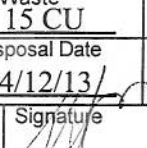


**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

CK #25100

2013 MAR 11 PM 2:08
RECEIVED
ASBESTOS
LICENSING

Date of Notification (1) <u>3/8/13</u>		Name of Building Owner/Operator (2) <u>Trap Rock Industries</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>PO Box 419 Laurel Ave</u> City, State, Zip Code <u>Kingston, NJ 08528</u> Name of Contact <u>Ray</u> Telephone Number _____						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) <u>Trap Rock Industries</u> Street Address <u>2485 E. State Street</u> City (5) <u>Hamilton, NJ</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.) Square Feet # of Floors Bldg. Age <u>0</u> <u>0</u> <u>50</u>						
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u> Street Address <u>PO Box 341</u> City, State, Zip Code <u>Crosswicks, NJ 08515</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u> Street Address <u>PO Box 322</u> City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>William Weisgarber</u> Telephone No. <u>(609) 298-4070</u>		Telephone No. <u>(609) 259-9688</u> License No. <u>00493</u>							
Start Date (10) <u>3/25/13</u>	Scheduled Completion Date (11) <u>4/12/13</u>	Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am to 4:30pm</u>		Street Address <u>PO Box 341</u> City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>Exterior Tanks</u>			<u>X</u>	<u>Thermal Tank Heads (4)</u>	<u>400 sf</u>	<u>X</u>			
<u>Exterior</u>				<u>Thermal Piping</u>	<u>120 lf</u>	<u>X</u>			
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>15 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>4/12/13</u>	City/State <u>Tullytown, PA</u>						
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 			Date <u>3/8/13</u>				

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

Check # 8110

2013 MAR 11 PM 2:09

Date of Notification (1) 3/05/13		Name of Building Owner/Operator (2) O'CONNEL								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 136 W. PLEASANT AVE								
		City, State, Zip Code Maywood, N.J. 07607								
		Name of Contact JOHN O'CONNELL	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) O'CONNEL		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 136 W. PLEASANT AVE		Square Feet 1,500	# of Floors 1							
City (5) Maywood		Bldg. Age 50+								
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) COMMERCIAL								
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.	Telephone No. 201-262-5841							
Start Date (10) 3/15/13		Scheduled Completion Date (11) 4/15/13	License No. 00156							
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 Omega Environmental Services Inc.								
		Street Address 280 Huyler Street								
		City, State, Zip Code Hackensack, NJ 07606								
Scope of Work (Check All that Apply)										
<input type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
MAIN FLOOR			<input checked="" type="checkbox"/>	VAT AND MASTIC	1500 SF	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 5	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.						
City, State Riverdale, New Jersey 07457		Disposal Date 3/15/13		City, State Bethlehem, PA 18015						
Completed by JOSEPH VOCIUTO		Title G.O.O	Signature J. Vocatino				Date 3/05/13			

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

APPROVED A. Mac Asbestos
 NJ Dept. of Health & Senior Services
 (signature)
 Date: 3/5/13 Time: 10:19

Fax: Mar 5, 2013 11:57am P001/001
 201-202-0021

2013 MAR 11 PM 2:59
 Check # 8110
 ASBESTOS ABATEMENT & LICENSING

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

Date of Notification (1) 3/5/13		Name of Building Owner/Operator (2) MR. GLICKMAN							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 882 RAY AVE							
		City, State, Zip Code RIDGEFIELD NJ 07675							
		Name of Contact MR GLICKMAN							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MR. GLICKMAN		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 882 RAY AVE.		Square Feet 1650	# of Floors 2						
City (5) RIDGEFIELD		Bldg. Age 60							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RES							
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.	Telephone No. 201-262-5841						
Start Date (10) 3/5/13		Scheduled Completion Date (11) 3/6/13	License No. 00156						
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 Omega Environmental Services Inc.							
		Street Address 280 Huyler Street							
		City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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"/> Govebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) BASEMENT	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) 26 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
			X	PIPE		X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 0.5	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Riverdale, New Jersey 07457		Disposal Date 3/5/13 on	City, State Bethlehem, PA 18015						
Completed by R. McDonald		Title President	Signature R. McDonald		Date 3/5/13				

