

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

1302-4607

Date of Notification (1) 2/28/13		Name of Building Owner / Operator (2) JWM AND SONS, 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 type="checkbox"/> Initial <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Cancellation	Street Address 4 Court House Place City, State & Zip Code Oakland, NJ Name of Contact John Martin	
		Telephone Number	

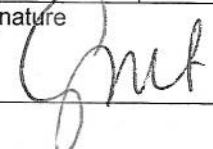
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Exxon Oakland		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 4 Court House Place		Square Feet	# of Floors
City (5) Oakland	County (6) Bergen	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) Vacant service station	
Name of Monitoring Firm Hired by Building Owner (8) Kleinfelder		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 3 AAA Drive, First Floor		Street Address PO Box 25	
City, State & Zip Code Hamilton, NJ 08691		City, State & Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Reinaldo Aponte		Telephone Number 609-584-5271	License Number 00529
Scheduled Start Date (10) 3/4/13	Scheduled Completion Date (11) 3/8/13	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 Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.	
		City, State & Zip Code Westmont, NJ 08108	

Scope of Work (Check all that apply)

<input 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 ≥ 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 Canopy Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing Sealant Tar	24 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste TBD	Name of Registered Landfill Imperial Landfill	
City, State Lumberton, NJ		Disposal Date TBD	City, State 11 Boggs Rd., Imperial PA 15126		
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.	Signature 		Date 2/28/13

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

1211-4574

Check #

Date of Notification (1) 2/28/13		Name of Building Owner / Operator (2) JCP&L/FirstEnergy Company	
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 #5 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 10 Legion Place-Building A	
		City, State & Zip Code Morristown, NJ 07960	
		Name of Contact John Greco	
		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JCP&L/FirstEnergy Manholes (MH521&MH597)			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 10 Park Place & South Street			Square Feet 90	# of Floors Manhole	Bldg. Age 50+
City (5) Morristown	County (6) Morris	County Code (7)	Current Use (Prior if being demolished) Manhole for Electrical Services		
Name of Monitoring Firm Hired by Building Owner (8) 1 Source Safety & Health		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 140 South Village Ave. Suite 130		Street Address PO Box 25			
City, State & Zip Code Exton, PA 19341		City, State & Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm Brian Hovendon		Telephone Number 610-524-5525	Telephone Number 609-265-2107	License Number 00529	
Scheduled Start Date (10) 12/4/12	Scheduled Completion Date (11) 3/29/13		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 – Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address 108 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

Scope of Work (Check all that apply)

<input 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 checked="" type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Manhole (MH521)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cable Wrapping	115 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manhole (MH597)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cable Wrapping	18 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

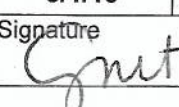
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 4	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 3/29/13	City, State Tullytown, PA		
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature <i>[Signature]</i>	Date 2/28/13	

No check

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

1301-4596
Check #4991

APPROVED FOR
& LICENSING CONTROL
MAR -4 AM 2:08

Date of Notification (1) 2/27/13		Name of Building Owner / Operator (2) Verizon Communications							
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 #3 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 100 Greenwood Ave. City, State & Zip Code Jenkintown, PA 19046 Name of Contact Alex Baylor							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon		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 218-220 Amber Street		Square Feet	# of Floors						
City (5) Beach Haven	County (6) Ocean	Bldg. Age							
		Current Use (Prior if being demolished) Offices							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 8436 Enterprise Ave.		Street Address PO Box 25							
City, State & Zip Code Philadelphia, PA 19153		City, State & Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Mark Jenkins	Telephone Number 215-365-5810	Telephone Number 609-265-2107	License Number 00529						
Scheduled Start Date (10) 1/29/13	Scheduled Completion Date (11) 3/1/13	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 Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave. City, State & Zip Code Westmont, NJ 08108							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
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
First Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	3,580 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor Engine Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor Engine Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vibration Damper Cloth	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor Foyer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor Rear Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste TBD	Name of Registered Landfill TRRF Landfill					
City, State Lumberton, NJ		Disposal Date 3/1/13		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 			Date 2/27/13			

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

1111-4409

Check #

No check

RECEIVED
2013 MAR -4 AM 2:08
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2/27/13		Name of Building Owner / Operator (2) NJ Turnpike Authority	
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 #2 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address PO Box 5050	
		City, State & Zip Code Woodbridge, NJ 07095	
		Name of Contact Dan Crum	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) NJ Turnpike Interchange 6-9		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 Wyckoffs Mill Road Overpass over NJ Turnpike		Square Feet	# of Floors
City (5) Hightstown	County (6) Mercer	County Code (7) 1101	Bldg. Age
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental		ASCM No.	
Street Address 49 Orient Way		Name of Abatement Contractor (9) AbateTech, Inc.	
City, State & Zip Code Rutherford, NJ 07070		Street Address PO Box 25	
Project Manager for Monitoring Firm John Chiavello		Telephone Number 201-438-4839	License Number 00529
Scheduled Start Date (10) 2/11/13	Scheduled Completion Date (11) 3/22/13	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 – Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.	
		City, State & Zip Code Westmont, NJ 08108	

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

Location of Asbestos-Containing Material (ACM) <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"/>	Transite Duct	700 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 Freehold Cartage, Inc.	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 12	Name of Registered Landfill G.R.O.W.S Landfill
City, State Freehold, NJ	Disposal Date 3/22/13	City, State Morrisville, PA	
Completed By (Print or Type) Gwen Trumbetti	Title Office Coord.	Signature <i>[Signature]</i>	Date 2/27/13

No
Check

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

1302-4606

Check #

RECEIVED
ASBESTOS CONTROL
& LICENSING
13 MAR -4 AM 2:08

Date of Notification (1) 2/26/13		Name of Building Owner / Operator (2) Resorts International Casinos	
Agencies Notified	Type Notification	Street Address 1133 Boardwalk	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code Atlantic City, NJ 08401-7329	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #2	Name of Contact Wayne E. Dorrell	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

