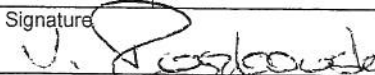


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 02/28/2014		Name of Building Owner/Operator (2) Palisades Medical Center							
Agencies Notified	Type Notification	Street Address 7600 River Road							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code North Bergen, NJ 07047							
		Name of Contact Manuel Mederos							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Palisades Medical Center		Type of Facility (4)							
Street Address 7600 River 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) North Bergen		Square Feet	# of Floors						
County (6) Hudson		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) VMC Company, Inc						
Street Address 300 Grand Ave		Street Address 208 Piaget Ave							
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm Steven Jaraczewski		Telephone No. 201-569-6708	Telephone No. 973-253-8828						
Start Date (10) 03/12/2014		Scheduled Completion Date (11) 03/13/2014	License No. 00704						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor VMC Co. Inc.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Incinerator Room 2nd Fl	x			Gasket	10 SF	x			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste	Name of Registered Landfill GROWS					
City, State Newark, NJ		Disposal Date		City, State Morrisville, PA					
Completed by Voytek Roszkowski		Title President		Signature 		Date 02/28/2014			

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

Date of Notification (1)
10/3/10/4/1/1/4/

Name of Building Owner/Operator (2)
B L England / R.C. England Holding

Street Address
900 North Shore Rd

City, State, Zip Code
Beesleys Pt NJ 08073

Name of Contact
Doug Adolfsen

Agencies Notified
☐ JEPA
☒ DEP
☒ DOL
☒ DOH
☒ DCA

Type Notification
☒ Initial Notification
☐ Amended Notification
☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
B L England Station

Street Address
900 North Shore Rd

City (5)
Beesleys Pt

County (6)
Atlantic

County Code (7)
(STATE USE ONLY)

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet
4000

of Floors
10

Bldg. Age
60

Current Use (Prior if being demolished)
Power Plant

Name of Monitoring Firm Hired by Building Owner (8)
N/A

Street Address
N/A

City, State, Zip Code
N/A

Name of Abatement Contractor (9)
New States Contracting

Street Address
2400 Main St Ext Suite 10

City, State, Zip Code
Sayreville NJ 08872

Telephone Number
732-525-0100

License Number
00749

Project Manager for Monitoring Firm
N/A

Telephone Number
N/A

Scheduled Start Date (10)
10/3/10/4/1/1/4/

Sched. Completion Date (11)
10/3/12/5/1/1/4/

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: as vacated

Name of OSHA Monitor
Tiger Environmental

Street Address
234 20th Ave

City, State, Zip Code
Brick, NJ 08724

Scope of Work (Check all that apply)

☐ Demolition
☐ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ 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				
				R E M O V E M E N T	R E P A I R	E N C L O S U R E	E N C L O S U R E	E N C L O S U R E
3. A. Heater 4th Floor	X	Duct Insulation Mastic	60 SF	X			X	

Name of Registered Waste Hauler
Freehold Cartage Inc

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
30

Name of Registered Landfill
Grows Landfill

City, State
Freehold NJ

Disposal Date
3-25

City, State
Morrisville P.A.