CK 004798

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

D&S Proj. #: MS 13-68

RECEIVED
 2013 MAR 11 PM 2:05

Date of Notification (1) 0 2 / 12 18 / 1 13		Name of Building Owner/Operator (2) RUTGERS UNIVERSITY	
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 27 ROAD 1, BUILDING 4086	
		City, State, Zip Code PISCATAWAY, NJ 08854-8036	
		Name of Contact MICHAEL SMITH	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) CONKLIN HALL			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 175 UNIVERSITY AVENUE			Square Feet	# of Floors	Bldg. Age
City (5) NEWARK	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) CARDNO ATC		ASCM No. 00098	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address 3 TERRI LANE		Street Address 20 California Ave.			
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code Paterson, NJ 07503			
Project Manager for Monitoring Firm BRIAN KEARNEY	Phone Number 609-273-8050	Telephone Number 973-345-8020	License Number 01169		
Start Date (10) 03/18/2013	Sched. Completion Date (11) 03/25/2013	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 checked="" type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <u>Occupied - 5:00pm to 5:00am</u> <input type="checkbox"/> Other-Describe: _____		Street Address 20 California Avenue			
		City, State, Zip Code Paterson, NJ 07503			

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
SECOND FLOOR LOBBY		X		Ceiling Material	900 SQFT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 4 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503	Disposal Date 03/28/13	City, State TULLYTOWN, PA		
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/28/13	

OK 04/17/13

D&S Proj. #: MS 13-76

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

RECEIVED

2013 MAR 11 PM 2:00

Date of Notification (1) 03/10/13		Name of Building Owner/Operator (2) BILL HASSAN	
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 45 8TH AVENUE		City, State, Zip Code WESTWOOD, NJ	
Name of Contact BILL HASSAN		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) BILL HASSAN			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 45 8TH AVENUE			Square Feet		
City (5) WESTWOOD			County (6) BERGEN		County Code (7) (State use only)
Current Use (Prior if being demolished)					

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
				License Number 01169	
Start Date (10) 03/18/13		Sched. Completion Date (11) 03/28/13		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input 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)	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		X		PIPE INSULATION	100 L FT	X			

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 03/19/13		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 03/05/13	

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

B & G proj. #: 2013-51

Check # 5810

Date of Notification (1)
03/10/13

Name of Building Owner/Operator (2)
David Suskauer

Street Address
3 Sunset Terrace

City, State, Zip Code
Maplewood, NJ 07040

Name of Contact
David Suskauer

Telephone Number

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial
 Amendment
 Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
David Suskauer

Street Address
3 Sunset Terrace

City (5)
Maplewood, NJ 07040

County (6)
Essex

County Code (7)
 (State use only)

Type of Facility (4)
 School (K - 12)
 Subchapter 8 (Other than K-12)
 Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)
residential

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

ASCM No.

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)696-6869

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
LincolnPark, NJ 07035

Scheduled Start Date (10)
03/18/2013

Sched. Completion Date (11)
03/18/2013

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: _____

Scope of Work (check all that apply)

- Demolition Renovation Full Containment w/negative pressure Glovebag procedure
 >3 sf or >3 lf >160 sf or >260 lf Mini-enclosure Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
storage area & boiler room			X	pipe insulation	28 lf & 7 lf	X			
laundry room			X	pipe insulation	30 lf	X			
hallway			X	pipe insulation	9 lf	X			
electric panel closet			X	pipe insulation	6 lf	X			
tv room			X	pipe insulation	6 lf	X			

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
1 yard

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
03/19/2013

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature
Gordana Luna

Date
03/6/2013

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

1302-4603
Check #4946

Date of Notification (1) 3/4/13		Name of Building Owner / Operator (2) PSE&G	
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 #4 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 80 Park Plaza
			City, State & Zip Code Newark, NJ 07101
			Name of Contact Drew Shuda
Telephone Number			