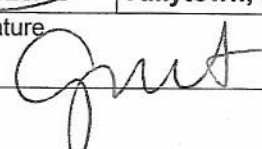
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Resorts Hotel & Casino			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 1133 Boardwalk			Square Feet		
City (5) Atlantic City			County (6) Atlantic		Bldg. Age
County Code (7)			Current Use (Prior if being demolished) Hotel & Casino		
Name of Monitoring Firm Hired by Building Owner (8) Synertech, Inc.			Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 2208 South Broad Street			Street Address PO Box 25		
City, State & Zip Code Philadelphia, PA 19145			City, State & Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Andrew McMahon			Telephone Number 215-755-2305		License Number 00529
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 – Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 108 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

Scope of Work (Check all that apply)

- | | | |
|--|--|--|
| <input 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 type="checkbox"/> Non-Exempted and Non-Friable Procedure |

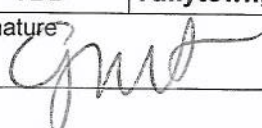
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation (patch & repair)	200 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 4	Name of Registered Landfill TRRF Landfill
City, State Lumberton, NJ	Disposal Date 2/28/13	City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti	Title Opps. Coord.	Signature 	Date 2/26/13

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT Check #4943
(Pursuant to N.J.A.C. 8:60 and 12:120)

1301-4598

No check

Date of Notification (1) 2/25/13		Name of Building Owner / Operator (2) Resorts International Casinos							
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 #3 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 1133 Boardwalk City, State & Zip Code Atlantic City, NJ 08401-7329 Name of Contact Wayne E. Dorrell						
			Telephone Number						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) Resorts Hotel & Casino		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 1133 Boardwalk		Square Feet	# of Floors						
City (5) Atlantic City	County (6) Atlantic	Bldg. Age							
Current Use (Prior if being demolished) Hotel & Casino									
Name of Monitoring Firm Hired by Building Owner (8) Synertech, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 2208 South Broad Street		Street Address PO Box 25							
City, State & Zip Code Philadelphia, PA 19145		City, State & Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Andrew McMahon		Telephone Number 215-755-2305	License Number 00529						
Scheduled Start Date (10) 1/22/13	Scheduled Completion Date (11) 3/8/13		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 - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.							
		City, State & Zip Code Westmont, NJ 08108							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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
38 Shafts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	210 LF per shaft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
263 Bathrooms Floors 7-11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	36 SF each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste TBD	Name of Registered Landfill TRRF Landfill					
City, State Lumberton, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 			Date 2/25/13			

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

1302-4603
Check #4946

2013 MAR -4 AM 2:58
ASBESTOS CONTROL & LICENSING

No Check

Date of Notification (1) 2/25/13		Name of Building Owner / Operator (2) PSE&G	
Agencies Notified	Type Notification	Street Address 80 Park Plaza	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code Newark, NJ 07101	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #2	Name of Contact Drew Shuda	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSE&G Pennsauken Substation			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 7272 N. Crescent Blvd.			Square Feet	# of Floors	Bldg. Age
City (5) Pennsauken	County (6) Camden	County Code (7)	Current Use (Prior if being demolished) Substation Exterior		
Name of Monitoring Firm Hired by Building Owner (8) M.E.C.S.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 1224 Hamilton Ave. PO Box 33004			Street Address PO Box 25		
City, State & Zip Code Trenton, NJ 08629			City, State & Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm William Weisgarber Jr.		Telephone Number 609-915-1140	Telephone Number 609-265-2107	License Number 00529	
Scheduled Start Date (10) 2/25/13	Scheduled Completion Date (11) 3/29/13		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 Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address 108 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Abandoned pipe encased in bitumastic covering (2' sections)	400 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Waste Management		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS North Landfill	
City, State Camden, NJ		Disposal Date TBD	City, State Morrisville, PA		
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.	Signature <i>Gwen</i>		Date 2/25/13

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

1208-4536
CHECK #5007

Date of Notification (1) 2/28/13		Name of Building Owner / Operator (2) The College of New Jersey	
Agencies Notified	Type Notification	Street Address	City, State & Zip Code
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #6 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	PO Box 7718	Ewing, NJ 08628
		Name of Contact	Telephone Number
		Amanda Radosti	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) The College of New Jersey			Type of Facility (4)		
Street Address 2000 Pennington Road			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Ewing	County (6) Mercer	County Code (7)	Square Feet	# of Floors	Bldg. Age
			Current Use (Prior if being demolished) Building		
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental			Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 1253 North Church Street			Street Address 30 Maple Ave		
City, State & Zip Code Moorestown, NJ 08057			City, State & Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Jim Guilardi		Telephone Number 856-840-8800	Telephone Number 609-265-2107		License Number 00529
Scheduled Start Date (10) 11/8/12		Scheduled Completion Date (11) 3/29/13		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one)			Street Address 107 Haddon Ave.		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			City, State & Zip Code Westmont, NJ 08108		


Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Manholes #3 & #4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	160 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Trench	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	84 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Norsworthy Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation (wrap & cut)	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Norsworthy Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation (glove bag)	8 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"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 15	Name of Registered Landfill T.R.R.F. Landfill	
City, State Lumberton, NJ		Disposal Date 3/29/13		City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature <i>Gwen Trumbetti</i>		Date 2/28/13

