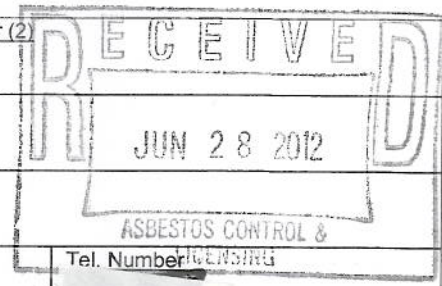


NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

<u>Date of Notification (1)</u> 06/25/2012			<u>Name of Building Owner/Operator (2)</u> Glen-Gery Corporation		
<u>Agencies Notified</u> (X) EPA () DEP (X) DOL (X) DOH () DCA		<u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled		<u>Street Address</u> 75 Hamilton Rd. <u>City, State, Zip Code</u> Hillsborough, NJ 08844-4671	
				<u>Name of Contact</u> Mike Kryzanowski	
				<u>Tel. Number</u> [REDACTED]	
FACILITY INFORMATION					
<u>Name of Facility Where Abatement is Taking Place (3)</u> No abatement			<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
<u>Street Address</u>			<u>Sq. Feet</u> 100,275 <u># of Floors</u> 1		
<u>City (5)</u>	<u>County (6)</u>	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 57 Current Use (prior if being demolished) Former Brick Manufacturing		
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u>		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Brandenburg Industrial Service Company		
<u>Street Address</u>			<u>Street Address</u> 2217 Spillman Dr		
<u>City, State, Zip Code</u>			<u>City State, Zip Code</u> Bethlehem Pennsylvania 18015		
<u>Project Manager for Monitoring Firm</u>		<u>Telephone Number</u>	<u>Telephone Number</u> 610-691-1800		<u>License Number</u> 00721
<u>Scheduled Start Date (10)</u> 07/16/2012		<u>Scheduled Completion Date (11)</u> 09/28/2012		<u>Name of OSHA Monitor</u>	
<u>Occupancy Status During Abatement (Check only one)</u> () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe Demolition ONLY _____ Other - Mon - Fri 07:00 am- 05:30 pm			<u>Street Address</u>		
			<u>City, State, Zip Code</u>		
<u>Source of Work (Check all that apply)</u> (x) Demolition () Renovation () 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) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Rem. Rep. Encap Enclose	
NONE					
<u>Name of Reg. Waste Hauler</u>		<u>NJDEP Waste Hauler ID #</u>	<u>Cubic Yards of Waste</u>		<u>Name of Reg. Landfill</u>
<u>City, State</u>			<u>Disp. Date</u>		<u>City, State</u>
<u>Completed by (Print or Type)</u> Jennifer Strobel		<u>Title</u> Contract Administrator	<u>Signature</u> 		<u>Date</u> 06/25/2012



Mail to: NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00

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

Date of Notification (1) 06/21/2012		Name of Building Owner/Operator (2) Saint Barnabas Health Care System							
Agencies Notified	Type Notification	Street Address 94 Old Short Hills Rd							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston NJ 07039							
		Name of Contact Lionel Anderson							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St. Barnabas Medical Center- Room #4712		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 94 Old Short Hills Rd		Square Feet	# of Floors						
City (5) Livingston		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision		ASCM No.	Name of Abatement Contractor (9) Environmental Contractors Inc.						
Street Address 20-21 Wagaraw Rd		Street Address 235 Watchung Ave							
City, State, Zip Code Fairlawn NJ 07410		City, State, Zip Code West Orange NJ 07052							
Project Manager for Monitoring Firm Willie Morales	Telephone No. 973-636-9145	Telephone No. 973-243-9872	License No. 00559						
Start Date (10) 06/25/2012	Scheduled Completion Date (11) 06/25/2012	Name of OSHA Monitor Long Island Analytical							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: Occupied work hrs: 7am-3:30 pm		Street Address 110 Colin Drive							
		City, State, Zip Code Holbrook, NY 11741							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room #4712	x			pipe fittings	15lf	x			
Name of Registered Waste Hauler Environmental Contractors Inc.		NJDEP Waste Hauler ID No. 19101	Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill					
City, State West Orange NJ			Disposal Date	City, State Morgantown NJ					
Completed by Slawomir Kielczewski		Title President	Signature			Date 06/21/2012			

