

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

Job #: 1302-1725
Check #: 3031

Date of Notification (1) 2/26/13		Name of Building Owner / Operator (2) Morris Elm, LLC	
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 41 Elm Street, Suite 1C
			City, State & Zip Code Morristown, NJ 07960
			Name of Contact Universal Property Management, Shaun Mekkawy
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Apartment Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 41 Elm Street			Square Feet 70,000	# of Floors 5	Bldg. Age 1960
City (5) Morristown	County (6) Morris	County Code (7)	Current Use (Prior if being demolished) Residential Properties		

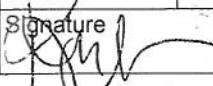
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.		
Street Address 3370 Progress Drive, Suite J		Street Address 3859 Sylon Blvd.			
City, State & Zip Code Bensalem, PA 19020		City, State & Zip Code Hainesport, NJ 08036			
Project Manager for Monitoring Firm Eric Wysocki	Telephone Number 215-244-1300	Telephone Number 609-702-0400	License Number 00862		

Scheduled Start Date (10) 3/12/13	Scheduled Completion Date (11) 3/12/13	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 type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area		Street Address 107 Haddon Ave.			
		City, State & Zip Code Westmont, NJ 08108			

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf ≥ 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	Enclose
Basement Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Panels & associated debris	60 CF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fittings	4 ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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 5	Name of Registered Landfill GROWS		
City, State Trenton, NJ	Disposal Date 3/13/13	City, State Morrisville, PA			
Completed By (Print or Type) Kim Trumbetti	Title Admin.	Signature 	Date 2/26/13		

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

RECEIVED
 2013 MAR -1 AM 2:38
 AIR QUALITY CONTROL
 & LICENSING

Date of Notification (1) 10 12 15 13		Name of Building Owner/Operator (2) RALF STOLARCZUK	
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 34 EAST CHURCH STREET	
	City, State, Zip Code WASHINGTON, NJ		Name of Contact RALF STOLARCZUK
			Telephone Number _____

FACILITY INFORMATION

Name of facility where abatement is taking place (3) RALF STOLARCZUK			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 34 EAST CHURCH STREET			Square Feet	# of Floors	Bldg. Age
City (5) WASHINGTON	County (6) HUNTERDON	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address _____		Street Address 20 California Ave.			
City, State, Zip Code _____		City, State, Zip Code Paterson, NJ 07503			
Project Manager for Monitoring Firm _____	Phone Number _____	Telephone Number 973-345-8020	License Number 01169		
Start Date (10) 03/11/13	Sched. Completion Date (11) 03/26/13	Name of OSHA Monitor D & S Restoration, 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- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue			
		City, State, Zip Code Paterson, NJ 07503			

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) 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	125 L FT	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY		
City, State PATERSON, NJ 07503	Disposal Date 03/12/13	City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature _____	Date 02/25/13		

OK 004424
 D&S Proj. #: MS 13-64

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

RECEIVED
 2013 MAR -1 AM 2:08
 AIR QUALITY CONTROL
 & LICENSING

Date of Notification (1) 10 12 1/12 5 1/13		Name of Building Owner/Operator (2) FIRSTTECH ENVIRONMENTAL, INC.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 132 WESTWOOD ROAD	
	City, State, Zip Code LONG BRANCH, NJ		Name of Contact MIKE LASKO
			Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) RESIDENTIAL BUILDING			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 132 WESTWOOD ROAD			Square Feet	# of Floors	Bldg. Age
City (5) LONG BRANCH	County (6) MONMOUTH	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address		Street Address 20 California Ave.			
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503			
Project Manager for Monitoring Firm	Phone Number	Telephone Number 973-345-8020	License Number 01169		
Start Date (10) 03/12/13	Sched. Completion Date (11) 03/26/13	Name of OSHA Monitor D & S Restoration, 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- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue			
		City, State, Zip Code Paterson, NJ 07503			

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 w/negative pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			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						
Second Floor		<input checked="" type="checkbox"/>		UPPER ROOF-ASPHALT ROOF SHINGLES	740 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Floor (EXTERIOR)		<input checked="" type="checkbox"/>		WINDOWS	7 WINDOWS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STAIR LANDING CLOSET-2ND FLOOR		<input checked="" type="checkbox"/>		VAT	6 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Floor BATHROOM		<input checked="" type="checkbox"/>		WALL & CEILING PLASTER	320 SQ FT	<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"/>

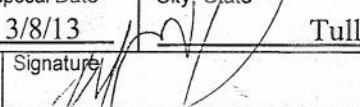
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 15 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503	Disposal Date 03/15/13	City, State TULLYTOWN, PA		
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/25/13	