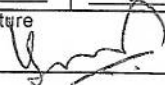
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 02/27/2013		Name of Building Owner/Operator (2) Residence	
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 261 Davis Avenue		City, State, Zip Code Kearny, NJ 07032	
Name of Contact Mr. Louis Batelli (Owner's Rep.)		Telephone Number 1	
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-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 261 Davis Avenue		Square Feet 1,500 SF # of Floors 2 Bldg. Age 60+	
City (5) Kearny		Current Use (Prior if being demolished) Residence	
County (6) Hudson		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASC No.	
Street Address		Name of Abatement Contractor (9) DIA General Construction, Inc.	
City, State, Zip Code		Street Address 1360 Clifton, Avenue, PMB Suite 218	
Project Manager for Monitoring Firm		City, State, Zip Code Clifton, NJ 07012	
Telephone No.		Telephone No. 973-389-0089	
Start Date (10) 03/09/2013		License No. 00693	
Scheduled Completion Date (11) 03/10/2013		Name of OSHA Monitor DIA General Construction, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1360 Clifton, Avenue, PMB Suite 218	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
City, State, Zip Code Clifton, NJ 07012			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial staff? (12)	
		Yes No N/A	
Basement		X	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Pipe/Elbow Insulation		170 LF	
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20970	
City, State New Castle, DE		Cubic Yards of Waste 4	
Completed By Krutarth Jagad		Name of Registered Landfill Minerva Landfill	
Title President		City, State Waynesburg, OH 44688	
Signature 		Date 02/27/2013	

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

Date of Notification (1) 02/27/2013		Name of Building Owner/Operator (2) Glenwood Apartment & Country Club						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1655 US HWY 9						
		City, State, Zip Code Old Bridge, NJ 08857						
		Name of Contact Bernadette Poppel	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Apartments Bldg.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address 11 A - D Ironwood Lane		Square Feet 2000 SF	# of Floors 2					
City (5) Old Bridge,		Bldg. Age 60+						
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartments Bldg.						
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) DIA General Construction, Inc.						
Street Address		Street Address 1360 Clifton, Avenue, PMB Suite 218						
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-389-0089	License No. 00693					
Start Date (10) 03/08/2013	Scheduled Completion Date (11) 03/09/2013	Name of OSHA Monitor DIA General Construction, Inc.						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 1360 Clifton, Avenue, PMB Suite 218						
		City, State, Zip Code Clifton, NJ 07012						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag 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
Crawl Space			X	Pipe/Elbow Insulation	200 LF	X		
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20970	Cubic Yards of Waste 3	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE		Disposal Date 03/09/2013		City, State Waynesburg, OH 44688				
Completed By Krutarth Jagad		Title President	Signature 		Date 02/27/2013			

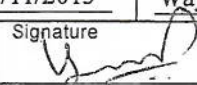
ASB41

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OK 003068

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

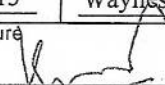
RECEIVED
2013 MAR -4- AM 2:00
NJ DEPT OF ENVIRONMENT & LICENSING

Date of Notification (1) 02/27/2013		Name of Building Owner/Operator (2) Residence					
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 25 Johnson Drive					
		City, State, Zip Code Raritan, NJ 08869					
		Name of Contact Mr. Patrick Kelly (Owner's Rep.)					
		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-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address 25 Johnson Drive							
City (5) Raritan		Square Feet 1,500 SF	# of Floors 2				
		Bldg. Age 60+					
County (6) Somerset		County Code (7) (STATE USE ONLY) _____					
Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) DIA General Construction, Inc.					
Street Address _____		Street Address 1360 Clifton, Avenue, PMB Suite 218					
City, State, Zip Code _____		City, State, Zip Code Clifton, NJ 07012					
Project Manager for Monitoring Firm _____		Telephone No. 973-389-0089	License No. 00693				
Start Date (10) 03/10/2013	Scheduled Completion Date (11) 03/11/2013	Name of OSHA Monitor DIA General Construction, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1360 Clifton, Avenue, PMB Suite 218					
		City, State, Zip Code Clifton, NJ 07012					
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 30 LF	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Basement	X	Pipe/Elbow Insulation	30 LF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20970	Cubic Yards of Waste 2	Name of Registered Landfill Minerva Landfill			
City, State New Castle, DE		Disposal Date 03/11/2013	City, State Waynesburg, OH 44688				
Completed By Krutarth Jagad	Title President	Signature 		Date 02/27/2013			

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

Date of Notification (1) 02/27/2013		Name of Building Owner/Operator (2) Residence							
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 209 Grove Street							
		City, State, Zip Code Somerville, NJ 08876							
		Name of Contact John Schirripa	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-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 209 Grove Street									
City (5) Somerville		Square Feet 1,500 SF	# of Floors 2						
		Bldg. Age 60+							
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) DIA General Construction, Inc.						
Street Address _____		Street Address 1360 Clifton, Avenue, PMB Suite 218							
City, State, Zip Code _____		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm _____	Telephone No. _____	Telephone No. 973-389-0089	License No. 00693						
Start Date (10) 03/09/2013	Scheduled Completion Date (11) 03/10/2013	Name of OSHA Monitor DIA General Construction, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1360 Clifton, Avenue, PMB Suite 218							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe/Elbow Insulation	140 LF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20970	Cubic Yards of Waste 3	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 03/10/2013		City, State Waynesburg, OH 44688					
Completed By Krutarth Jagad	Title President		Signature 			Date 02/27/2013			

ASB41

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

UK 1718

Date of Notification (1) 02/27/2013		Name of Building Owner/Operator (2) Morristown Development Urban Renewal Phase I, LLC					
Agencies Notified	Type Notification	Street Address 135 US Route 202/206, 3rd Floor					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bedminster, NJ					
		Name of Contact Rich Murphy	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-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address 32 Early Street		Square Feet 2,000 SF	# of Floors 3				
City (5) Morristown		Bldg. Age 70+					
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Valiant Associates, LLC					
Street Address		Street Address 145 Mill Street					
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07501					
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-553-5374	License No. 01108				
Start Date (10) 03/13/2013	Scheduled Completion Date (11) 03/19/2013	Name of OSHA Monitor Valiant Associates, LLC					
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 145 Mill Street					
		City, State, Zip Code Paterson, NJ 07501					
Scope of Work (Check all that apply)							
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag 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			
				Removal	Repair	Encapsulate	Enclosure
See Attached	Yes	No	N/A				
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Landfill			
City, State New Castle, DE		Disposal Date 03/19/2013		City, State Waynesburgh, OH			
Completed By Miodrag Stamenovic	Title Project Manager	Signature <i>Miodrag Stamenovic</i>		Date 02/27/2013			

