of OSHA Monitor		
			E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			1056 Stelton Road		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			City, State, Zip Code		
<input type="checkbox"/> Other - Describe _____			Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<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					
<input checked="" type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation			
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition			

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	800 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 6/20/13	City, State Tullytown, Pennsylvania		
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>		Date 6/17/2013	

*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;">Una O'Boyle</div>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	542 Bergen Avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code <div style="text-align: center;">Jersey City, NJ 07304</div>	
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact <div style="text-align: center;">Una O'Boyle</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;">222 Eisenhower Avenue</div>			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City <div style="text-align: center;">Ortley Beach</div>			Square feet <div style="text-align: center;">1200 sf</div>		
			# of Floors <div style="text-align: center;">1</div>		
County (6) <div style="text-align: center;">Ocean</div>		County Code (7) (STATE USE ONLY)	Bldg. Age <div style="text-align: center;">60</div>		
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>			Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
Street Address			Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>		
City, State, Zip Code			City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <div style="text-align: center;">732-349-9932</div>		License Number <div style="text-align: center;">00624</div>
Scheduled Start Date (10) <div style="text-align: center;">06/17/13</div>		Scheduled Completion Date (11) <div style="text-align: center;">06/18/13</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>		
			Current Use (Prior if being demolished) <div style="text-align: center;">Residence</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	

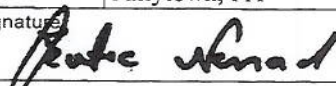
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) <div style="text-align: center;">YES NO N/A</div>			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, 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	1100 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;">06/19/13</div>	City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>	
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>	Title <div style="text-align: center;">Project Manager</div>	Signature <div style="text-align: center;"></div>	Date <div style="text-align: center;">6/17/2013</div>

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

MO#20613928768

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

Date of Notification (1) 06 / 18 / 13		Name of Building Owner/Operator (2) Sean Adams							
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 46 Maple Street City, State, Zip Code Rutherford, NJ 07070 Name of Contact Sean Adams Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address 46 Maple Street City (5) Rutherford, NJ 07070 County (6) Bergen		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet _____ # of Floors _____ Bldg. Age _____ County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) _____							
Name of Monitoring Firm Hired by Building Owner (8) Street Address _____ City, State, Zip Code _____		ASCM No. _____	Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 License No. 01127						
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 / 28 / 13		Scheduled Completion Date (11) 06 / 29 / 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 type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	65 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature 	Date 06/18/2013					

ASB-41
MAY 11

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

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

Check # n/a

Date of Notification (1) 6/18/13		Name of Building Owner/Operator (2) Montclair Board of Education	
Agencies Notified	Type of Notification	Street Address 22 Valley Road	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Amended Notification Amend #1 <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, NJ 07042	
		Name of Contact Len Saponara	
		Telephone Number	

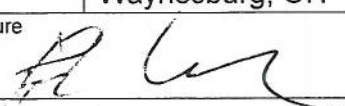
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Nishuane E. School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 32 Cedar Ave.			Square Feet 90000		
City (5) Montclair			County (6) Essex		Countdown Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner Detail Associates, Inc			ASCM No. 00		
Street Address 300 Grand Ave.			Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
City, State, Zip Code Englewood, NJ 07631			Street Address 3 Lynn Court		
Project Manager for Monitoring Firm Stephen J.			City, State, Zip Code Lincoln Park, NJ 07035		
Telephone Number 201-569-6708			Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 4/18/13		Sched. Completion Date (11) 12/31/13			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <u>evenings</u> <input checked="" type="checkbox"/> Other – Describe: partially vacated					
Name of OSHA Monitor J & S Environmental Laboratories, LLC					
Street Address 2333 Route 22 W					
City, State, Zip Code Union, NJ 07083					

Scope of Work (Check all that apply)

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

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	R	E	E
Custodian office and B13		X		Pipe insulation	8 LF	x			
Various		x		Pipe insulation	120 LF				
Various		x		Floor tile	300 SF				

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782		Cubic Yards Of Waste 1/2	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 7/8/13		City, State Waynesburg, OH		
Completed By (Print or Type) Pane Repic		Title General Manager		Signature 		Date 6/18/13

ASB-41


Note: Phased Project. First phase is scheduled to start on 4/18/13 and be completed on/by 4/22/13. It involves removal of 8LF of pipe insulation. Amendments will be sent for other phases. Amendment #1, 6/18/2013: Phase two has been added. Start date is set for 6/28/13 with expected completion on/about 7/1/13. It includes removal of 24 LF of TSI from basement (cafeteria storage and adjacent).