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

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

CK #25089

2013 MAR - 1
LICENSURE

Date of Notification (1) <u>2/26/13</u>		Name of Building Owner/Operator (2) <u>Greg Scott</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>303 Kenwood Drive</u>							
		City, State, Zip Code <u>Moorestown, NJ 08057</u>							
		Name of Contact <u>Greg Scott</u>	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>303 Kenwood Drive</u>		Square Feet <u>2400</u>	# of Floors <u>1</u>						
City (5) <u>Moorestown, NJ 08057</u>		Bldg. Age <u>50</u>							
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residence</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>						
Start Date (10) <u>3/8/13</u>	Scheduled Completion Date (11) <u>3/8/13</u>	Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4:30PM</u>		Street Address <u>PO Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input 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 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
<u>Crawlspace</u>			<input checked="" type="checkbox"/>	<u>Thermal Duct Insulation</u>	<u>15 sf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>3/8/13</u>	City, State <u>Tullytown, PA</u>						
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 				Date <u>2/26/13</u>			

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

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

Job #: 1302-1724
Check #: NA

Date of Notification (1) 2/18/13		Name of Building Owner / Operator (2) Milton Weisberg	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 50 1/2 Georgetown Road	
		City, State & Zip Code Bordentown, NJ	
		Name of Contact Gary Weisberg	Telephone Number

FACILITY INFORMATION

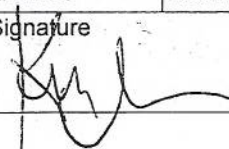
Name of Facility Where Abatement is Taking Place (3) Ship Shop Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 50 1/2 Georgetown Road			Square Feet 1165	# of Floors 1	Bldg. Age 51
City (5) Bordentown	County (6) Burlington	County Code (7)	Current Use (Prior if being demolished) Commercial Property - Vacant		
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.		
Street Address		Street Address 3859 Sylon Blvd.			
City, State & Zip Code		City, State & Zip Code Hainesport, NJ 08036			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 609-702-0400	License Number 00862	

Scheduled Start Date (10) 2/27/13	Scheduled Completion Date (11) 2/27/13	Name of OSHA Monitor EMSL 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 Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area		Street Address 107 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 type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input checked="" 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) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Shingles	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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 5	Name of Registered Landfill GROWS
City, State Trenton, NJ	Disposal Date 2/27/13	City, State Morrisville, PA	
Completed By (Print or Type) Kim Trumbetti	Title Admin.	Signature 	Date 2/27/13

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

Job #: 1302-1723
Check #: 3030

2013 MAR -1 AM 2:50
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2/25/13		Name of Building Owner / Operator (2) Mr. David Antoni	
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 checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 2705 Lundy Lane	
		City, State & Zip Code Huntingdon Valley, PA 19006	
		Name of Contact Mr. David Antoni	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Property			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 9001 Freemont Avenue			Square Feet 2000	# of Floors 1	Bldg. Age 1946
City (5) Ventnor	County (6) Atlantic	County Code (7)	Current Use (Prior if being demolished) Residential Property		

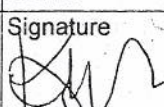
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.		
Street Address 234 20th Avenue		Street Address 3859 Sylon Blvd.			
City, State & Zip Code Brick, NJ 08724		City, State & Zip Code Hainesport, NJ 08036			
Project Manager for Monitoring Firm Kelly Walton		Telephone Number 908-862-4301	Telephone Number 609-702-0400	License Number 00862	

Scheduled Start Date (10) 2/28/13	Scheduled Completion Date (11) 2/28/13	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 type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area		Street Address 107 Haddon Ave.			
		City, State & Zip Code Westmont, NJ 08108			

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Negative Pressure Enclosure
<input type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
Utility Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheet Goods & Mastic	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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 3	Name of Registered Landfill GROWS	
City, State Trenton, NJ		Disposal Date 3/1/13	City, State Morrisville, PA	
Completed By (Print or Type) Kim Trumbetti		Title Admin.	Signature 	Date 2/25/13

CK 004778
 D&S Proj. #: MS 13-65

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

RECEIVED
 2013 MAR -1 AM 2:28
 AIR QUALITY CONTROL
 & LICENSING

Date of Notification (1) 10 12 1 2 15 1 1 3 1		Name of Building Owner/Operator (2) RALF STOLARCZUK	
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 34 EAST CHURCH STREET	
	City, State, Zip Code WASHINGTON, NJ		Name of Contact RALF STOLARCZUK
			Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) RALF STOLARCZUK			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 34 EAST CHURCH STREET			Square Feet	# of Floors	Bldg. Age
City (5) WASHINGTON	County (6) HUNTERDON	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address		Street Address 20 California Ave.			
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503			
Project Manager for Monitoring Firm	Phone Number	Telephone Number 973-345-8020	License Number 01169		
Start Date (10) 03/11/13	Sched. Completion Date (11) 03/26/13	Name of OSHA Monitor D & S Restoration, 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- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue			
		City, State, Zip Code Paterson, NJ 07503			

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) 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	125 L FT	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 03/12/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/25/13

* 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)