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

List of Asbestos Containing Materials to be Removed from the Following Location :

Note : Is location normally used by maintenance/custodial : N/A

32 Early Street
Morristown, NJ

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2013 MAR -4 AM 12:08
ASBESTOS CONTROL
& LICENSE

Location of ACM to abated in facility	Description of ACM (i.e thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
Rear basement area	Pipe/elbow insulation	198 LF
Under first floor stairs	9" X 9" green floor tiles	21 SF
First floor northwest bedroom closet	9" X 9" brown floor tiles	36 SF
First floor blue bed room	Brown linoleum (top layer) 9" X 9" floor tiles (bottom layer)	210 SF
First floor kitchen	Yellow linoleum (bottom layer)	240 SF
First floor living room	Brown linoleum	300 SF
Second floor hallway	9" X 9" red floor tiles (bottom layer) under carpet	180 SF
Second floor	9" X 9" beige floor tiles under carpet	225 SF

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

Date of Notification (1) 02/27/2013		Name of Building Owner/Operator (2) Morristown Development Urban Renewal Phase I, LLC					
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 135 US Route 202/206, 3rd Floor					
		City, State, Zip Code Bedminster, NJ					
		Name of Contact Rich Murphy	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 24 Early Street		Square Feet 2,000 SF	# of Floors 3				
City (5) Morristown		Bldg. Age 70+					
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Valiant Associates, LLC				
Street Address _____		Street Address 145 Mill Street					
City, State, Zip Code _____		City, State, Zip Code Paterson, NJ 07501					
Project Manager for Monitoring Firm _____		Telephone No. 973-553-5374	License No. 01108				
Start Date (10) 03/11/2013	Scheduled Completion Date (11) 03/15/2013	Name of OSHA Monitor Valiant Associates, LLC					
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 145 Mill Street					
		City, State, Zip Code Paterson, NJ 07501					
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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Basement		X	Pipe/Elbow Insulation	180 LF	X		
2nd floor bath by kitchen		X	Brown Linoleum (third layer)	30 SF	X		
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 4	Name of Registered Landfill Minerva Landfill			
City, State New Castle, DE		Disposal Date 03/15/2013	City, State Waynesburgh, OH				
Completed By Miodrag Stamenovic	Title Project Manager	Signature <i>Thierry Gaudreau</i>	Date 02/27/2013				

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

2013 MAR -4 AM 2:58
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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 02/27/2013		Name of Building Owner/Operator (2) Morristown Development Urban Renewal Phase I, 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address 135 US Route 202/206, 3rd Floor		City, State, Zip Code Bedminster, NJ					
Name of Contact Rich Murphy		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-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address 26 Early Street		Square Feet 2,000 SF					
City (5) Morristown		# of Floors 3					
County (6) Morris		Bldg. Age 70+					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____					
Street Address _____		Name of Abatement Contractor (9) Valiant Associates, LLC					
City, State, Zip Code _____		Street Address 145 Mill Street					
Project Manager for Monitoring Firm _____		City, State, Zip Code Paterson, NJ 07501					
Telephone No. _____		Telephone No. 973-553-5374					
Start Date (10) 03/13/2013		License No. 01108					
Scheduled Completion Date (11) 03/19/2013		Name of OSHA Monitor Valiant Associates, LLC					
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 145 Mill Street					
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Paterson, NJ 07501					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Basement		X	Pipe/Elbow Insulation	189 LF	X		
Throughout the Building		X	Plaster	1,770 SF	X		
Second floor stairs and hallway		X	12" X 12" tiles under carpet	300 SF	X		
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Landfill			
City, State New Castle, DE		Disposal Date 03/19/2013		City, State Waynesburgh, OH			
Completed By Miodrag Stamenovic		Title Project Manager	Signature <i>Miodrag Stamenovic</i>	Date 02/27/2013			

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

Date of Notification (1) 02/27/2013		Name of Building Owner/Operator (2) Morristown Development Urban Renewal Phase I, LLC							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	135 US Route 202/206, 3rd Floor City, State, Zip Code Bedminster, NJ							
		Name of Contact Rich Murphy	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address 28 Early Street		<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) Morristown		Square Feet 2,000 SF	# of Floors 3						
County (6) Morris		Bldg. Age 70+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) Valiant Associates, LLC							
City, State, Zip Code		Street Address 145 Mill Street							
Project Manager for Monitoring Firm		City, State, Zip Code Paterson, NJ 07501							
Telephone No.		Telephone No. 973-553-5374	License No. 01108						
Start Date (10) 03/11/2013	Scheduled Completion Date (11) 03/15/2013	Name of OSHA Monitor Valiant Associates, LLC							
Occupancy Status During Abatement (Check only one)		Street Address 145 Mill Street							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Paterson, NJ 07501							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Govebag 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
2nd floor kitchen			X	12" X 12" beige floor tiles	320 SF	X			
3rd floor kitchen			X	12" X 12" beige floor tiles	252 SF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 6	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 03/15/2013		City, State Waynesburgh, OH					
Completed By Miodrag Stamenovic		Title Project Manager		Signature <i>Miodrag Stamenovic</i>		Date 02/27/2013			