OK
2056

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

Date of Notification (1) 06/21/2012		Name of Building Owner/Operator (2) NJ Department of Transportation							
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"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1035 Parkway Avenue							
		City, State, Zip Code Ewing NJ 08618							
		Name of Contact Mike DeAngelo							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJ DOT Fernwood Facility		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 1035 Parkway Avenue		Square Feet 15,600	# of Floors 1						
City (5) Ewing		Bldg. Age 80							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) electrical building							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc		ASCM No. _____	Name of Abatement Contractor (9) Kileczewski Corporation						
Street Address 344 West State Street		Street Address 235 Watchung Ave							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-656-8101	Telephone No. 973-243-9872						
License No. 01171									
Start Date (10) 07/02/2012	Scheduled Completion Date (11) 07/06/2012	Name of OSHA Monitor Long Island Analytical							
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>Facility operated during business hours</u>		Street Address 110 Colin Drive							
		City, State, Zip Code Holbrook NY 11741							
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 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
Storage Room	x			VAT and mastic	112sf	x			
Office / Breakroom, Closet	x			VAT and mastic	378sf	x			
Bathroom	x			VAT and mastic	28sf	x			
Exterior windows	x			window caulk	2,080 lf	x			
Name of Registered Waste Hauler Circle Rubbish		NJDEP Waste Hauler ID No. 18816		Cubic Yards of Waste	Name of Registered Landfill Tullytown Resource Facility				
City, State Linden NJ				Disposal Date	City, State Tullytown/ Morrisville, PA				
Completed by Slawomir Kielczewski		Title President		Signature <i>Slawomir Kielczewski</i>		Date 06/21/2012			

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

1107-4333 SUB8
Check #4259

Date of Notification (1) 6/26/12		Name of Building Owner / Operator (2) Kearny Board of Education	
Agencies Notified	Type Notification	Street Address 100 Davis Ave.	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code Kearny, NJ 07032	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #3	Name of Contact Michael Devita	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DCA			

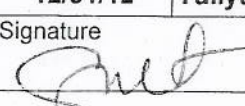
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kearny High School			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 336 Devon Street			Square Feet # of Floors Bldg. Age		
City (5) Kearny	County (6) Hudson	County Code (7)	Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) Briggs Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 3 Crosswicks Street			Street Address PO Box 25		
City, State & Zip Code Bordentown, NJ 08505			City, State & Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Mike Hoodak		Telephone Number 609-298-5520	Telephone Number 609-265-2107		License Number 00529
Scheduled Start Date (10) 4/6/12	Scheduled Completion Date (11) 12/31/12		Name of OSHA Monitor EMSL Analytical		
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 – Describe: 3:30 PM to 11:30 PM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 108 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

Scope of Work (Check all that apply)

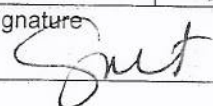
- | | | |
|---|--|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> Glove Bag Procedures |
| | | <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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breeching Material	1,090 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Corridor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	768 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 117	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (GB)	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 101	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation(GB)	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 101D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation(GB)	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 122	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (GB)	350 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 30	Name of Registered Landfill TRRF Landfill
City, State Lumberton, NJ	Disposal Date 12/31/12	City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti	Title Opps. Coord.	Signature 	Date 6/26/12

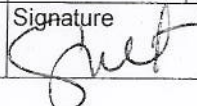
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

1107-4333 SUB8
Check #4259

Date of Notification (1) 6/26/12		Name of Building Owner / Operator (2) Kearny Board of Education		<div style="border: 2px solid red; padding: 10px; display: inline-block;"> RECEIVED JUN 28 2012 ASBESTOS CONTROL LICENSING </div>					
Agencies Notified	Type Notification	Street Address 100 Davis Ave.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #3 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Kearny, NJ 07032							
		Name of Contact Michael Devita							
<div style="text-align: center;">FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) Kearny High School			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 336 Devon Street			Square Feet # of Floors Bldg. Age 						
City (5) Kearny	County (6) Hudson	County Code (7)	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Briggs Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 3 Crosswicks Street		Street Address PO Box 25							
City, State & Zip Code Bordentown, NJ 08505		City, State & Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Mike Hoodak		Telephone Number 609-298-5520	Telephone Number 609-265-2107	License Number 00529					
Scheduled Start Date (10) 4/6/12	Scheduled Completion Date (11) 12/31/12		Name of OSHA Monitor EMSL Analytical						
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 – Describe: 3:30 PM to 11:30 PM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 108 Haddon Ave.						
			City, State & Zip Code Westmont, NJ 08108						
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 ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure </div> </div>									
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
Throughout New Addition Corridors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2X Floor tile & Mastic	3,320 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Tunnels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	4,000 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"/>
	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 30	Name of Registered Landfill TRRF Landfill					
City, State Lumberton, NJ		Disposal Date 12/31/12	City, State Tullytown, PA						
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 		Date 6/26/12				