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

Date of Notification (1) 6 / 17 / 13		Name of Building Owner/Operator (2) Sovereign Bank, N.A.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1130 Berkshire Boulevard							
		City, State, Zip Code Wyomissing, PA							
		Name of Contact Susan Peck	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Sovereign Bank		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 1600 Corlies Avenue		Square Feet 8,000	# of Floors 2						
City (5) Neptune		Bldg. Age 50							
County (6) Monmouth	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting	ASCM No. 62252	Name of Abatement Contractor (9) JVN Restoration Inc							
Street Address 1600 Route 22 East		Street Address 47 Foster Road							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Brian Nemetz	Telephone No. 732-616-4092	Telephone No. 718-605-6256	License No. 00774						
Start Date (10) 06 / 15 / 13	Scheduled Completion Date (11) 06 / 17 / 13		Name of OSHA Monitor Testor Tech						
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 10 59 Jackson Avenue							
		City, State, Zip Code LIC NY 11101							
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 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
Teller Area, SW Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/Mastic	500SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Global Waste Industries, Inc.		NJDEP Waste Hauler ID No. NJ-22147		Cubic Yards of Waste 6	Name of Registered Landfill G.R.O.W.S., Inc.				
City, State Hackettstown, NJ		Disposal Date 6/17/13		City, State Morrisville, PA					
Completed By (Print or Type) John Tardy		Title Senior Project Manager		Signature <i>John Tardy</i>		Date 6/17/13			

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

Check No. 1124

Date of Notification (1) June 17, 2013		Name of Building Owner/Operator (2) Property Solutions, Inc.		2013 JUN 21 AM 2:50			
Agency Notified	Type Notification	Street Address					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10:27-04</small> <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	323 New Albany Road					
		City, State, Zip Code Moorestown, NJ 08057					
		Name of Contact Michael Bernstein		Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) N/A				Type of Facility (4)			
Street Address 275 Omar Avenue				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
City (5) Avenel, New Jersey, 07001				Square Feet 400,000	# of Floors 1 warehouse 3 office		
				Bldg. Age 43			
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Warehouse/Office			
Name of Monitoring Firm Hired by Building Owner (8) ALC Environmental		ASCM No. N/A		Name of Abatement Contractor (9) B&N&K Restoration Co., Inc., 22-2674200			
Street Address 121 West 27th Street, Suite 405		Street Address 223 Randolph Avenue					
City, State, Zip Code New York, NY 10001		City, State, Zip Code Clifton, N.J 07011					
Project Manager for Monitoring Firm Robert M. Gardner		Telephone No. 212-675-5544		Telephone No. 973-478-4681	License No. 00120		
Start Date (10) June 27, 2013	Scheduled Completion Date (11) July 21, 2013		Name of OSHA Monitor McCabe Environmental Services, L.L.C.				
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 464 Valley Brook Avenue				
			City, State, Zip Code Lyndhurst, NJ 07071-1998				
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) <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
Stairway by men's locker room			Fitting Thermal Systems Insulation	6 in ft	<input checked="" type="checkbox"/>		
Men's locker room			Vinyl Floor Tile	250 sf	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler B&N&K Restoration Co., Inc., 22-2674200		NJDEP Waste Hauler ID No. 12695		Cubic Yards of Waste 5	Name of Registered Landfill Minerva Enterprises, Inc.		
City, State Clifton, N.J 07011		Disposal Date 7/08/13		City, State Waynesburg, OH			
Completed by G. Roger Woodman	Title Project Manager		Signature 		Date 6/17/2013		