RECEIVED
 2013 MAR -1 AM 2:08
 ASBESTOS CONTROL & LICENSING

CK
 1698

Date of Notification (1) 2-28-13		Name of Building Owner/Operator (2) CRANFORD HEALTH							
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 205 BIRCHWOOD AVE	City, State, Zip Code CRANFORD, NJ 07016						
		Name of Contact ROBERT GASPER	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CRANFORD HEALTH		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 205 BIRCHWOOD AVE.		Square Feet 15000	# of Floors 2						
City (5) CRANFORD, NJ 07016		Bldg. Age 30%							
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) ACTIVE ENVIRONMENTAL SERV.	ASCM No.	Name of Abatement Contractor (9) UNIPRO, INC.							
Street Address 209 WESTPAULS DR.		Street Address 173 KARKUS AVE.							
City, State, Zip Code DINGMANS FERRY, PA 18329		City, State, Zip Code WOODBIDGE, NJ 07095							
Project Manager for Monitoring Firm NORMAN BALDWIN	Telephone No. 973-977-1874	Telephone No. 732-726-3111	License No. 00615						
Start Date (10) 3/21/13	Scheduled Completion Date (11) 3/29/13	Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 250 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
MECHANICAL ROOM	X			THERMAL FITTING INS.	150 SF	X		X	
Name of Registered Waste Hauler NEWARK CARTING, INC.		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 5	Name of Registered Landfill GROWS, INC.					
City, State NEWARK, NJ.		Disposal Date 3/25/13		City, State MORRISVILLE, PA.					
Completed by DAVID T. TOLCHIN		Title PRES.		Signature David T. Tolchin				Date 2-28-13	

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

CK #25089

2013 MAR -1 AM 2:19
LICENSING

Date of Notification (1) <u>2/26/13</u>		Name of Building Owner/Operator (2) <u>Greg Scott</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>303 Kenwood Drive</u>	
		City, State, Zip Code <u>Moorestown, NJ 08057</u>	
		Name of Contact <u>Greg Scott</u>	Telephone Number <u>1</u>

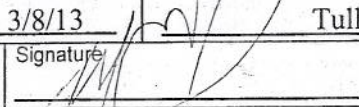
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <u>303 Kenwood Drive</u>		Square Feet <u>2400</u>	# of Floors <u>1</u>	Bldg. Age <u>50</u>
City (5) <u>Moorestown, NJ 08057</u>		Current Use (Prior if being demolished) <u>Residence</u>		
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>		
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No.	Street Address <u>PO Box 322</u>	
Street Address <u>PO Box 341</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>		
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>	
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Name of OSHA Monitor <u>MECS</u>		
Start Date (10) <u>3/8/13</u>	Scheduled Completion Date (11) <u>3/8/13</u>	Street Address <u>PO Box 341</u>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4:30PM</u>		City, State, Zip Code <u>Crosswicks, NJ 08515</u>		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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
<u>Crawlspace</u>			<input checked="" type="checkbox"/>	<u>Thermal Duct Insulation</u>	<u>15 sf</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>	
City, State <u>Allentown, NJ</u>		Disposal Date <u>3/8/13</u>	City, State <u>Tullytown, PA</u>		
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>2/26/13</u>		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8-26 and 12:126)

CK # 0031

Data of Notification (1) 2-27-2013		Name of Building Owner/Operator (2) Orange Housing Authority		APPROVED NJ Dept. of Health & Senior Services <i>[Signature]</i> (signature) Date: 2/27/13 Time: 1:53 PM	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 340 Thomas Boulevard City, State, Zip Code Orange, NJ 07050 Name of Contact Joe Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Property for Demo			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 211 Oakwood Ave.			Square Feet	# of Floors	Bldg. Age 50+
City (5) Orange		County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation		
Street Address n/a		Street Address 22 Troy Lane		City, State, Zip Code Lincoln Park, NJ 07035	
City, State, Zip Code n/a		Telephone No. n/a		Telephone No. 973-706-7950	License No. 01193
Project Manager for Monitoring Firm n/a		Start Date (10) 3/4/2013		Scheduled Completion Date (11) 3/6/2013	
Name of OSHA Monitor Loznica Management Corporation			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: Demolition		
Street Address 22 Troy Lane			City, State, Zip Code Lincoln Park, NJ 07035		
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> ≥160 sf or ≥280 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frable 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)	
Entire House		N/A		Will be disposed of as non-frable asbestos materials.	
Name of Registered Waste Hauler Yannuzzi and Sons		NJDEP Waste Hauler ID No. 17497	Cubic Yards of Waste TBD	Name of Registered Landfill IESI	
City, State Hillsborough, NJ		Disposal Date TBD		City, State Bethlehem, PA	
Completed by E. Cirovic		Title Secretary	Signature <i>E. Cirovic</i>		Date 2-27-2013

08

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:28 and 12:129)