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

1107-4333
Check #4260

Date of Notification (1) 6/26/12		Name of Building Owner / Operator (2) Kearny Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	<div style="border: 1px solid black; padding: 5px; text-align: center; margin-bottom: 5px;"> RECEIVED JUN 28 2012 ASBESTOS CONTROL & LICENSING </div> Street Address 100 Davis Ave. City, State & Zip Code Kearny, NJ 07032 Name of Contact Michael Devita Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kearny 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 & commercial buildings, homes, etc.)							
Street Address 336 Devon Street		Square Feet	# of Floors						
City (5) Kearny	County (6) Hudson	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Briggs Environmental		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 3 Crosswicks Street		Street Address PO Box 25							
City, State & Zip Code Bordentown, NJ 08505		City, State & Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Mike Hoodak		Telephone Number 609-298-5520	License Number 00529						
Scheduled Start Date (10) 7/10/12	Scheduled Completion Date (11) 12/31/12	Name of OSHA Monitor EMSL Analytical							
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 – Describe: 3:30 PM to 11:30 PM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave. City, State & Zip Code Westmont, NJ 08108							
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) 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
Phase 1- 1 st & 2 nd Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	3,890 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 1- 2 nd Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lab Tops	180 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 2- 1 st & 3 rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	1,680 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 3- 1 st Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	8,950 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 4- South Bldg. 1 st , 2 nd & 3 rd Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	2,345 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 6- North Bldg. 1 st & 4 th Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	2,660 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 30	Name of Registered Landfill TRRF Landfill					
City, State Lumberton, NJ		Disposal Date 12/31/12		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 			Date 6/26/12			

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

1107-4333
Check #4260

Date of Notification (1) 6/26/12		Name of Building Owner / Operator (2) Kearny Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 100 Davis Ave.	
		City, State & Zip Code Kearny, NJ 07032	
		Name of Contact Michael Devita	Telephone Number [REDACTED]

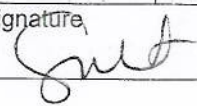
RECEIVED
JUN 28 2012
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Kearny 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 & commercial buildings, homes, etc.)	
Street Address 336 Devon Street		Square Feet	# of Floors
City (5) Kearny	County (6) Hudson	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Briggs Environmental		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 3 Crosswicks Street		Street Address PO Box 25	
City, State & Zip Code Bordentown, NJ 08505		City, State & Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Mike Hoodak		Telephone Number 609-298-5520	License Number 00529
Scheduled Start Date (10) 7/10/12	Scheduled Completion Date (11) 12/31/12	Name of OSHA Monitor EMSL Analytical	
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 – Describe: 3:30 PM to 11:30 PM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.	
		City, State & Zip Code Westmont, NJ 08108	

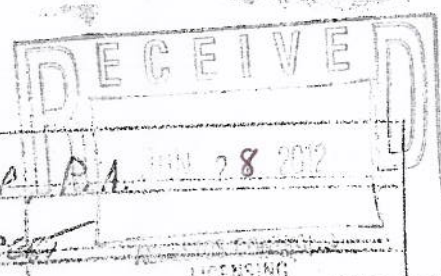
Scope of Work (Check all that apply)

<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
Phase 6- North Bldg. 4 th Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2X Floor tile & Mastic	1,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 6- North Bldg. 4 th Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Fume Hood	80 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 7- North Bldg. 2 nd through 4 th Fl	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	2,600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 9- North Bldg. 2 nd & 4 th Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	3,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 10- 4 th Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	1,360 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 AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 30	Name of Registered Landfill TRRF Landfill
City, State Lumberton, NJ	Disposal Date 12/31/12	City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti	Title Opps. Coord.	Signature 	Date 6/26/12

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 17:27)



Date of Notification (1) 6-27-12		Name of Building Owner/Operator (2) THE PAVESE GROUP, P.A.						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of 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 60 WASHINGTON STREET City, State, Zip Code CLARK N.J. 07066 Name of Contact BILL HARRINGTON Telephone Number _____						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PAVESE GROUP		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address 173 E. EAST HANOVER AVE		Square Feet	# of Floors					
City (5) HANOVER, N.J.		Bldg. Age						
County (6) MORRIS	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) ACE INSULATION CO INC						
Street Address		Street Address 95 MONTROSE RD						
City, State, Zip Code		City, State, Zip Code COLTS NECK NJ 07722						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-294-1757	License No. 00029					
Start Date (10) 7-9-12	Scheduled Completion Date (11) 7-17-12	Name of OSHA Monitor ACE INSULATION CO INC						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM - 7PM		Street Address 95 MONTROSE RD						
		City, State, Zip Code COLTS NECK NJ 07722						
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"/> Mix-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		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
			FLOOR TILE	4120 SF	<input checked="" type="checkbox"/>			
			FR. DR. DOORS	11	<input checked="" type="checkbox"/>			
			ROOF	3300	<input checked="" type="checkbox"/>			
			BOILER	30 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler ACE INSULATION CO		NJDEP Waste Hauler ID No. 12036	Cubic Yards of Waste 18	Name of Registered Landfill SHRIMS LANDFILL				
City, State COLTS NECK NJ 07722		Disposal Date 7-17-12	City, State Easton PA					
Completed By Jack GALL	Title OPS MGR	Signature <i>Jack GALL</i>	Date 6-27-12					