Jun 17 2013 10:03am

P001/001

Check # 8179

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) KCH DEVELOPMENT		APPROVED NJ Dept. of Health & Senior Services Paul C. Henry (signature) Date: 6/17/13 Time: 9:02 AM						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 227 CONCORD DRIVE City, State, Zip Code PARAMUS NJ 07652 Name of Contact TEN Telephone Number _____						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) HOUSE			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 227 CONCORD DRIVE			Square Feet 1650							
City (5) PARAMUS			# of Floors 1		Bldg. Age 60					
County (6) BERGEN			County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) RES / DEMO					
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No. _____		Name of Abatement Contractor (9) A. Mac Contracting Inc.					
Street Address			Street Address 105 Lowell Road							
City, State, Zip Code			City, State, Zip Code Glen Rock, N.J. 07452							
Project Manager for Monitoring Firm			Telephone No. 201-262-5841		License No. 00156					
Start Date (10) 6/17/13		Scheduled Completion Date (11) 6/18/13		Name of OSHA Monitor Omega Environmental Services Inc.						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 280 Huyler Street City, State, Zip Code Hackensack, NJ 07606						
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 180 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 1150 SF	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
OUTSIDE			A	SHINGLE						
Name of Registered Waste Hauler Rovic Transport		NJ DEP Waste Hauler ID No. 20785		Cubic Yards of Waste 2		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.				
City, State Riverdale, New Jersey 07457				Disposal Date 6/17/13		City, State Bethlehem, PA 18015				
Completed by R. McDonald			Title President		Signature R. McDonald		Date 6/17/13			

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

Check # 8633

Date of Notification (1) 6-19-13		Name of Building Owner/Operator (2) J. Vinch + Sons							
Agencies Notified	Type Notification	Street Address P.O. Box 5465							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton NJ 08638							
		Name of Contact Gary Vinch							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) The Old Aurther Treacher Fish + Chips		Type of Facility (4)							
Street Address 2871 Brunswick Pike		<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) Lawrenceville	NJ 08642	Square Feet	# of Floors 1						
County (6) Mercer	County Code (7) (STATE USE ONLY)	Bldg. Age 50+							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		Name of Abatement Contractor (9) EPC Technologies Inc							
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) June 30, 2013	Scheduled Completion Date (11) July 7, 2013	Name of OSHA Monitor EPC Technologies Inc							
Occupancy Status During Abatement (Check Only One)		Street Address P.O. Box 337							
<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 New Egypt NJ 08533							
Scope of Work (Check All That Apply)									
<input checked="" 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
Area Roofing Material	X			Roofing Material	1500 SF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 22	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date July 8, 2013		City, State Morrisville PA					
Completed by Steve Schenker		Title President	Signature Steve Schenker			Date 6-19-13			

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

Check # 7982

Date of Notification (1) June 18, 2013		Name of Building Owner / Operator (2) Bank of America	
Agencies Notified	Type Notification EMERGENCY	Street Address 1 North Main Street	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	City, State & Zip Code Cape May Courthouse, NJ 08210	
		Name of Contact Jim Kalafsky	Telephone Number _____

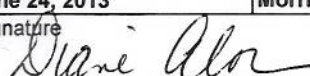
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bank of America		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, home, etc.)	
Street Address 1 North Main Street		Square Feet 28,000	# of Floors 2 + Basement
City (5) Cape May Courthouse		Bldg. Age 108	
County (6) Cape May		Current Use (Prior if being demolished) Bank	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC		ASCM No.	
Street Address One Mall Drive, Suite 404		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Cherry Hill, NJ 08002		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Howard Zenobi		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) June 21, 2013	Scheduled Completion Date (11) June 22, 2013	Name of OSHA Monitor Synatech, Inc.	
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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 50 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance 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
Boiler Room			X	Pipe Insulation and Assoc. Debris	80 LF	X			

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 3	Name of Registered Landfill Grows Landfill	
City, State Little Egg Harbor, NJ 08087		Disposal Date June 24, 2013		City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature 		Date June 18, 2013	