10007000
100 21 2013 02:00PM

CK# 0030

Date of Notification (1) 2-27-2013		Name of Building Owner/Operator (2) Orange Housing Authority		<div style="border: 1px solid black; padding: 5px;"> APPROVED Dept. of Health & Senior Services <i>[Signature]</i> Date: 2/27/13 Time: 1:51 PM </div>								
Agencies Notified		Street Address 340 Thomas Boulevard										
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code Orange, NJ 07050										
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation		Name of Contact Joe		Telephone Number								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Property for Demo			Type of Facility (4)									
Street Address 209 Oakwood Ave.			<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.)									
City (5) Orange		Square Feet	# of Floors	Bldg. Age 50+								
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House								
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation									
Street Address n/a		Street Address 22 Troy Lane										
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035										
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950	License No. 01193								
Start Date (10) 3/4/2013		Scheduled Completion Date (11) 3/5/2013		Name of OSHA Monitor Loznica Management Corporation								
Occupancy Status During Abatement (Check Only One)			Street Address 22 Troy Lane									
<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: Demolition			City, State, Zip Code Lincoln Park, NJ 07035									
Scope of Work (Check All That Apply)												
<input 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		*See Cover Sheet for Work Procedures <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes No N/A							Removal	Repair	Encapsulate	Enclosure
Entire House					Will be disposed of as non-friable asbestos materials.							
Name of Registered Waste Hauler Yannuzzi and Sons		NJDEP Waste Hauler ID No. 17497		Cubic Yards of Waste TBD		Name of Registered Landfill IESI						
City, State Hillsborough, NJ		Disposal Date TBD		City, State Bethlehem, PA								
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>		Date 2-27-2013						

06

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

CK# 0026

Date of Notification (1) 2-27-2013		Name of Building Owner/Operator (2) Orange Housing Authority		APPROVED NJ Dept. of Health & Senior Services <i>[Signature]</i> Date: 2/27/13 Time: 1:51 PM						
Agencies Notified	Type Notification	Street Address 340 Thomas Boulevard		City, State, Zip Code Orange, NJ 07050						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Name of Contact Joe		Telephone Number						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Property for Demo			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 207 Oakwood Ave.			Square Feet	# of Floors	Bldg. Age 50+					
City (5) Orange			Current Use (Prior # being demolished) House							
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Name of Monitoring Firm Hired by Building Owner (8) n/a						
ASCM No. n/a		Name of Abatement Contractor (9) Loznica Management Corporation		Street Address 22 Troy Lane						
Street Address n/a		City, State, Zip Code Lincoln Park, NJ 07035		Telephone No. 973-706-7950						
City, State, Zip Code n/a		License No. 01193		Telephone No. n/a						
Project Manager for Monitoring Firm n/a		Start Date (10) 3/1/2013		Scheduled Completion Date (11) 3/4/2013						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Demolition			Name of OSHA Monitor Loznica Management Corporation							
Street Address 22 Troy Lane			City, State, Zip Code Lincoln Park, NJ 07035							
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		*See Cover Sheet for Work Procedures <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Entire House			X	Will be disposed of as non-friable asbestos materials.						
Name of Registered Waste Hauler Yannuzzi and Sons		NJDEP Waste Hauler ID No. 17497		Cubic Yards of Waste TBD		Name of Registered Landfill IESI				
City, State Hillsborough, NJ		Disposal Date TBD		City, State Bethlehem, PA						
Completed by E. Cirovic			Title Secretary		Signature <i>E. Cirovic</i>		Date 2-27-2013			

DU

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 12:120)

CHK# 0032

Date of Notification (1) 2-27-2013		Name of Building Owner/Operator (2) Orange Housing Authority		<div style="border: 1px solid black; padding: 5px;"> APPROVED NJ Dept. of Health & Senior Services <i>Paul L. Horner</i> (signature) Date: 2/27/13 Time: 1:50 PM </div>					
Agencies Notified	Type Notification	Street Address (3) 340 Thomas Boulevard/							
		City, State, Zip Code Orange, NJ 07050							
<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 checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Name of Contact Joe		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Property for Demo				Type of Facility (4)					
Street Address 213 Oakwood Ave.				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Orange				Square Feet	# of Floors				
County (6) Essex				Bldg. Age 50+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950	License No. 01193					
Start Date (10) 3/5/2013		Scheduled Completion Date (11) 3/7/2013		Name of OSHA Monitor Loznica Management Corporation					
Occupancy Status During Abatement (Check Only One)				Street Address 22 Troy Lane					
<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: Demolition				City, State, Zip Code Lincoln Park, NJ 07035					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥280 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		*See Cover Sheet for Work Procedures <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted () and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Entire House			X	Will be disposed of as non-friable asbestos materials.					
Name of Registered Waste Hauler Yannuzzi and Sons		NUDEP Waste Hauler ID No. 17497	Cubic Yards of Waste TBD	Name of Registered Landfill IESI					
City, State Hillsborough, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed by E. Cirovic		Title Secretary	Signature <i>E. Cirovic</i>		Date 2-27-2013				