CK# 1517

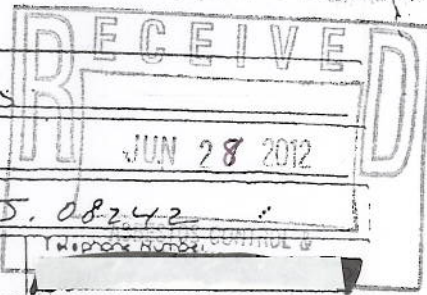
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 7-3-12		Name of Building Owner/Operator (2) Township of Manchester	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Colonial Dr	
		City, State, Zip Code Manchester NJ	
		Name of Contact L	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Crestwood Village		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 15 MORGAN LANE IV		Square Feet 1500	# of Floors 1
City (5) Whitman		Bldg. Age 50	
County (6) Deer		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) 7-18-12		Scheduled Completion Date (11) 7-24-12	
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: 1am - 7am		Name of OSHA Monitor ACE INSULATION CO INC	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 1 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Enforceable Procedure		Street Address 95 MONTROSE RD	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Pump House		City, State, Zip Code COLTS NECK NJ 07722	
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) TRANSIT PANEL	
Amount (Specify SF or LF) 700 SF		Abatement Type Removal <input checked="" type="checkbox"/> Repair Encapsulate Enclosure	
Name of Registered Waste Hauler ACE INSULATION CO		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 2
City, State COLTS NECK NJ 07722		Disposal Date	Name of Registered Landfill WASTE MANAGEMENT
City, State Tullytown PA		Date 7-3-12	
Completed By Jack GALL		Title OPS MGR	Signature Jack GALL

CHECK #
2332

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 17:27)

Date of Notification (1) <u>6/18/12</u>		Name of Building Owner/Operator (2) <u>MITCHELL NICHOLS</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DCN <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 <u>23 KING ST.</u>	
		City, State, Zip Code <u>RIO GRANDE, N.J. 08242</u>	
		Name of Contact <u>Same</u>	Telephone Number <u>[REDACTED]</u>



Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial dwelling, homes, etc.)	
Street Address <u>109 W. MAIN ST.</u>		Square Feet <u>2000</u>	1 of Floors <u>2</u>
City (5) <u>RIO GRANDE</u>		Block Age <u>40+</u>	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY) <u>-</u>	Current Use (Prior to being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. <u>-</u>	
Street Address <u>N/A</u>		Name of Abatement Contractor (9) <u>Klemm Inc.</u>	
City, State, Zip Code <u>-</u>		Street Address <u>369 S. SPRUCE AVE</u>	
Project Manager for Monitoring Firm <u>-</u>		Telephone No. <u>856-779-0472</u>	License No. <u>001-111</u>
Start Date (10) <u>7/1/12</u>		Scheduled Completion Date (11) <u>7/8/12</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other Describe		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
		Street Address <u>369 S. SPRUCE AVE</u>	
		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	

Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 150 sq ft or less <input checked="" type="checkbox"/> 151 sq ft or more		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Covering Procedure <input checked="" type="checkbox"/> Non-Exempted (17) and Non-Friable Procedure
Location of Asbestos-Containing Material (ACM) <u>LOREATED IN FACILITY (13)</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAI or other miscellaneous) <u>TRANSITE SIDING</u>	Amount (Specify S.F. or L.) <u>10000</u> X
<u>TRANSITE SIDING</u>			

Name of Registered Waste Hauler <u>Klemm Inc.</u>	Waste Hauler ID No. <u>179011</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>C.M.C.M.U.</u>
City, State <u>MAPLE SHADE, N.J.</u>	Disposal Date <u>-</u>	City, State <u>WOODBINE N.J.</u>	Signature <u>Joseph Klemm</u>
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Date <u>6/18/12</u>	