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		

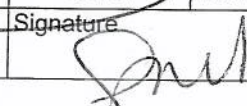
Name of Monitoring Firm Hired by Building Owner (8) M.E.C.S.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 1224 Hamilton Ave. PO Box 33004		Street Address PO Box 25			
City, State & Zip Code Trenton, NJ 08629		City, State & Zip Code Lumberton, NJ 08048			
Project Manager 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) <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 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"/>

Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 3	Name of Registered Landfill GROWS North Landfill	
City, State Camden, NJ		Disposal Date 3/5/14	City, State Morrisville, PA		
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.	Signature 		Date 3/4/13

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT 1302-4609
(Pursuant to N.J.A.C. 8:60 and 12:120) Check #5006

2013 MAR 11 PM 2:09
RECEIVED
ASBESTOS
REGISTRATION

Date of Notification (1) 3/7/13		Name of Building Owner / Operator (2) Princeton University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address Trustees of Princeton University E.A. MacMillan Bldg.
			City, State & Zip Code Princeton, NJ 08544
			Name of Contact Robert Ortego, P.E.

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University 87 Prospect St. Computer Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 87 Prospect Street			Square Feet 30,000	# of Floors 4	Bldg. Age 50+
City (5) Princeton	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Building		

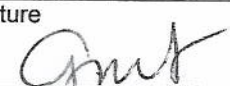
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCM No. 00102	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 515 Grove Street Suite 1B		Street Address PO Box 25			
City, State & Zip Code Haddon Heights, NJ 08035		City, State & Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm Alan Lloyd		Telephone Number 856-547-0505 x2875	Telephone Number 609-265-2107	License Number 00529	

Scheduled Start Date (10) 3/22/13	Scheduled Completion Date (11) 5/10/13	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"/> Renovation	<input checked="" 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 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
Throughout Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spray-Applied Fireproofing	11,250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms G03,G23,G23C,Storage Rm adj to G23C,basement level stair landing, G22A, G22 Corridors & G38A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	3,210 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms G15,G18A,G18B,G23A & G23B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	1,925 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"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 5/10/13		City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 		Date 3/7/13

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT Check #5010
(Pursuant to N.J.A.C. 8:60 and 12:120)

1111-4409

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ASBESTOS ABATEMENT

Date of Notification (1) 3/7/13		Name of Building Owner / Operator (2) NJ Turnpike Authority- 6-9 Widening Program Contract 702	
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"/> 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 Brick Yard Road @ Turnpike Intersection			Square Feet	# of Floors	Bldg. Age
City (5) Cranbury Twp.	County (6) Middlesex	County Code (7) 1101	Current Use (Prior if being demolished) Exterior		

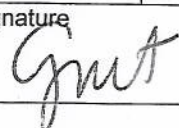
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 49 Orient Way		Street Address PO Box 25			
City, State & Zip Code Rutherford, NJ 07070		City, State & Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm John Chiavello	Telephone Number 201-438-4839	Telephone Number 609-265-2107	License Number 00529		

Scheduled Start Date (10) 3/18/13	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 checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Conduit	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drain Tar	10 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"/>

Name of Registered Waste Hauler Freehold Cartage, Inc.	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 4	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 	Date 3/7/13	

No check

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

466

Date of Notification (1) 03/24/13		Name of Building Owner/Operator (2) Community Food Bank of NJ	
Agencies Notified	Type Notification	Street Address 31 Evans Terminal Rd.	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1	City, State, Zip Code Hillside, NJ, 07205	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Jim Doty	Telephone Number

Name of Facility Where Abatement is Taking Place (3) Community Food Bank of NJ		Type of Facility (4)	
Street Address 31 Evans Terminal Rd.		<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) Hillside	Square Feet 285,000	# of Floors 2	Bldg. Age 80 years
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Food bank	

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) LESCO SERVICES INC.
Street Address		Street Address 156 MAPLE AVE.
City, State, Zip Code		City, State, Zip Code WALLINGTON, NJ, 07057
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-406-7341
		License No. 01107