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

Date of Notification (1) 02/27/2013		Name of Building Owner/Operator (2) Morristown Development Urban Renewal Phase-I, LLC					
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 135 US Route 202/206, 3rd Floor City, State, Zip Code Bedminster, NJ Name of Contact Rich Murphy					
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-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address 22 Early Street		Square Feet 2,000 SF	# of Floors 3				
City (5) Morristown		Bldg. Age 70+					
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Valiant Associates, LLC				
Street Address		Street Address 145 Mill Street					
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07501					
Project Manager for Monitoring Firm		Telephone No. 973-553-5374	License No. 01108				
Start Date (10) 03/11/2013	Scheduled Completion Date (11) 03/15/2013	Name of OSHA Monitor Valiant Associates, LLC					
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 145 Mill Street City, State, Zip Code Paterson, NJ 07501					
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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Basement	X	Pipe/Elbow Insulation	5 LF	X			
Stairs to Basement	X	Light Linoleum	20 SF	X			
1st Floor Hallway by entrance, 2nd Floor Hallway	X	Red Linoleum	50 SF	X			
Third Floor Stairs	X	Brown Linoleum	60 SF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 2	Name of Registered Landfill Minerva Landfill			
City, State New Castle, DE		Disposal Date 03/15/2013	City, State Waynesburgh, OH				
Completed By Miodrag Stamenovic	Title Project Manager	Signature <i>Miodrag Stamenovic</i>	Date 02/27/2013				

ASB41

* 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)

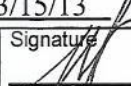
Date of Notification (1) 02/27/2013		Name of Building Owner/Operator (2) Morristown Development Urban Renewal Phase I, LLC					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> 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 135 US Route 202/206, 3rd Floor				
			City, State, Zip Code Bedminster, NJ				
		Name of Contact Rich Murphy					
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-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address 36 Early Street		Square Feet 2,000 SF	# of Floors 3				
City (5) Morristown		Bldg. Age 70+					
County (6) Morris	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence				
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Valiant Associates, LLC				
Street Address		Street Address 145 Mill Street					
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07501					
Project Manager for Monitoring Firm		Telephone No. 973-553-5374	License No. 01108				
Start Date (10) 03/13/2013	Scheduled Completion Date (11) 03/19/2013		Name of OSHA Monitor Valiant Associates, LLC				
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 145 Mill Street					
		City, State, Zip Code Paterson, NJ 07501					
Scope of Work (Check all that apply)							
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag 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) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Behind walls & floor		X	Duct insulation (wrap & cut)	100 LF	X		
Bay walls roof		X	Roofing Material	240 SF	X		
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 5	Name of Registered Landfill Minerva Landfill			
City, State New Castle, DE		Disposal Date 03/19/2013		City, State Waynesburgh, OH			
Completed By Miodrag Stamenovic		Title Project Manager	Signature <i>Miodrag Stamenovic</i>		Date 02/27/2013		

ASB41

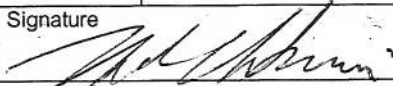
* Do not use this form for asbestos licensure exempted activities.

CK # 25090

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

Date of Notification (1) <u>2/28/13</u>		Name of Building Owner/Operator (2) <u>Lubik</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>443 Rt 528 Chesterfield-Jacobstown</u> City, State, Zip Code <u>Chesterfield, NJ 08562</u> Name of Contact <u>Tim Rader</u> Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Barn</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>443 Chesterfield - Jacobstown Rd</u>		Square Feet <u>5000</u>	# of Floors <u>2</u> Bldg. Age <u>80</u>						
City (5) <u>Chesterfield, NJ</u>		Current Use (Prior if being demolished) <u>residence</u>							
County (6) <u>Burlington</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>		Street Address <u>PO Box 322</u>							
Street Address <u>PO Box 322</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</u>		Name of OSHA Monitor <u>MECS</u>							
Start Date (10) <u>3/13/13</u>	Scheduled Completion Date (11) <u>3/15/13</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>7 AM-3:30 PM</u>		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Dairy Barn</u>			<input checked="" type="checkbox"/>	<u>transite</u>	<u>4700 SF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Carnavale Disposal</u>		NJDEP Waste Hauler ID No. <u>17297</u>	Cubic Yards of Waste <u>20 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>					
City, State <u>Hamilton, NJ</u>		Disposal Date <u>3/15/13</u>	City, State <u>Morrisville, PA</u>						
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature 				Date <u>2/28/13</u>		

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

Date of Notification (1) <div style="text-align: center;">02 / 28 / 13</div>		Name of Building Owner/Operator (2) Estate of Livia DiGiacomo							
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 23 - 03 Rosalie Street City, State, Zip Code Fairlawn, NJ 07410 Name of Contact James DiGiacomo							
		Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Estate of Livia DiGiacomo		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 23 - 03 Rosalie Street									
City (5) Fairlawn, NJ 07410	Square Feet 1,500	# of Floors 3	Bldg. Age 100						
County (6) Bergen	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant House							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services	ASCM No. 00117	Name of Abatement Contractor (9) Superior Abatement Inc							
Street Address 318 12th Street		Street Address 2 Henderson Drive							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Jim Proctor	Telephone No. (609) 704-8850	Telephone No. (973) 808-1616	License No. 00411						
Start Date (10) 03 / 11 / 13	Scheduled Completion Date (11) 03 / 13 / 13	Name of OSHA Monitor Superior Abatement 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 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006							
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) 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	30 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 Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 2	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 3/13/13	City, State Waynesburgh, OH						
Completed By (Print or Type) Nick Petrovski		Title President	Signature 				Date 2-28-13		

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

Date of Notification (1) 2/28/2013		Name of Building Owner/Operator (2) P.S.E. & G							
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # / <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080							
		Name of Contact GINO LEONARDIS	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G		Type of Facility (4)							
Street Address 1148 HENDRICKS CAUSEWAY		<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) RIDGEFIELD		Square Feet 7900	# of Floors 2						
County (6) BERGEN		Bldg. Age 66 YRS							
County Code (7) BERGEN		Current Use (Prior if being demolished) SWITCH STATION							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	License No. 01111						
Start Date (10) 3/22/13	Scheduled Completion Date (11) 3/27/13	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.							
<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 by necessary operators as needed only</u>		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
CONTROL ROOM		X		VAT & MASTIC	2698 SF	X			
OUTSIDE		X		ACM WINDOW & DOOR CAULK	250 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 50	Name of Registered Landfill GROWS					
City, State ELIZABETH, NJ		Disposal Date 3/27/13		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MANAGER	Signature <i>Carol Raimo</i>	Date 2/28/2013					