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

CHK# 0025

Date of Notification (1) 2-27-2013		Name of Building Owner/Operator (2) Orange Housing Authority		<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">APPROVED</p> <p style="text-align: center;">NJ Dept of Health & Senior Services</p> <p style="text-align: center;">(signature)</p> <p style="text-align: center;">Date: 2/27/13 Time: 1:50 PM</p> </div>								
Agencies Notified	Type Notification	Street Address 340 Thomas Boulevard										
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Orange, NJ 07050										
		Name of Contact Joe		Telephone Number								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Property for Demo			Type of Facility (4)									
Street Address 205 Oakwood Ave.			<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) Orange			Square Feet	# of Floors	Bldg. Age 50+							
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House								
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation									
Street Address n/a		Street Address 22 Troy Lane										
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035										
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-708-7950	License No. 01193								
Start Date (10) 3/1/2013		Scheduled Completion Date (11) 3/4/2013		Name of OSHA Monitor Loznica Management Corporation								
Occupancy Status During Abatement (Check Only One)			Street Address 22 Troy Lane									
<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: Demolition			City, State, Zip Code Lincoln Park, NJ 07035									
Scope of Work (Check All That Apply)												
<input type="checkbox"/> < 23 sf or < 23 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Entire House				X	Will be disposed of as non-friable asbestos materials.							
Name of Registered Waste Hauler Yanruzzzi and Sons		NJDEP Waste Hauler ID No. 17497		Cubic Yards of Waste TBD		Name of Registered Landfill IESI						
City, State Hillsborough, NJ		Disposal Date TBD		City, State Bethlehem, PA								
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>		Date 2-27-2013						

No check

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

2013 MAR 27 AM 2:08
ASBESTOS LICENSING

Date of Notification (1) 02/26/13		Name of Building Owner/Operator (2) County of Union Department of Engineering, Public Works & Facilities	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Broad Street	
		City, State, Zip Code Elizabeth, New Jersey 07207	
		Name of Contact Niel Palmeri	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Union County Motor Vehicle Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 79 West Grand Street		Square Feet 10,000	# of Floors 2
City (5) Elizabeth, New Jersey 07207		Bldg. Age 55+	
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Motor Vehicle Building	
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	Telephone No. 973-225-8400
			License No. 01104
Start Date (10) 02/28/13	Scheduled Completion Date (11) 03/01/13	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 <input checked="" type="checkbox"/> Other - Describe: 3PM Start		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"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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
Garage Bay	X			O&M Air cell Pipe Insulation	9 LF				

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1/2	Name of Registered Landfill G.R.O.W.S Landfill	
City, State Woodland Park, New Jersey 07424		Disposal Date 03/02/13		City, State Morrisville, Pennsylvania	
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>	Date 02/26/13	

APPROVED


NJ Dept. of Health & Senior Services
Paul C. Palmer
 (signature)
 Date: 2/25/13 Time: 2:20 PM

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

Date of Notification (1) 02/25/13 CK# 2498 \$200		Name of Building Owner/Operator (2) County of Union Department of Engineering, Public Works & Facilities								
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Broad Street								
		City, State, Zip Code Elizabeth, New Jersey 07207								
		Name of Contact Niel Palmeri	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Union County Motor Vehicle Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 79 West Grand Street		Square Feet 10,000	# of Floors 2							
City (5) Elizabeth, New Jersey 07207		Bldg. Age 55+								
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Motor Vehicle Building								
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	Telephone No. 973-225-8400							
Start Date (10) 02/28/13		Scheduled Completion Date (11) 03/01/13	License No. 01104							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>BAM Start</u>		Name of OSHA Monitor J&S Environmental Labs								
Street Address 2333 Route 22 West		City, State, Zip Code Union, New Jersey 07083								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥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 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	
Garage Bay	X			O&M Air cell Pipe Insulation	9 LF					
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1/2	Name of Registered Landfill G.R.O.W.S Landfill						
City, State Woodland Park, New Jersey 07424		Disposal Date 03/02/13	City, State Morristown, Pennsylvania							
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>				Date 02/25/13			

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

CR 30 MAR 2013
RECEIVED
DATE: 30 MAR 2013 AM 2:08
NJ DEPT OF LICENSING

Date of Notification (1) 2/27/13		Name of Building Owner/Operator (2) James Hemm / Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1040 Milcreek Road		Telephone Number _____				
			City, State, Zip Code Manahawkin NJ 08050						
			Name of Contact James						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) James Hemm / Private Home			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 1040 Milcreek Road			Square Feet 1000+	# of Floors 1	Bldg. Age 35+				
City (5) Manahawkin NJ 08050			Current Use (Prior if being demolished) Home						
County (6) Ocean		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc						
Street Address _____			Street Address PO Box 329						
City, State, Zip Code _____			City, State, Zip Code West Berlin NJ 08091						
Project Manager for Monitoring Firm _____		Telephone No. _____	Telephone No. 856-753-9800	License No. 00727					
Start Date (10) 3/11/13		Scheduled Completion Date (11) 3/15/13		Name of OSHA Monitor same					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address _____ City, State, Zip Code _____						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 3/15/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 		Date 2/15/13				