Check # 2558

Client Project #

Operator (2)
STATE UNIVERSITY OF NJ
JUN 28 2012
L HEALTH & SAFETY DEPT.
S 4086, LIVINGSTON CAMPUS
J 08854

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

Paragon Job#

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

Date of Notification (1) <u>10/16/12</u>		Name of Building Owner/Operator (2) <u>JK Management, LLC</u>	
Agencies Notified	Type Notification	Street Address <u>1051 Bloomfield Ave.</u>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code <u>Clifton, NJ 07014</u>	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amendment		
<input checked="" type="checkbox"/> DOL	Amendment # <u> </u>	Name of Contact <u>Kelly Fitzpatrick</u>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (incl. justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Telephone Number <u> </u>	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Shopping Center</u>			Type of Facility (4)		
Street Address <u>210 East Ridgewood Ave.</u>			<input type="checkbox"/> School (K - 12)		
			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5) <u>Ridgewood</u>			County (6) <u>Bergen</u>		
			County Code (7) (State use only)		
Square Feet <u>10,000 sf</u>			# of Floors <u>02</u>		Bldg. Age <u>60</u>
Current Use (Prior if being demolished) <u>Shopping Center</u>					

Name of Monitoring Firm Hired by Bldg. Owner (8) <u>J & S Environmental</u>		ASCM No. <u> </u>		Name of Abatement Contractor (9) <u>Paragon Contracting, Inc.</u>	
Street Address <u>2333 Rt. 22 West</u>		City, State, Zip Code <u>Union, NJ 07083</u>		Street Address <u>590 River Rd.</u>	
				City, State, Zip Code <u>Clifton, NJ 07014</u>	
Project Manager for Monitoring Firm <u>Rick</u>		Phone Number <u>908-206-0073</u>		Telephone Number <u>(973) 614-1600</u>	
Scheduled Start Date (10) <u>07/09/2012</u>		Sched. Completion Date (11) <u>07/11/2012</u>		License Number <u>00748</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- Describe <u> </u> <input checked="" type="checkbox"/> Other-Describe: <u>Basement Areas Under Tented Glove Bag</u>				Name of OSHA Monitor <u>Paragon Contracting, Inc.</u>	
				Street Address <u>590 River Rd.</u>	
				City, State, Zip Code <u>Clifton, NJ 07014</u>	

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ Non-Exempted (") Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		Pipe Insulation	130 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room		<input checked="" type="checkbox"/>		Pipe Insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room		<input checked="" type="checkbox"/>		Debris Clean up	25 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"/>

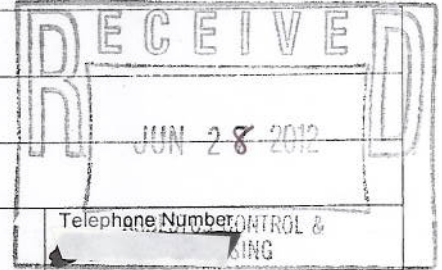
Registered Waste Hauler <u>Paragon Contracting, Inc.</u>		NJDEP Hauler ID# <u>22161</u>		Cubic Yards of Waste <u>6 cyds</u>		Name of Registered Landfill <u>Tullytown/GROWS</u>	
City, State <u>Clifton, NJ 07014</u>		Disposal Date <u>TBD</u>		City, State <u>Tullytown, PA</u>			
Completed by (Print or Type) <u>Goran Lazevski</u>		Title <u>President</u>		Signature <u>[Signature]</u>		Date <u>06/25/2012</u>	

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

CR 3830

Date of Notification (1) 6-26-2012		Name of Building Owner/Operator (2) J. BRIGGS							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 128 OVERLOOK AVENUE							
		City, State, Zip Code LEONIA, NJ 07605							
		Name of Contact J. BRIGGS							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) J. BRIGGS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 128 OVERLOOK AVENUE		Square Feet 2050	# of Floors 2						
City (5) LEONIA		Bldg. Age 80 YRS							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc						
Street Address		Street Address 450 South River St							
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 7-6-12	Scheduled Completion Date (11) 7-7-12	Name of OSHA Monitor Omega Environmental Services							
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: 8 AM 5 PM		Street Address 280 Huyler St.							
		City, State, Zip Code South Hackensack, N.J. 07606							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥ 100 sf or ≥ 200 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Fileable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	THERMAL INSULATION	105 LF	X			
Name of Registered Waste Hauler Best Removal Inc.		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3/4 YD	Name of Registered Landfill Minerva Enterprises Inc					
City, State Hackensack, NJ		Disposal Date 7-7-12		City, State Waynesburg, OH					
Completed by R. Veldran		Title Estimator		Signature R. Veldran		Date 6-26-12			