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

Date of Notification (1) 2/12/2013		Name of Building Owner/Operator (2) P.S.E. & G	
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080	
		Name of Contact GINO LEONARDIS	

2013 MAR -4 AM 2:08
 ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PSE&G		Type of Facility (4)	
Street Address 1148 HENDRICKS CAUSEWAY		<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) RIDGEFIELD	Square Feet 7900	# of Floors 2	Bldg. Age 66 YRS
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) SWITCH STATION	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASC No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.	
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882	
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350
		License No. 01111	
Start Date (10) 3/1/13	Scheduled Completion Date (11) 3/7/13	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA	
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: occupied by necessary operators as needed		City, State, Zip Code SOUTH RIVER, NJ 08882	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
CONTROL ROOM		X		VAT & MASTIC	2698 SF	X			
OUTSIDE		X		ACM WINDOW & DOOR CAULK	250 LF	X			

Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 50	Name of Registered Landfill GROWS	
City, State ELIZABETH, NJ		Disposal Date 3/7/13		City, State MORRISVILLE, PA	
Completed by CAROL RAIMO		Title OFFICE MANAGER	Signature <i>Carol Raimo</i>	Date 2/12/2013	

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

2013 MAR -4 AM 2:08
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2/27/13		Name of Building Owner/Operator (2) Passaic Tiffany Realty Corp							
Agencies Notified	Type Notification	Street Address 158 Passaic St							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Passaic NJ 07055							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Jason Del'Aquila	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Apt Building		Type of Facility (4)							
Street Address 158 Passaic st		<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) Passaic NJ 07055		Square Feet	# of Floors						
County (6) Passaic		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No. _____	Name of Abatement Contractor (9) All Pro Management LLC						
Street Address P.O. Box 1224		Street Address 27 Outwater Lane, Ste., B							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-928-4888						
Start Date (10) 3/9/2013		Scheduled Completion Date (11) 3/10/2013	License No. 01188						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor All Pro Management LLC							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours		Street Address 27 Outwater Lane, Ste., B							
<input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
Basement			X	TSI	6 LF	X			
Name of Registered Waste Hauler All Pro Management LLC		NJDEP Waste Hauler ID No. 0034860	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill					
City, State Garfield NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed by Zvonko Veskov		Title General Manager		Signature 		Date 2/27/2013			



CK 004742

Date of Notification (1): 10/2/12 16/1/13

Agencies Notified: ☐ EPA, ☐ DEP, ☒ DOL, ☒ DOH, ☐ DCA

Type Notification: ☐ Initial, ☐ Amended, ☒ Emergency (including justification), ☐ Cancellation

Name of Building Owner/Operator (2): **MINI FOGEL**

Street Address: **3 FAIRVIEW TERRACE**

City, State, Zip Code: **MAPLEWOOD, NJ 07040**

Name of Contact: **MINI FOGEL**

Telephone Number: _____

FACILITY INFORMATION

Name of facility where abatement is taking place (3): **MINI FOGEL**

Street Address: **3 FAIRVIEW TERRACE**

City (5): **MAPLEWOOD**, County (6): **ESSEX**, County Code (7) (State use only): _____

Name of Monitoring Firm Hired by Bldg. Owner (8): _____, ASCM No.: _____

Street Address: _____, City, State, Zip Code: _____

Project Manager for Monitoring Firm: _____, Phone Number: _____

Start Date (10): **02/27/13**, Sched. Completion Date (11): **03/18/13**

Occupancy Status During Abatement (Check only one): ☐ Facility closed/vacated during entire period of abatement, ☐ Abatement performed outside of normal facility hours, ☒ Other Describe: **NORMAL HOURS**

Scope of Work (check all that apply): ☒ >3 sf or >3 lf, ☐ >180 sf or >260 lf, ☒ Renovation, ☐ Demolition

Name of Abatement Contractor (9): **D & S RESTORATION, INC.**

Street Address: **20 California Ave.**, City, State, Zip Code: **Paterson, NJ 07503**

Telephone Number: **973-345-8020**, License Number: **01169**

Name of OSHA Monitor: **D & S Restoration, Inc.**

Street Address: **20 California Avenue**, City, State, Zip Code: **Paterson, NJ 07503**

Full Containment w/negative pressure ☐ Mini-enclosure ☐ Glovebag procedure ☒ 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)	Amount (Specify SF or LF)	Removal	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	29 L.F.T.	<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"/>

Registered Waste Hauler: **D & S RESTORATION, INC.**, NJDEP Hauler ID#: **13506**, Cubic Yards of Waste: **1 YD**

City, State: **PATERSON, NJ 07503**, Disposal Date: **02/28/13**

Completed by (Print or Type): **BOGDAN JOLDZIC**, Title: **PRESIDENT**, Signature: _____, Date: **02/26/13**

Name of Registered Landfill: **TULLY TOWN, RESOURCE RECOVERY**, City, State: **TULLY TOWN, PA**

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

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

Date of Notification (1) 10/2/12 16/1/13		Name of Building Owner/Operator (2) MINI FOGEL	
Agencies Notified	Type Notification	Street Address 3 FAIRVIEW TERRACE	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code MAPLEWOOD, NJ 07040	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact MINI FOGEL	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) MINI FOGEL			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 3 FAIRVIEW TERRACE			Square Feet		
City (5) MAPLEWOOD			County (6) ESSEX	County Code (7) (State use only)	# of Floors
			Bldg. Age		
			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) 02/27/13	Sched. Completion Date (11) 03/18/13		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one)			Street Address 20 California Avenue	
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			City, State, Zip Code	
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:			Paterson, NJ 07503	
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				

Scope of Work (check all that apply)			<input type="checkbox"/> Full Containment w/negative pressure <input 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 checked="" type="checkbox"/> Renovation					
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition					

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	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	29 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 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 02/28/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/26/13