CEC #
2657

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

Date of Notification (1) 2/27/13		Name of Building Owner/Operator (2) EMTECH CONTRACTING						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 155 RT. 50						
		City, State, Zip Code GREENFIELD, N.J. 08230						
		Name of Contact BRUCE BREUNIG						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address 3306 WEST AVE.		Square Feet 1000	# of Floors 2					
City (5) DEER CREEK		Bldg Age 40+						
County (6) CAMPBELL		County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.						
Name of Abatement Contractor (9) KLEMCO INC.		Street Address 369 S. SPRUCE AVE.						
City, State, Zip Code MAPLE SHADE, N.J. 08052		Telephone No. 856-779-0422						
Project Manager for Monitoring Firm		License No. 00444						
Start Date (10) 3/12/13		Scheduled Completion Date (11) 3/19/13						
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 <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor JOSEPH KLEMM						
Street Address 369 S. SPRUCE AVE.		City, State, Zip Code MAPLE SHADE, N.J. 08052						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sl or ≥ 3 ll <input type="checkbox"/> ≥ 160 sl or ≥ 260 ll		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) IN Facility (13) TO BE ABATED SIDING	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 2000 LF	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulation
			X	TRANSITE		X		
Name of Registered Waste Hauler KLEMCO INC.		NJDEP Waste Hauler ID No. 17904		Cubic Yards of Waste 5		Name of Registered Landfill C.M.C.M.U.A.		
City, State MAPLE SHADE, N.J. 08052		Disposal Date		City, State WOODBINE, N.J.				
Completed By JOSEPH KLEMM		Title OWNER		Signature <i>Joseph Klemm</i>		Date 2/27/13		

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

Check #
1456

Date of Notification (1) 02/26/2013		Name of Building Owner/Operator (2) MERRIE JO PITERA							
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 553 BELLEVUE AVE.						
			City, State, Zip Code HAMMONTON NJ 08037						
			Name of Contact MERRIE JO PITERA		Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL				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 553 BELLEVUE AVE.				Square Feet 3,292	# of Floors 2				
City (5) HAMMONTON				Bldg. Age 88					
County (6) ATLANTIC		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) RESIDENTIAL					
Name of Monitoring Firm Hired by Building Owner (8) CONNELL GREENE		ASCM No.		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.					
Street Address 904 KINGS ARMS DRIVE				Street Address 570 CLEMS RUN					
City, State, Zip Code DOWNTOWN, PA 19335				City, State, Zip Code MULLICA HILL NJ 08062					
Project Manager for Monitoring Firm RICK PELLISSIER		Telephone No. 484-432-9363		Telephone No. 610-304-4676	License No. 01145				
Start Date (10) 03/25/2013		Scheduled Completion Date (11) 03/30/2013		Name of OSHA Monitor EMSL					
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: RESIDENTIAL				Street Address 200 RT 130 NORTH					
				City, State, Zip Code CINNAMINSON NJ 08077					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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	100 LF	X			
BASEMENT			X	BOILER INSULATION	30 SF	X			
Name of Registered Waste Hauler NETS		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 2	Name of Registered Landfill ALLIED WASTE IMPERIAL LANDFILL				
City, State HAZLETON, PA		Disposal Date 03/31/2013		City, State IMPERIAL, PA					
Completed by RON SWANSON		Title PROJECT COORDINATOR		Signature <i>Ronald Swanson</i>		Date 02/26/2013			

RECEIVED
2013 MAR -1 AM 2:58
NJ DEPT OF ENVIRONMENTAL PROTECTION

* 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) February 26, 2013		Name of Building Owner/Operator (2) ICCI Concrete	
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 587 Fisher Blvd.	
		City, State, Zip Code Toms River, NJ 08753	
		Name of Contact Ed Arango	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 5 Dover Avenue			Square feet 1200 sf		
City Lavallette	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			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) 02/27/13		Scheduled Completion Date (11) 02/28/13		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) 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 E L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior-house		X		Asbestos siding	1150 sf	X			
Exterior-garage		X		Asbestos siding	600 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 01/23/13		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>				Date 2/26/2013	

*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)**

CK4298

Date of Notification (1) 2/26/13		Name of Building Owner/Operator (2) MR. DENNIS NEIDER						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 50 MORRIS AVE						
		City, State, Zip Code MORRISTOWN, NJ, 07960						
		Name of Contact MR. NEIDER	Telephone Number [REDACTED]					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MR. D. NEIDER		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 50 MORRIS AVE		Square Feet 2200	# of Floors 2					
City (5) MORRISTOWN		Bldg. Age 85 years						
County (6) MORRIS	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDEN CE						
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc						
Street Address		Street Address 450 S. River St						
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388					
Start Date (10) 3/15/13	Scheduled Completion Date (11) 3/16/13	Name of OSHA Monitor Omega Environmental Inc						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 AM TO 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"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) 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
BASEMENT			X	THERMAL SYSTEM INSULATION	140 LF	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 207	Name of Registered Landfill Minerva Enterprises				
City, State Hackensack, N.J. 07601		Disposal Date 3/16/13	City, State Waynesburg, Oh					
Completed by J. Maiorano	Title Estimator	Signature [Signature]	Date 2/26/13					