Start Date (10) 02/18/13	Scheduled Completion Date (11) 03/11/13	Name of OSHA Monitor LESIAW NALODKA
Occupancy Status During Abatement (Check Only One)		Street Address 156 MAPLE AVE.
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code WALLINGTON NJ, 07057
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		
<input type="checkbox"/> Other - Describe:		

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf ≥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
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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
thrift store			X	asbestos ceiling insulation	5000sf	X			

Name of Registered Waste Hauler Newark Ceiling Inc.	NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 150	Name of Registered Landfill GROWS.
City, State NEWARK NJ	Disposal Date 03/12/13	City, State Morrisville PA.	
Completed by LESIAW NALODKA	Title PRESIDENT	Signature <i>[Signature]</i>	Date 03/04/13

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

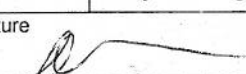
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 ASBESTOS CONTROL & LICENSING

No check
 * End date is amended

Date of Notification (1) 3/7/2013		Name of Building Owner/Operator (2) Sarah Ward Corp.								
Agencies Notified	Type Notification	Street Address 406 Sanford Ave.								
<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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07103								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Sarah Ward Corp.		Type of Facility (4)								
Street Address 406 Sanford Ave.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Newark	Square Feet 2000	# of Floors 2	Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Group							
Street Address n/a		Street Address 22 Troy Lane								
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035								
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950							
			License No. 01193							
Start Date (10) 3-6-2013	Scheduled Completion Date (11) 3-19-2013	Name of OSHA Monitor Loznica Management Group								
Occupancy Status During Abatement (Check Only One)		Street Address 22 Troy Lane								
<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 Lincoln Park, NJ 07035								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure with negative air <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	
Boiler Room			X	9x9 VAT	80 SF	X				
Name of Registered Waste Hauler Loznica Management Corp		NJDEP Waste Hauler ID No. 033137	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 				Date 3/7/2013			

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

check 11966

Date of Notification (1) 3/5/13		Name of Building Owner/Operator (2) US Masters Residential Property (USA) Fund							
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 1000 Plaza Two, Floor 10, Harborside Financial Center						
	City, State, Zip Code Jersey City, NJ 07311			Name of Contact Dan Dixon					
			Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 158 Weigands Lane			Square Feet 2100	# of Floors 2	Bldg. Age 50				
City (5) Secaucus		County (6) Hudson		County Code (7) (STATE USE ONLY) _____					
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 Avenue, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-583-8500	License No. 703				
Start Date (10) 3/18/13		Scheduled Completion Date (11) 4/18/13		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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	floor tile	800 SF	x			
Name of Registered Waste Hauler Tri State Transfer		NJDEP Waste Hauler ID No. 02325		Cubic Yards of Waste 10		Name of Registered Landfill Minerva Enterprises			
City, State Bronx NY		Disposal Date TBD		City, State Waynesburg OH					
Completed by Andrew Scott Higgins		Title President		Signature 		Date 3/5/13			

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

check 11965

Date of Notification (1) 3/5/13		Name of Building Owner/Operator (2) May Terrone	
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 96 Greenwood Avenue	
		City, State, Zip Code Madison, NJ	
		Name of Contact Janice Peters (PDR - Agent)	
		Telephone Number	

2013 MAR 11 PM 2:09
 ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)	
Street Address 96 Greenwood Avenue		<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) Madison	Square Feet 2300	# of Floors 2	Bldg. Age 50
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

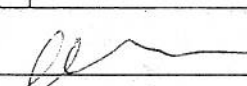
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC	
Street Address		Street Address 4 E Gate Drive, PO Box 483		
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276	License No. 703

Start Date (10) 3/14/13	Scheduled Completion Date (11) 3/21/13	Name of OSHA Monitor		
Occupancy Status During Abatement (Check Only One)		Street Address		
<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: _____		City, State, Zip Code		