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



Date of Notification (1) 06/25/12		Name of Building Owner/Operator (2) Oak Knoll School of the Holy Child							
Agencies Notified	Type Notification	Street Address 44 Blackburn Road							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Summit, New Jersey 07901							
		Name of Contact John Daura	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Oak Knoll School of the Holy Child, Connelly Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 44 Blackburn Road		Square Feet 15,000	# of Floors 2						
City (5) Summit, New Jersey 07901		Bldg. Age 55+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 65 Jackson Drive		Street Address 606 McBride Avenue							
City, State, Zip Code Cranford, New Jersey 07016		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 908-497-8900	License No. 01104						
Start Date (10) 06/29/12	Scheduled Completion Date (11) 07/01/12	Name of OSHA Monitor J&S Environmental Labs							
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 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Boiler Room	X			AirCellPipeInsulation&Fitting Insu	150 LF	X			
Old Counselor's Room		X		Vat Mastic DOH Non Friable	187.5 SF	X			
Old English Dept Room		X		Vat Mastic DOH Non Friable	187.5 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 6	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Woodland Park, New Jersey 07424			Disposal Date 07/02/12	City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>	Date 06/25/12					

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

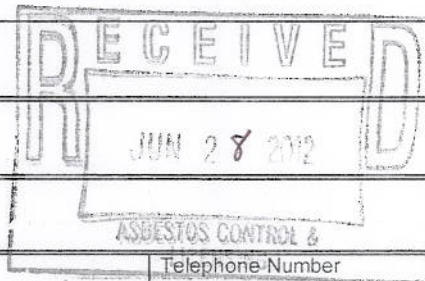
Date of Notification (1) 06 / 18 / 12		Name of Building Owner/Operator (2) Oak Knoll School of the Holy Child		Check # 2130 \$ 200					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> 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 44 Blackburn Road						
			City, State, Zip Code Summit, New Jersey 07901						
			Name of Contact John Daura						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Oak Knoll School of the Holy Child, Connelly Hall				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 44 Blackburn Road				Square Feet 15,000	# of Floors 2				
City (5) Summit, New Jersey 07901				Bldg. Age 55+					
County (6) Union		County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 65 Jackson Drive		Street Address 606 McBride Avenue							
City, State, Zip Code Cranford, New Jersey 07016		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 908-497-8900		License No. 01104					
Start Date (10) 06 / 29 / 12		Scheduled Completion Date (11) 07 / 01 / 12		Name of OSHA Monitor J&S Environmental Labs					
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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 2333 Route 22 West					
				City, State, Zip Code Union, New Jersey 07083					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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"/>	AirCell Pipe Insulation & Fitting Insul	150 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 Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Woodland Park, New Jersey 07424				Disposal Date 07/02/12	City, State Morrisville, Pennsylvania				
Completed By (Print or Type) Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>			Date 6/18/12		

No check

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

Paragon Job#

Date of Notification (1) 10/16/12 16/1/12		Name of Building Owner/Operator (2) JK Management, LLC	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment Amendment # 01 <input type="checkbox"/> Emergency (include justification) <input type="checkbox"/> Cancellation	
Street Address 1051 Bloomfield Ave.		City, State, Zip Code Clifton, NJ 07014	
Name of Contact Kelly Fitzpatrick		Telephone Number	



FACILITY INFORMATION

Name of facility where abatement is taking place (3) Shopping Center			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 107 Morristown Rd.			Square Feet 10,000 sf		
City (5) Bernardsville			# of Floors 02		
County (6) Morris			Bldg. Age 60		
County Code (7) (State use only)			Current Use (Prior if being demolished) Shopping Center		
Name of Monitoring Firm Hired by Bldg. Owner (8) J & S Environmental		ASCM No.		Name of Abatement Contractor (9) Paragon Contracting, Inc.	
Street Address 2333 Rt. 22 West				Street Address 590 River Rd.	
City, State, Zip Code Union, NJ 07083				City, State, Zip Code Clifton, NJ 07014	
Project Manager for Monitoring Firm Rick		Phone Number 908-206-0073		Telephone Number (973) 614-1600	
License Number 00748		Name of OSHA Monitor Paragon Contracting, Inc.			
Scheduled Start Date (10) 07/09/2012		Sched. Completion Date (11) 07/11/2012		Street Address 590 River Rd.	
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- Describe: <input checked="" type="checkbox"/> Other-Describe: Basement Areas Under Tented Glove Bag				City, State, Zip Code Clifton, NJ 07014	