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

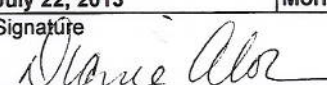
Check # 7983

Date of Notification (1) June 18, 2013		Name of Building Owner / Operator (2) Bank of America	
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 Amendment # _____ <input type="checkbox"/> Cancellation	Street Address 1 North Main Street City, State & Zip Code Cape May Courthouse, NJ 08210 Name of Contact Jim Kalafsky	
		Telephone Number _____	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Bank of America		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, home, etc.)	
Street Address 1 North Main Street		Square Feet 28,000	# of Floors 2 + Basement
City (5) Cape May Courthouse		Bldg. Age 108	
County (6) Cape May		County Code (7) USE ONLY	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC		ASCM No. _____	
Street Address One Mall Drive, Suite 404		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Cherry Hill, NJ 08002		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Howard Zenobi		Telephone Number 856-482-1311	License Number 00817
Scheduled Start Date (10) June 28, 2013	Scheduled Completion Date (11) July 20, 2013	Name of OSHA Monitor Synatech, Inc.	
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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 50 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor			X	Floor Tile and Mastic	2,000 SF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 10	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date July 22, 2013	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature 	Date June 18, 2013

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

06/14/2013 12:18

2013297440

BEST

PAGE 02/04

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

DOL - 10 DAY

2013 JUN 21 AM 2:50

Date of Notification (1) 6/14/13		Name of Building Owner/Owner (2) MR. CURTIS GALL		Date JUN 14 2013	
Agency Involved <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DCA		Type of Violation <input type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Enforcement <input type="checkbox"/> Jurisdictional (including jurisdictional) <input type="checkbox"/> Consolidation		Street Address 125 VOLHUES ST City, State, Zip Code TEANECK NJ 07666	
		Name of Contact MR. BELLE		WAWER APPROVED	
FACILITY INFORMATION					
Name of Facility where Abatement is Taking Place (3) MR. BELLE				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Daycare & Other (K-12) <input type="checkbox"/> Other (e.g., public & commercial buildings, homes, etc.)	
Street Address 125 VOLHUES ST				Square Feet 2100	
City (5) TEANECK				# of Floors 2	
County (6) BERGEN				Age 1940	
County Code (7) (STATE USE ONLY)				Current Use (Please if being described) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		ASAC No.		Name of Abatement Contractor (9)	
Street Address				Best Removal Inc	
City, State, Zip Code				Street Address 450 S. River St City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-329-7444	
Start Date (10) 6/19/13		Scheduled Completion Date (11) 6/21/13		License No. 00388	
Company Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM				Name of OSHA Monitor Omega Environmental Inc	
				Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606	
Scope of Work (Check all that apply) <input type="checkbox"/> 2 or more SF <input type="checkbox"/> 100 or more SF <input type="checkbox"/> 1000 or more SF <input type="checkbox"/> 10000 or more SF					
<input type="checkbox"/> Information <input type="checkbox"/> Demonstration <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Full Containment <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Contained (C) and Air-Static Procedure					
Location of Asbestos-Containing Material (ACM) (12) TO BE REMOVED IN BASEMENT		Is Location Normally Used Solely by Maintenance/ Custodial Staff (13) Yes No N/A		Description of Asbestos-Containing Material (ACM) (e.g., thermal system insulation, gaskets, VCT, or other miscellaneous)	
BASEMENT				VAT	
				700 SF	
Name of Registered Waste Handler Best Removal Inc		Waste Handler ID No. 17109		Name of Registered Landfill Minerva Enterprises	
City, State Hackensack, N.J. 07601		Cubic Yards of Waste 3-7		City, State Waynesburg, Oh	
Completed by J. Maiorano		Title Estimator		Signature J. Maiorano	
				Date 6/14/13	

APP-11

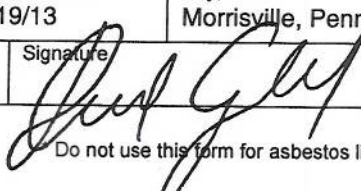
* Do not use this form for asbestos (reservoir) abatement.