Completed By (Print or Type)
Kurt Nyle

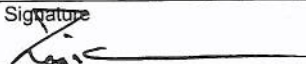
Title
Superintendent

Signature
Kurt Nyle

Date
3-4-14

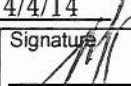
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 3/3/2014		Name of Building Owner/Operator (2) Dover VF, LLC		2014 MAR -6 PM 8:50					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 210 Route 4 East City, State, Zip Code Paramus, NJ 07652-0910 Name of Contact Judith D. Knop, P.E.					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Strauss Discount Auto			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 419 U.S. Highway 46 East			Square Feet 10,000						
City (5) Rockaway			# of Floors 1		Bldg. Age 50				
County (6) Morris County		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Commercial					
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCM No. 00079		Name of Abatement Contractor (9) Incinia Contracting, Inc.					
Street Address 20-21 Wagaraw Road, Building 35E			Street Address 1360 Clifton Avenue, Unit 365						
City, State, Zip Code Fair Lawn, NJ 07410			City, State, Zip Code Clifton, NJ 07012						
Project Manager for Monitoring Firm Fred Larson		Telephone No. (973) 636-9145		Telephone No. (973) 450-9500					
Start Date (10) 3/15/2014		Scheduled Completion Date (11) 3/29/2014		License No. 01036					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Name of OSHA Monitor Incinia Contracting, Inc.						
Street Address 1360 Clifton Avenue, Unit 365			City, State, Zip Code Clifton, NJ 07012						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Retail Space/Restroom/Stock Area			X	Tan/Orange VAT/ Mastic	6,200 SF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. NJ-641		Cubic Yards of Waste 40		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.			
City, State Wayne, NJ		Disposal Date 3/29/2014		City, State Bethlehem, PA					
Completed by Sean Zoric		Title President		Signature 		Date 3/3/2014			

CK #25422

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

Date of Notification (1) <u>3/3/14</u>		Name of Building Owner/Operator (2) <u>Pleasantville Mixed Income L.P</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>77 Park Street</u> City, State, Zip Code <u>Montclair, NJ 07042</u> Name of Contact <u>Joel Wallace</u> Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Retail Stores</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>41-49 Main Street</u>		Square Feet <u>13000</u> # of Floors <u>2</u> Bldg. Age <u>80</u>							
City (5) <u>Pleasantville, NJ</u>		Current Use (Prior if being demolished) <u>Retail Stores</u>							
County (6) <u>Atlantic</u>	County Code (7) (STATE USE ONLY)	Name of Monitoring Firm Hired by Building Owner (8) <u>Environmental Tactics</u>							
Street Address <u>64 Broad Street</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
City, State, Zip Code <u>Matawan, NJ 07747</u>		Street Address <u>P.O. Box 322</u>							
Project Manager for Monitoring Firm <u>Tom Geiger</u>		Telephone No. <u>(732) 290-2534</u>	License No. <u>00493</u>						
Start Date (10) <u>3/17/14</u>	Scheduled Completion Date (11) <u>4/4/14</u>	Name of CSHA Monitor <u>Environmental Tactics</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>64 Broad Street</u>							
		City, State, Zip Code <u>Matawan, NJ</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u>	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>1st Floor</u>			<u>✗</u>	<u>Pipe Insulation</u>	<u>100 LF</u>	<u>✗</u>			
<u>1st Floor Back Room</u>				<u>Linoleum</u>	<u>130 SF</u>	<u>✗</u>			
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>17292</u>	Cubic Yards of Waste <u>3 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>4/4/14</u>	City, State <u>Morrisville, PA</u>						
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature 				Date <u>3/3/14</u>		

RECEIVED
2014 MAR -6 PM 8:4
ASBESTOS CONTROL & LICENSING

CK #25421

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

Date of Notification (1) <u>3/3/14</u>		Name of Building Owner/Operator (2) <u>Pleasantville Mixed Income L.P</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>77 Park Street</u> City, State, Zip Code <u>Montclair, NJ 07042</u> Name of Contact <u>Joel Wallace</u> Telephone Number _____						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Retail Stores</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>35 Main Street</u>		Square Feet <u>7500</u>	# of Floors <u>2</u>					
City (5) <u>Pleasantville, NJ</u>		Bldg. Age <u>80</u>						
County (6) <u>Atlantic</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Retail Stores</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>Environmental Tactics</u>		ASCM No. _____						
Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>		ASCM No. _____						
Street Address <u>64 Broad Street</u>		Street Address <u>P.O. Box 322</u>						
City, State, Zip Code <u>Matawan, NJ 07747</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>Tom Geiger</u>	Telephone No. <u>(732) 290-2534</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>					
Start Date (10) <u>3/17/14</u>	Scheduled Completion Date (11) <u>4/4/14</u>	Name of OSHA Monitor <u>Environmental Tactics</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>64 Broad Street</u> City, State, Zip Code <u>Matawan, NJ</u>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input 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"/> 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
<u>Basement</u>			<u>Transite</u>	<u>40 SF</u>	<input checked="" type="checkbox"/>			
<u>Basement</u>			<u>Boiler Insulation</u>	<u>30 SF</u>	<input checked="" type="checkbox"/>			
<u>Basement</u>			<u>Air Cell Debris</u>	<u>20 SF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>17292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>4/4/14</u>	City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature <u>[Signature]</u>	Date <u>3/3/14</u>					