MO#20613901465

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

Date of Notification (1) 02 / 26 / 13		Name of Building Owner/Operator (2) Martha Rohr	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 Gardiner Place	
		City, State, Zip Code Montclair, NJ 07042	
		Name of Contact Martha Rohr	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		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.)	
Street Address 20 Gardiner Place		Square Feet	# of Floors
City (5) Montclair, NJ 07042		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)		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283		
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470		
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127	
Start Date (10) 03 / 07 / 13	Scheduled Completion Date (11) 03 / 08 / 13	Name of OSHA Monitor Envirovision Consultants, 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 20-21 Wagaraw Road, Bldg. # 34A
	City, State, Zip Code Fair Lawn, NJ 07410

Scope of Work (Check all that apply)		<input type="checkbox"/> Clean up and decontamination <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	
<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		

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	100 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		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD	City, State Tullytown, PA		
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 02/26/2013		

ASB-41
MAY 11

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

CK 4297

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

RECEIVED
2013 MAR - 1 AM 2:08
ASBESTOS CONTROL
LICENSING

Date of Notification (1) 2/26/13		Name of Building Owner/Operator (2) BASF					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 25 MIDDLESEY ESSEX TRAIL					
		City, State, Zip Code ISELW . NJ. 08830					
		Name of Contact TOM. SEEBURGER	Telephone Number 1				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) BASF		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 25 MIDDLESEY ESSEX TRAIL		Square Feet 100,000	# of Floors 3				
City (5) ISELW		Bldg. Age 60 years					
County (6) MIDDLESEX		County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) RD OFFICE / LAB				
Name of Monitoring Firm Hired by Building Owner (8) EHI		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc				
Street Address 655 WEST SHORE TRAIL		Street Address 450 S. River St					
City, State, Zip Code SPARTA. NJ. 07871		City, State, Zip Code Hackensack, N.J. 07601					
Project Manager for Monitoring Firm DUKE KERBER		Telephone No. 973-7295699	Telephone No. 201-329-7444				
Start Date (10) 3/11/13		Scheduled Completion Date (11) 3/15/13	License No. 00388				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM		Name of OSHA Monitor Omega Environmental Inc					
		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 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/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			
				Removal	Repair	Encapsulate	Enclosure
LAB 200	Yes	X TRANSITE PANELS	100 SF	X			
LAB 226	Yes	X TRANSITE PANELS	130 SF	X			
LAB HOOD/OUTSIDE	Yes	X TRANSITE PANELS	80 SF	X			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 667	Name of Registered Landfill Minerva Enterprises			
City, State Hackensack, N.J. 07601		Disposal Date 3/15/13	City, State Waynesburg, Oh				
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>		Date 2/26/13			

OK 42915

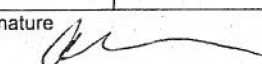
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

DOL - 10 DAY

Date of Notification (1) 2/22/13		Name of Building Owner/Operator (2) MR. WILFRED WIEGAND		<div style="border: 1px solid black; padding: 5px;"> FEB 22 2013 [Signature] APPROVED </div>	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			
		City, State, Zip Code NORWOOD, NJ		Name of Contact MR. WIEGAND	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) M.R. W. WIEGAND			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, houses, etc.)		
Street Address 376 TAPPAN RD			Square Feet 2200	# of Floors 2	Bldg. Age 70 years
City (5) NORWOOD			Current Use (Prior if being demolished)		
County (6) BERGEN		County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Best Removal Inc	
Street Address				Street Address 450 S. River St	
City, State, Zip Code				City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-329-7444	License No. 00388
Start Date (10) 2/25/13		Scheduled Completion Date (11) 2/26/13		Name of OSHA Monitor Omega Environmental Inc	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM			Street Address 280 Huyler St		
			City, State, Zip Code South Hackensack, N.J. 07606		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 2 3 ft or 2 3 ft <input type="checkbox"/> 2 100 sf or 2 200 ft			<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-Printable Procedure
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (15) BASEMENT		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) VAT	
				Amount (Specify SF or LF) 150 SF	
				Abatement Type Removal Repair Encapsulate Endure X	
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 1.207	
City, State Hackensack, N.J. 07601		Disposal Date 2/26/13		Name of Registered Landfill Minerva Enterprises	
				City, State Waynesburg, Oh	
Completed by J. Maiorano		Title Estimator		Signature <i>J. Maiorano</i>	
				Date 2/22/13	