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

C/K# 2700

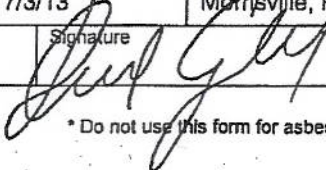
2013 JUN 21 AM 2:50

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/04/13		Name of Building Owner/Operator (2) Ramapo College of New Jersey							
Agencies Notified	Type Notification	Street Address 505 Ramapo Valley Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mahwah, NJ 07430							
		Name of Contact Richard M. Roberts	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Academic Building-G Wing		Type of Facility (4)							
Street Address 505 Ramapo Valley Road		<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) Mahwah		Square Feet 100,000 +	# of Floors 4+						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		ASCM No. 00112	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address 344 West State Street		Street Address 163 Sargeant Avenue							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm Mr. William Weisgarber, Jr.		Telephone No. 609-656-8101	Telephone No. 973-689-6281						
Start Date (10) 06/17/13		Scheduled Completion Date (11) 07/26/13	License No. 01099						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor J&S Environmental Laboratories LLC							
<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: Mon-Fri 7:00 am - 3:30 pm		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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) <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
3rd Floor		x		Window Glazing	4 Units	x			
4th Floor		x		Window Glazing	4 Units	x			
Green House		x		Window Glazing	55 Units	x			
2nd Floor		x		Window Glazing	1 Unit	x			
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Clifton, New Jersey		Disposal Date 7/19/13		City, State Morrisville, Pennsylvania					
Completed by Dimo Golcev		Title General Manger		Signature 		Date 06/18/13			

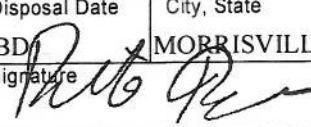
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

2013 JUN 21, CL # 2666
AM 2:50

Date of Notification (1) 06/04/13		Name of Building Owner/Operator (2) Ramapo College of New Jersey							
Agencies Notified	Type Notification	Street Address 505 Ramapo Valley Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mahwah, NJ 07430							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Richard M. Roberts	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Academic Building-G Wing		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 505 Ramapo Valley Road		Square Feet 100,000 +	# of Floors 4+						
City (5) Mahwah		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		ASCM No. 00112	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address 344 West State Street		Street Address 163 Sargeant Avenue							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm Mr. William Welsgarber, Jr.		Telephone No. 609-656-8101	Telephone No. 973-689-6281						
License No. 01099		Name of OSHA Monitor J&S Environmental Laboratories LLC							
Start Date (10) 06/17/13	Scheduled Completion Date (11) 07/05/13	Street Address 2333 Route 22 West							
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: Mon-Fri 7:00 am - 3:30 pm		City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3rd Floor		x		Window Glazing	3 Units	x			
4th Floor		x		Window Glazing	3 Units	x			
Green House		x		Window Glazing	55 Units	x			
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Clifton, New Jersey		Disposal Date 7/3/13	City, State Morgantown, Pennsylvania						
Completed by Dimo Golcev		Title General Manger	Signature 	Date 06/04/13					

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

Check # 4558

Date of Notification (1) 06/10/2013		Name of Building Owner/Operator (2) Brian Harris							
Agency 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 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 247 East Glen Avenue City, State, Zip Code Ridgewood, NJ 07450 Name of Contact Brian Harris							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 247 East Glen Avenue City (5) Ridgewood, NJ 07450 County (6) Bergen		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants		Name of Abatement Contractor (9) RICI CORP							
Street Address 20-21 Wagaraw Road - Bldg 35E City, State, Zip Code Fair Lawn, NJ 07410		Street Address 41 LIBERTY STREET City, State, Zip Code PASSAIC, NJ 07055							
Project Manager for Monitoring Firm Telephone No. 973-636-9145		Telephone No. License No. 973-614-1266 00838							
Start Date (10) June 12, 2013		Scheduled Completion Date (11) June 14, 2013							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Nacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe		Name of OSHA Monitor RICI CORP Street Address 41 LIBERTY STREET City, State, Zip Code PASSAIC, NJ 07055							
Scope of Work (Check all that apply) <input type="checkbox"/> ~: 3 sf or ~: 3 lf <input checked="" type="checkbox"/> ~: 1 60 sf or ~: 260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Insulation	250 LF	x			
Name of Registered Waste Hauler RICI CORP		NJDEP Waste Hauler ID No. 29051		Cubic Yards of Waste TBD		Name of Registered Landfill G.R.O.W.S. LANDFILL			
City, State PASSAIC, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by RISTO TRAJKOV		Title PRESIDENT		Signature 		Date 06/10/2013			