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 If	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 If	<input type="checkbox"/> Demolition	<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
Basement			X	floor tile	660 SF	X			
Old Lab/Work area & laundry rm			X	floor tile	165 SF	X			

Name of Registered Waste Hauler Tri State Transfer		NJDEP Waste Hauler ID No. 02325	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Enterprises	
City, State Bronx NY		Disposal Date TBD		City, State Waynesburg OH	
Completed by Andrew Scott Higgins		Title President	Signature 		Date 3/5/13

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

check # 10175
2013 MAR 11 PM 2:09
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ASBESTOS ABATEMENT

GAC Project # 060-13

Date of Notification (1) March 6, 2013		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) COLLEGE AVENUE GYM, BLDG# 3097		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 COLLEGE AVENUE CAMPUS		Sq. Feet: N/A # of Floors: 3 Bldg. Age: 80+ years	
City (5) NEW BRUNSWICK	County (6) ESSEX	County Code (7) (State Use Only)	
Current Use (prior if being demolished): ACADEMIC			
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 03/15/13	Scheduled Completion Date (11) 03/18/13	Name of OSHA Monitor 1 ENVIROVISION, 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: Shift Hours: 5:00 PM - 5:00 AM		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		<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) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Room 206	<input checked="" type="checkbox"/>	VAT	240 SF
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Disposal Date 03/18/13	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 NJ DEP # 22612			
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date March 6, 2013

OK 4310

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

2013 MAR 11 PM 2:09

Date of Notification (1) 3-6-13		Name of Building Owner/Operator (2) A. BROWN						
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 156 GRAYSON PLACE						
		City, State, Zip Code TEANECK NJ 07666						
		Name of Contact A. BROWN	Telephone Number [REDACTED]					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) A. BROWN		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 156 GRAYSON PLACE		Square Feet 1750	# of Floors 2					
City (5) TEANECK		Bldg. Age 81 YRS						
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc					
Street Address		Street Address 450 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) 3-21-13	Scheduled Completion Date (11) 3-22-13	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: 8AM 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 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	NA			Removal	Repair	Encapsulate
BASEMENT			X	THERMAL INSULATION	90 LF	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3/4 YD	Name of Registered Landfill Minerva Enterprises				
City, State Hackensack, N.J. 07601		Disposal Date 3-22-13	City, State Waynesburg, Oh					
Completed by R. Veldran		Title Estimator	Signature R. Veldran			Date 3-6-13		

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

CK 4385

RECEIVED
MAY 11 PM 2:09
MAY 11 2013

Date of Notification (1) 3/5/13		Name of Building Owner/Operator (2) MR. DENNIS SEVERINO								
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 160 EDGAR ST								
		City, State, Zip Code WEEHAWKEN, NJ, 07087								
		Name of Contact MR. SEVERINO	Telephone Number [REDACTED]							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) MR. SEVERINO		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 160 EDGAR ST		Square Feet 2200	# of Floors 2							
City (5) WEEHAWKEN		Bldg. Age 85 YEARS								
County (6) HUDSON	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.	Telephone No. 201-329-7444	License No. 00388							
Start Date (10) 3/19/13	Scheduled Completion Date (11) 3/20/13	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 Hackensack, N.J. 07606								
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf of ≥ 100 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Full Enclosure <input type="checkbox"/> Enclosure Procedure <input type="checkbox"/> Not Enclosed (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13) BASEMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No NA		Amount (Specify SF or LF) 175 LF							
	<table border="1"> <thead> <tr> <th colspan="3">Abatement Type</th> </tr> <tr> <th>Removal</th> <th>Repair</th> <th>Encapsulate</th> </tr> </thead> <tbody> <tr> <td align="center">X</td> <td></td> <td></td> </tr> </tbody> </table>			Abatement Type			Removal	Repair	Encapsulate	X
Abatement Type										
Removal	Repair	Encapsulate								
X										
Name of Registered Waste Hauler Best Removal Inc	N.J. Waste Hauler ID No. 17109	City, State 270 Hackensack, NJ	Name of Registered Landfill Minerva Enterprises							
City, State Hackensack, N.J. 07601		Disposal Date 3/20/13	City, State Waynesburg, Oh							
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>	Date 3/5/13							