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

CK 004741
D&S Proj. #: 2013

Date of Notification (1) 10/2/12 1/13		Name of Building Owner/Operator (2) MARK NATHAN	
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 11 GLENNON COURT		City, State, Zip Code WEST ORANGE, NJ 07052	
Name of Contact MARK NATHAN		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) MARK NATHAN			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 11 GLENNON COURT			Square Feet		
City (5) WEST ORANGE, NJ 07052			# of Floors		
County (6) ESSEX			Bldg. Age		
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	
Start Date (10) 03/07/13		Sched. Completion Date (11) 03/22/13		License Number 01169	
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				Name of OSHA Monitor D & S Restoration, Inc.	
				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 type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/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)	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	105 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 1 YD		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 03/08/13		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 02/25/13	

D&S Proj. #: 2013

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

Date of Notification (1) 10/2/12 16/1/13		Name of Building Owner/Operator (2) DON NELSON	
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 420 UPPER MOUNTAIN AVENUE		City, State, Zip Code Upper Montclair, NJ 07043	
Name of Contact DON NELSON		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) DON NELSON			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 420 UPPER MOUNTAIN AVENUE			Square Feet		
City (5) Upper Montclair			# of Floors		
County (6) ESSEX			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code			Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm Phone Number			Telephone Number 973-345-8020		
Start Date (10) 03/07/13			License Number 01169		
Sched. Completion Date (11) 03/20/13			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)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	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	141 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 03/08/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/26/13

ASB-41

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

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

Check # 1258

Date of Notification (1) 01 / 21 / 13		Name of Building Owner / Operator (2) HOFFMAN LAROCHE	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 340 KINGSLAND AVENUE		City, State, Zip Code NUTLEY, NJ 07110	
Name of Contact BEHRAM IRANI		Telephone Number [blank]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) HOFFMAN LAROCHE - BLDG 85		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
Street Address 340 KINGSLAND AVENUE		Building Age 40+	
City (5) NUTLEY	County (6) ESSEX	County Code (7)	Square Feet 155,000
			# Of Floors 8
			Current Use (Prior if being demolished) OFFICE/RESEARCH
Name of Monitoring Firm Hired by Bldg. Owner (8) TRC		ASCM NO.	Name of Abatement Contractor (9) LVI Environmental Services Inc.
Street Address 1430 BROADWAY		Street Address	
City, State, Zip Code NEW YORK, NY 10018		462 Getty Avenue	
Project Mngr. For Monitoring Firm EDWARD GERDTS		City, State, Zip Code Clifton, NJ 07011	
Telephone Number 212-221-8014		Telephone Number 973-772-3660	License Number 00117
Sched. Completion Date (11) 03 / 19 / 13		07 / 30 / 13	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: MON-FRI 7:00AM-3:00PM		Name of OSHA Monitor LVI Environmental Services Inc.	
		Street Address 462 Getty Avenue	
		City, State, Zip Code Clifton, NJ 07011	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input 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) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
BUILDING 85	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	WATERPROOFING TAR	45.66 CF
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Name of Registered Waste Hauler EPIC TRANSPORTATION		NJDEP Waste Hauler ID No.	Name of Registered Landfill LONE MOUNTAIN
City, State 319 AVE P NEWARK, NJ 07105-4800		Cubic Yards of Waste	City, State WAYNOKA, OK 73860
Disposal Date			
Completed by (Print or Type) STEVE STILES		Title PROJECT MANAGER	Signature <i>Steve Stiles</i>
		Date 03/01/13	

CHECK #
2655

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

Date of Notification (1) <u>2/26/13</u>		Name of Building Owner/Operator (2) <u>EARTH TECH CONTRACTING</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>155 RT. 50</u>	
		City, State, Zip Code <u>GREENFIELD, N.J. 08230</u>	
		Name of Contact <u>BRUCE BREUNIG</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 B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>4720 ASBURY AVE.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>OCEAN CITY</u>		Bldg Age <u>40+</u>	
County (6) <u></u>	County Code (7) (STATE USE ONLY) <u></u>	Current Use (Prior to being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. <u></u>	
Street Address <u></u>		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
City, State, Zip Code <u></u>		Street Address <u>369 S. SPRUCE AVE.</u>	
Project Manager for Monitoring Firm <u></u>		Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>
Start Date (10) <u>3/11/13</u>	Scheduled Completion Date (11) <u>3/18/13</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u></u>		Street Address <u>369 S. SPRUCE AVE.</u>	
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> < 23 sq ft or < 23 lb <input type="checkbox"/> > 160 sq ft or > 260 lb		<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-Frangible Procedure	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LB) <u>2500 lb</u>
			Abatement Type Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulation <input type="checkbox"/> Other <input type="checkbox"/>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJOEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date <u></u>	Name of Registered Landfill <u>C.M.C.M.U.A.</u>
			City, State <u>WOODBINE, N.J.</u>
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>2/26/13</u>

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

No Check
*** Only Finish DATE is Amended.**

Date of Notification (1) 2-27-2013		Name of Building Owner/Operator (2) Jayant Shinde							
Agencies Notified	Type Notification	Street Address 2207 Main Street							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Belmar, NJ 07719							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House 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 2207 Main Street		Square Feet 1,100	# of Floors 1						
City (5) Belmar		Bldg. Age 50+							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House for Demo							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corp						
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	License No. 01193						
Start Date (10) 2-26-2013	Scheduled Completion Date (11) 3-10-2013	Name of OSHA Monitor Loznica Management Corp							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 22 Troy Lane							
		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"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			<input checked="" type="checkbox"/>	Asbestos Roofing Material	1,100 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Loznica Management Corp		NJDEP Waste Hauler ID No. 33137		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Lincoln Park, NJ 07035				Disposal Date TBD	City, State Morrisville, PA 19067				
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>			Date 2-27-2013		