CK # 25420

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


RECEIVED

2014 MAR 10 PM 8:47
ASBESTOS CONTROL
LICENSING

Date of Notification (1) <u>3/3/14</u>		Name of Building Owner/Operator (2) <u>Pleasantville Mixed Income L.P.6</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>77 Park Street</u>							
		City, State, Zip Code <u>Montclair, NJ 07042</u>							
		Name of Contact <u>Joel Wallace</u>	Telephone Number <u></u>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Retail Stores</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>27-29 Main Street</u>		Square Feet <u>6200</u>	# of Floors <u>2</u>						
City (5) <u>Pleasantville, NJ</u>		Bldg. Age <u>80</u>							
County (6) <u>Atlantic</u>	County Code (7) (STATE USE ONLY) <u></u>	Current Use (Prior if being demolished) <u>Retail Stores</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>Environmental Tactics</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>64 Broad Street</u>		Street Address <u>P.O. Box 322</u>							
City, State, Zip Code <u>Matawan, NJ 07747</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Tom Geiger</u>	Telephone No. <u>(732) 290-2534</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>						
Start Date (10) <u>3/17/14</u>	Scheduled Completion Date (11) <u>4/4/14</u>	Name of OSHA Monitor <u>Environmental Tactics</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>64 Broad Street</u>							
		City, State, Zip Code <u>Matawan, NJ</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) <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) <u>2700 SF</u>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>1st floor</u>			<u>X</u>	<u>VAT/ Mastic</u>	<u>2700 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>Carnavale Disposal</u>		NJDEP Waste Hauler ID No. <u>17292</u>	Cubic Yards of Waste <u>10 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>					
City, State <u>Hamilton, NJ</u>		Disposal Date <u>4/4/14</u>		City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature <u>[Signature]</u>		Date <u>3/3/14</u>			

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

Check # 12718

Date of Notification (1) 3/3/14		Name of Building Owner/Operator (2) Jeff Salmon							
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 PO Box 67							
		City, State, Zip Code Netcong NJ 07875							
		Name of Contact Jeff Salmon							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 24 Ledgewood Avenue		Square Feet 2500	# of Floors 2						
City (5) Netcong		Bldg. Age 50							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-583-8500	License No. 703						
Start Date (10) 3/12/14	Scheduled Completion Date (11) 3/26/14	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	pipe insulation	70 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS					
City, State Freehold, NJ		Disposal Date TBD		City, State Morrisville, PA				Date 3/3/14	
Completed by Andrew Scott Higgins		Title President		Signature 					

* 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)

Check # 1302

MAR - 6 2014

Date of Notification (1) 3-3-2014		Name of Building Owner/Operator (2) Amy L. Garrander							
Agencies Notified	Type Notification	Street Address 10 Poplar Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Port Monmouth, NJ 07758							
		Name of Contact Amy L. Garrander	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 10 Poplar Street									
City (5) Port Monmouth, NJ 07758		Square Feet 1345	# of Floors 1						
		Bldg. Age 76+							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 3-4-2014	Scheduled Completion Date (11) 3-4-2014	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement (Crawl space)		x		pipe insulation	90 LF	x			
Attic		x		pipe insulation	90 LF	x			
Name of Registered Waste Hauler Waste management		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S. North landfill					
City, State Coraopolis, P.A.		Disposal Date 3-4-2014		City, State Morrisville, P.A.					
Completed by Liliana Pedraza		Title Office Manager		Signature <i>Liliana Pedraza</i>			Date 3-3-2014		