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

CHECK 119416
2013 MAR -1 AM 2:08
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2/24/13		Name of Building Owner/Operator (2) Englewood Hospital							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 350 Engle Street City, State, Zip Code Englewood, NJ 07631 Name of Contact Garfield McFarlane Telephone Number _____						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) Room 1216 Street Address 350 Engle Street City (5) Englewood County (6) Bergen		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.) 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) Hillmann Environmental Group Street Address 1600 Route 22 E City, State, Zip Code Union NJ 07083		ASCM No. 62252	Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address 4 E Gate Drive, PO Box 483 City, State, Zip Code Glenwood, NJ 07418						
Project Manager for Monitoring Firm Mike Nehlsen Telephone No. 908-688-7800		Telephone No. 973-583-8500	License No. 703						
Start Date (10) 3/8/13	Scheduled Completion Date (11) 4/30/13	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 Procedure									
Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 1216			x	pipe fittings	20	x			
Room 1216			x	pipe insulation	30 LF	x			
Room 1216			x	floor tile	340 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	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 			Date 2/24/13			

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

MO
20423356506

RECEIVED
2013 MAR -1 AM 2:08
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2/22/13		Name of Building Owner/Operator (2) Art Murphy	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 241 Larch Avenue	
		City, State, Zip Code Bogota, NJ 07603	
		Name of Contact Art Murphy	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 241 Larch Avenue		Square Feet N/A	# of Floors N/A
City (5) Bogota		Bldg. Age N/A	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. 973-345-8685
			License No. #00675
Start Date (10) 3/13/13	Scheduled Completion Date (11) 3/14/13	Name of OSHA Monitor D&S Abatement, 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: <u>Occupied</u>		Street Address 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 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 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		duct insulation	100 SF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA	
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA	
Completed by Deanna Brkusanin		Title Project Manager	Signature 	Date 2/22/13	

OK
0712

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 0 60 and 12-120)

712

Date of Notification (1) February 26, 2013		Name of Building Owner/Operator (2) Parker Landscaping & Construction						
Agencies Notified		Street Address						
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	PO Box 4126						
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code						
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Amendment #	Wayne, NJ 07474						
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact						
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Manager						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Building		Type of Facility (4)						
Street Address 750 Water street		<input type="checkbox"/> School (K-12)						
City (5) Gloucester City, NJ		<input type="checkbox"/> Subchapter 8 (Other than K-12)						
County (6) Gloucester		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes etc.)						
County Code (7) (STATE USE ONLY)		Square Foot	# of Floors					
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		Current Use (Prior if being demolished) Building						
ASCM No. 0021		Name of Abatement Contractor (9) The MACK Group, LLC						
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N STE 209						
City State Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034						
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	License No. 00/81					
Start Date (10) 2/27/13	Scheduled Completion Date (11) 3/31/13	Name of OSHA Monitor The MACK Group, LLC						
Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Cherry Hill, NJ 08034						
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours								
<input type="checkbox"/> Other Describe								
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 ft	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure						
<input checked="" type="checkbox"/> ≥160 sf or ≥260 ft	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure						
		<input checked="" type="checkbox"/> Glovebag Procedure						
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Abatement Type					
	Yes	No	N/A	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Roof	<input checked="" type="checkbox"/>			1400 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold / Newark Carting / Rovio		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 14	Name of Registered Landfill Cumberland Co / BFI / GROWS / TRRF				
City State Freehold / Newark / Riverdale, NJ		Disposal Date 3/31/13	City State Newburg / Imperial / Morrisville, PA					
Completed by Mike Cooper		Title President	Signature 	Date 2/26/13				

AM 2:00 - 10 DAY
FEB 26 2013
WAIVER APPROVED

CK 1389

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

2013 MAR -1 AM 2:08
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>02</u> / <u>25</u> / <u>13</u>		Name of Building Owner/Operator (2) Kearny Aldo, LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 40 Marshall Street	
		City, State, Zip Code Kearny, NJ 07032	
		Name of Contact Robert Bankston	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former American Extrusion		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 40 Marshall Street		Square Feet 72,000	# of Floors 1
City (5) Kearny		Bldg. Age 80	
County (6) Hudson	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Extrusion	

Name of Monitoring Firm Hired by Building Owner (8) DVD Environmental	ASCM No. 28585	Name of Abatement Contractor (9) Classic Environmental Inc.	
Street Address PO Box 2152		Street Address 112 Wade Rd	
City, State, Zip Code Cliffside Park, NJ 07010		City, State, Zip Code Latham, NY 12110	
Project Manager for Monitoring Firm Tim Donohoe	Telephone No. 212-260-9818	Telephone No. 518-591-0234	License No. 01062

Start Date (10) <u>02</u> / <u>04</u> / <u>13</u>	Scheduled Completion Date (11) <u>09</u> / <u>01</u> / <u>13</u>	Name of OSHA Monitor	
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	
		City, State, Zip Code	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Built Up Roofing	70,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Factory Offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vinyl Floor Tile	2,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furniture Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vinyl Floor Tile	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulk/Glazing	1,080 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Classic Environmental Inc.	NJDEP Waste Hauler ID No. 11467	Cubic Yards of Waste 600	Name of Registered Landfill Hakes C&D Landfill
City, State Latham, NY		Disposal Date 3/1/13	City, State Painted Post, NY
Completed By (Print or Type) Gregory Streeter	Title Director of Operations	Signature 	Date

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