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ Non-Exempted (") Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		Pipe Insulation	130 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room		<input checked="" type="checkbox"/>		Pipe Insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room		<input checked="" type="checkbox"/>		Debris Clean up	25 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"/>

Registered Waste Hauler Paragon Contracting, Inc.	NJDEP Hauler ID# 22161	Cubic Yards of Waste 6 cyds	Name of Registered Landfill Tullytown GROWS
City, State Clifton, NJ 07014	Disposal Date TBD	City, State Tullytown, PA	
Completed by (Print or Type) Goran Lazevski	Title President	Signature 	Date 06/26/2012

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

383
RECEIVED
JUN 27 2012
AIR CONTROL & SUPERVISION

Date of Notification (1) 6-26-12		Name of Building Owner/Operator (2) L BREEN							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 708 LOCUST ST							
		City, State, Zip Code ROSELLE PARK NJ 07204							
		Name of Contact L. BREEN							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) L BREEN		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 708 LOCUST ST		Square Feet 1900	# of Floors 2						
City (5) ROSELLE PARK NJ		Bldg. Age 71 yrs							
County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc						
Street Address		Street Address 450 South River St							
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 7-9-12	Scheduled Completion Date (11) 7-10-12	Name of OSHA Monitor Omega Environmental Services							
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: 8 am 5 pm		Street Address 280 Huyler St							
		City, State, Zip Code South Hackensack, N.J. 07606							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 100 sf or ≥ 200 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Fixable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	THERMAL INSULATION	90 LF	X			
Name of Registered Waste Hauler Best Removal Inc.		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3/4 YD	Name of Registered Landfill Minerva Enterprises Inc					
City, State Hackensack, NJ		Disposal Date 7-10-12		City, State Waynesburg, OH.					
Completed by R. Veldran		Title Estimator		Signature R. Veldran		Date 6-26-12			

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

Date of Notification (1) 6/26/12		Name of Building Owner/Operator (2) Louis Izzi						
Agencies Notified	Type Notification	Street Address 131 Malone Avenue						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Belleville, NJ 07109						
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Gary Salvano						
		Telephone Number [REDACTED]						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Street Address 131 Malone Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12 buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Belleville		Square Feet 2000	# of Floors 2					
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 40					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC					
Street Address		Street Address 4 E Gate Drive, PO Box 483						
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418						
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703					
Start Date (10) 7/13/12	Scheduled Completion Date (11) 7/20/12	Name of OSHA Monitor						
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: _____		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 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						
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
boiler room east			x	pipe insulation	30 LF	x		
boiler room east			x	boiler insulation	30 SF	x		
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 30	Name of Registered Landfill GROWS N Landfill				
City, State Freehold NJ		Disposal Date TBD		City, State Morrisville PA				
Completed by Andrew Scott Higgins		Title President	Signature [Signature]			Date 6/12		

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

Date of Notification (1) 06/25/12 Ck# 2140 \$200		Name of Building Owner/Operator (2) IFF Inc.			
Agencies Notified	Type Notification	Street Address			
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	Po Box 8			
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	City, State, Zip Code			
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #1	Hazlet, New Jersey 07735			
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Gary Stapperfenne			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) International Flavors & Fragrances		Type of Facility (4)			
Street Address		<input type="checkbox"/> School (K-12)			
1515 State Route 36		<input type="checkbox"/> Subchapter 8 (Other than K)			
City (5) Union Beach, New Jersey 07735		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
County (6) Monmouth		Square Feet 30,000	# of Floors 3		
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Manufacturing Company			
Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation		
Street Address 555 Broad Street, Suite K		Street Address 606 McBride Avenue			
City, State, Zip Code Glen Rock, New Jersey 07452		City, State, Zip Code Woodland Park, New Jersey 07424			
Project Manager for Monitoring Firm Richard Lester		Telephone No. 201-652-1119	Telephone No. 973-225-8400		
Start Date (10) 07/13/12		Scheduled Completion Date (11) 07/15/12	License 01104		
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor J&S Environmental Labs			
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Street Address 2333 Route 22 West			
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code Union, New Jersey 07083			
<input checked="" type="checkbox"/> Other - Describe: 4PM Start					
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation			
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition			
		<input type="checkbox"/> Full Containment with Negative Pressure			
		<input checked="" type="checkbox"/> Mini-Enclosure			
		<input checked="" type="checkbox"/> Glovebag Procedure			
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Lab 220 & 221		X		Elbows	30 Each.
Lab 220 & 221		X		TransiteFumeHoodsNONFRIABLE	400 SF
Lab 220 & 221		X		TransiteCounterTopsNONFRIABLE	300 SF
Lab 147		X		TSI	20 LF
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S Landfill	
City, State Woodland Park, New Jersey 07424		Disposal Date 07/16/12	City, State Morrisville, Pennsylvania		
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>		Date 06/25/12

of Engineering CK # 21
JUN 28 20
y 07076
Asbestos
Telephone

\$200				
Number				
K-12)				
Commercial buildings,				
Bldg. Age 55+				
nolished)				
d.				
e				
cedure				
	Abatement Type			
	Removal	Repair	Encapsulate	Enclosure
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nia				
Date	6/22/12			