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

CK# 2254


MAR - 6 2014

Date of Notification (1) 3/4/14		Name of Building Owner/Operator (2) Echevarria Industries					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address 5600 Kennedy Blvd		City, State, Zip Code West New York, New Jersey 07093					
Name of Contact Sufian		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) 6813-17 Polk St, LLC		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 6813-17 Polk St		Square Feet 2000	# of Floors 2				
City (5) Guttenberg		Bldg. Age 55+					
County (6) Hudson		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.					
Street Address		Name of Abatement Contractor (9) Ace Insulation Co., Inc.					
City, State, Zip Code		Street Address 95 Montrose Road					
Project Manager for Monitoring Firm		City, State, Zip Code Colts Neck, N.J. 07722					
Telephone No.		Telephone No. 732-294-1757	License No. 00029				
Start Date (10) 3/13/14		Scheduled Completion Date (11) 3/19/14					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am - 7pm		Name of OSHA Monitor					
Scope of Work (Check All That Apply) <input checked="" 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		Street Address					
City, State, Zip Code							
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
outdoor	X	Siding	1000	X			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill Chrins			
City, State Colts Neck, New Jersey		Disposal Date 3/19/14	City, State Easton, Pa				
Completed by George Wuest		Title President	Signature Guernsey		Date 3/4/14		

* Emergency *

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

CK 3954

Date of Notification (1) 3/3/14		Name of Building Owner/Operator (2) Christine Krentz Private Home							
Agencies Notified	Type Notification	Street Address 77 Sylvia Lane							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Christine							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Christine Krentz Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 77 Sylvia Lane		Square Feet 1000+	# of Floors 1						
City (5) Manahawkin NJ 08050		Bldg. Age 35 +							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 3/4/14	Scheduled Completion Date (11) 3/7/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 3/7/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 3/3/14		

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

Check # 8864

Date of Notification (1) 3-4-14		Name of Building Owner/Operator (2) Carl Pflanzner	
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 50 Gates AVE		City, State, Zip Code Gillette, NJ 07933	
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		Name of Contact Carl Pflanzner	
Street Address 50 Gates AVE		FACILITY INFORMATION	
City (5) Gillette, NJ 07933		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.)	
County (6) MORRIS		Square Feet 2	
County Code (7) (STATE USE ONLY)		# of Floors 2	
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		Bldg. Age 60+	
Street Address P.O. Box 337		Current Use (Prior if being demolished)	
City, State, Zip Code New Egypt, NJ 08533		Name of Abatement Contractor (9) EPC Technologies Inc	
Project Manager for Monitoring Firm Steve Schenker		Street Address P.O. Box 337	
Start Date (10) 3-24-14		City, State, Zip Code New Egypt NJ 08533	
Scheduled Completion Date (11) 3-25-14		Telephone No. 609 758-3365	
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:		License No. 00394	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		Name of OSHA Monitor EPC Technologies Inc	
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Street Address P.O. Box 337	
<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		City, State, Zip Code New Egypt NJ 08533	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Pipe Insulation	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		Amount (Specify SF or LF) 100 LF	
Name of Registered Waste Hauler EPC Technologies		Abatement Type Removal Repair Encapsulate Enclosure X	
NJDEP Waste Hauler ID No. 17000		Cubic Yards of Waste 2	
City, State New Egypt NJ		Name of Registered Landfill Waste Management of PA	
Disposal Date 3-25-14		City, State Morrisville PA	
Completed by Steve Schenker		Signature Steve Schenker	
Title President		Date 3-4-14	

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