CHECK#
2856

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) EMERSON CONTRACTING				
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> OOL <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	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 S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
Street Address 2425-27 HAVEN AVE.		Square Feet 1000	# of Floors 2			
City (5) OCEAN CITY		Bldg Age 40+				
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT				
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) KLEMMCO INC.				
Street Address		Street Address 369 S. SPRUCE AVE.				
City, State, Zip Code		City, State, Zip Code MAPLE SHADE, N.J. 08052				
Project Manager for Monitoring Firm		Telephone No. 856-779-0422	License No. 00444			
Start Date (10) 3/11/13	Scheduled Completion Date (11) 3/18/13	Name of OSHA Monitor JOSEPH KLEMM				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 369 S. SPRUCE AVE.				
		City, State, Zip Code MAPLE SHADE, N.J. 08052				
Scope of Work (Check all that apply)						
<input type="checkbox"/> 23 sf or 23 ft <input type="checkbox"/> 2160 sf or 2260 ft		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition				
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Encasement	Encapsulation
SIDING		TRANSITE	2500 SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler KLEMMCO INC.		HAZOP Waste Hauler ID No. 12907	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			

ck 1296

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

DOL - 10 DAY

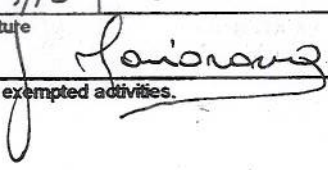
Date of Notification (1) 2/26/13		Name of Building Owner/Operator (2) MR. VINCENT		Worce FEB 26 2013	
Agency Modified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 622 EAST 29TH ST	
		City, State, Zip Code PATERSON, NJ		Name of Contract MR. WORCE	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MR. WORCE				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 622 EAST 29TH ST				Square Feet 2300	
City (5) PATERSON				# of Floors 2	
County (6) PATERSON				Bldg. Age 80 years	
County Code (7) (STATE USE ONLY) PATERSON				Current Use (Prior to being demolished) RESIDENCE	
Name of Monitoring Firm Head 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	
Start Date (10) 2/27/13		Scheduled Completion Date (11) 2/28/13		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: Full to 5 PM				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 checked="" type="checkbox"/> 3 or more <input type="checkbox"/> 100 or more <input type="checkbox"/> 260 or more <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"/> Clovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) IN Facility (13) Basement		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
				THERMAL INSULATION	
				30 LF	
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 1/20	
City, State Hackensack, N.J. 07601				Name of Registered Landfill Minerva Enterprises	
				City, State Waynesburg, Oh	
Completed by J. Maiorano		Title Estimator		Signature <i>J. Maiorano</i>	
				Date 2/26/13	

APP-41

* Do not use this form for asbestos abatement exempted activities

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

check: 4299

Date of Notification (1) 2/27/13		Name of Building Owner/Operator (2) MR. DANIEL DALY	
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 513 ORCHARD ST
			City, State, Zip Code CRANFORD, NJ. 07016
			Name of Contact MR. DALY
Telephone Number			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MR. DALY		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 513 ORCHARD		Square Feet 1800	# of Floors 2
City (5) CRANFORD		Bldg. Age 75 years	
County (6) UNION		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc
Street Address		Street Address 450 S. River St	
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388
Start Date (10) 3/8/13	Scheduled Completion Date (11) 3/9/13	Name of OSHA Monitor Omega Environmental Inc	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM		Street Address 280 Huyler St	
		City, State, Zip Code South Hackensack, N.J. 07606	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input 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)
	Yes	No	
BASEMENT		<input checked="" type="checkbox"/>	THERMAL INSULATION
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2.27
City, State Hackensack, N.J. 07601		Disposal Date 3/9/13	Name of Registered Landfill Minerva Enterprises
		City, State Waynesburg, Oh	
Completed by J. Maiorano	Title Estimator	Signature 	Date 2/27/13

APPROVED
NJ Dept. of Health & Senior Services(signature)
Date: 2/26/13 Time: 8:19State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:260 and 12:120)Check # 8104
2013 MAR -4 AM 2:08
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2/26/13		Name of Building Owner/Operator (2) KRIGEMAN & SMITH, INC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> OCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 101 RISEBROUGH AVENUE		City, State, Zip Code ROSELAND NJ 07068	
Name of Contact RICH S.		Telephone Number [REDACTED]	

Name of Facility Where Abatement is Taking Place (3) CONTINENTAL GARAGES		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 64 COLONIAL COURT		Square Feet 800	
City (5) RIVER EDGE		# of Floors 2	
County (6) BERGEN		Bldg. Age 56	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) APTS	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
Street Address		Street Address 105 Lowell Road	
City, State, Zip Code		City, State, Zip Code Glen Rock, N.J. 07452	
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	
Telephone No.		License No. 00156	
Start Date (10) 2/26/13		Scheduled Completion Date (11) 3/26/13	
Name of OSHA Monitor Omega Environmental Services Inc.		Street Address 280 Huyler Street	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Hackensack, NJ 07608	

Scope of Work (Check All That Apply)			
<input type="checkbox"/> 23 sf or 23 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> 2160 sf or 2260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure	
		<input checked="" type="checkbox"/> Glovebag Procedure	
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/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
CRAWL SPACE APT # 91			X	PIPE	280	X			
CRAWL SPACE APT # 100			X	PIPE	280	X			

Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 3		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State Riverton, New Jersey 07457		Disposal Date 2/26/13		City, State Bethlehem, PA 18015			
Completed by R. McDonald		Title President		Signature [Signature]		Date 2/26/13	

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

APPROVED
NJ Dept. of Health & Senior Services
Paul C. [Signature]
(signature)
Date: 2/25/13 Time: 2:00 PM

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	Type Notification	Street Address 2 Broad Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	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) Litlich Corporation						
Street Address 65 Jackson Drive		Street Address 606 McBride Avenue							
City, State, Zip Code Cranford, New Jersey 07016		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 908-497-8900	License No. 01104						
Start Date (10) 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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: <u>BAM Start</u>		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) 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 Litlich 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 02/25/13			