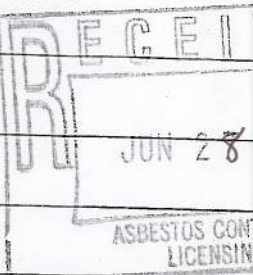
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <div style="text-align: center;">6 / 7 / 12</div>		Name of Building Owner/Operator (2) VORNADO REALTY TRUST			
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 checked="" type="checkbox"/> Amended Amendment # 2-6/25/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 888 SEVENTH AVENUE City, State, Zip Code NEW YORK, NY 10019 Name of Contact <div style="float: right;">Telephone</div>			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MONMOUTH MALL - JC PENNEYS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)			
Street Address ROUTES 35 & 36		Square Feet	# of Floors		
City (5) EATONTOWN, NJ 07724		Bldg. Age			
County (6) MONMOUTH	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL			
Name of Monitoring Firm Hired by Building Owner (8) HILLMAN CONSULTING LLC		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.		
Street Address 1600 ROUTE 22 EAST		Street Address 1123 BEAVER STREET			
City, State, Zip Code UNION, NJ 07083		City, State, Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm THOMAS RUBINO	Telephone No. 908-688-7800	Telephone No. 215-788-6040	License No. 00509		
Start Date (10) <div style="text-align: center;">6 / 26 / 12</div>	Scheduled Completion Date (11) <div style="text-align: center;">7 / 6 / 12</div>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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 Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM / 10:00PM-8:00AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007			
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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Processure			
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)
	Yes	No	N/A		
WOMENS ARIZONA-LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	1000 SF
MEN'S LEVI - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	1500 SF
IZOD/MEN'S - JCP - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	1500 SF
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720			Disposal Date	City, State WAYNESBURG, OH	
Completed By (Print or Type) PATRICK T. DeCARO	Title Estimator	Signature <i>Patrick T. DeCaro</i>		Date 6/25/12	



Abatement Type			
Removal	Repair	Encapsulate	Enclosure
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



Date of Notification (1) 6 / 7 / 12		Name of Building Owner/Operator (2) VORNADO REALTY TRUST	
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 checked="" type="checkbox"/> Amended Amendment #1-6/21/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 888 SEVENTH AVENUE	
		City, State, Zip Code NEW YORK, NY 10019	
		Name of Contact	Telephone

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MONMOUTH MALL - JC PENNEYS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than homes, etc.) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, etc.)	
Street Address ROUTES 35 & 36		Square Feet	# of Floors
City (5) EATONTOWN, NJ 07724		Bldg. Age	
County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL	

Name of Monitoring Firm Hired by Building Owner (8) HILLMAN CONSULTING LLC		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 1600 ROUTE 22 EAST		Street Address 1123 BEAVER STREET		
City, State, Zip Code UNION, NJ 07083		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm THOMAS RUBINO	Telephone No. 908-688-7800	Telephone No. 215-788-6040	License No. 00509	

Start Date (10) ON HOLD	Scheduled Completion Date (11) 7 / 6 / 12	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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 Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM 10:00PM-8:00AM		Street Address 1123 BEAVER STREET
		City, State, Zip Code BRISTOL, PA 19007

Scope of Work (Check all that apply)

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

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)
	Yes	No	N/A		
WOMENS ARIZONA-LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	12500 SF
LEVI - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	1000 SF
KIDS SHOES - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	2200 SF
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720			Disposal Date	City, State WAYNESBURG, OH	

Completed By (Print or Type) PATRICK T. DeCARO	Title Estimator	Signature <i>Patrick T. DeCaro</i>
--	---------------------------	---------------------------------------

Abatement Type			
Removal	Repair	Encapsulate	Enclosure
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6/21/12

CH # 2298

2298

012

DL &

umber

12)

mercial buildings,

Bldg. Age

ished)

Abatement Type			
Enclosure	Encapsulate	Repair	Removal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

1/1/13