No check

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

Check# 1586

Date of Notification (1) 03 / 05 / 13		Name of Building Owner/Operator (2) Ibelisse Martinez	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Street Address 375 Park Avenue City, State, Zip Code Fairview, NJ 07022	
Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact Ibelisse Martinez	
		Telephone Number	

2013 MAR 11 PM 2:09
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house Street Address 375 Park Avenue City (5) Fairview, NJ 07022 County (6) Bergen		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Square Feet		# of Floors	Bldg. Age
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283		
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-638-1777	License No. 01127
Start Date (10) 03 / 06 / 13	Scheduled Completion Date (11) 03 / 07 / 13		Name of OSHA Monitor Envirovision Consultants, Inc	

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___ AM- ___ PM/ ___ PM- ___ AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410		
--	--	---	--	--

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA	
Disposal Date TBD		Completed By (Print or Type) N. Jevtic ASB-41		Title Owner	Signature <i>N. Jevtic</i>
Date 03/05/2013					

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

OK 4308

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

2013 MAR 11 PM 2:19
HEALTH CONTROL LICENSING

Date of Notification (1) 3-6-13		Name of Building Owner/Operator (2) ESTATE OF IDA MAE CHRISTMAS							
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 233 CLAY STREET City, State, Zip Code HACKENSACK, NJ 07601						
	Name of Contact P MOORE		Telephone Number						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) ESTATE OF IDA MAE CHRISTMAS		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 233 CLAY STREET		Square Feet 1900	# of Floors 2						
City (5) HACKENSACK		Bldg. Age 86 YRS							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc							
Street Address		Street Address 450 S. River St							
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 3-20-13	Scheduled Completion Date (11) 3-21-13	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: 8AM 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 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			X	THERMAL INSULATION	80 LF	X			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1/2 YD	Name of Registered Landfill Minerva Enterprises					
City, State Hackensack, N.J. 07601		Disposal Date 3-21-13	City, State Waynesburg, Oh						
Completed by R. Veldran		Title Estimator	Signature R. Veldran			Date 3-6-13			

Check # 8112

State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Permitted to RIAJ 800 and 12-120)

MAR 11 PM 2:46

APPROVED
 NJ Dept. of Health & Senior Services
 Signature: [Signature]
 Date: 3/5/13 Time: 2:46 PM

Date of Notification (1)
 3/05/13

Agencies Notified

EPA
 DEP
 DOL

DCH
 DCA

Type Notification
 Initial
 Amended
 Emergency (including
 Investigations)
 Construction

Name of Building Owner/Operator (2)
 EEL BATTERY & IGNITION CO.

Street Address
 28 WILLIAMUS ST

City, State, Zip Code
 NEWARK, N.J. 07102

Name of Contact
 KEN SCHWARTZ

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
 EEL BATTERY & IGNITION CO.

Street Address
 28 WILLIAMUS ST

City (3)
 NEWARK

County (3)
 ESSEX

Family Code (7)
 (Circle one only)

Type of Facility (4)

School (K-12)
 Subchapter S (Other than K-12)
 Other (e.g. private & commercial buildings, homes, etc.)

Square Feet
 10,000

of Floors
 1

Building Age
 50+

Current Use (Prior if being demolished)
 COMMERCIAL

Name of Abatement Firm Hired by Building Owner (5)
 A. Mac Contracting Inc.

Street Address
 105 Lowell Road

City, State, Zip Code
 Glen Rock, N.J. 07462

Project Manager for Abatement Firm
 Telephone No.

Name of Abatement Consultant (6)
 Omega Environmental Services Inc.

Street Address
 280 Huyler Street

City, State, Zip Code
 Hackensack, NJ 07608

Telephone No.
 201-262-5841

License No.
 00156

Start Date (10)
 3/06/13

Scheduled Completion Date (11)
 4/06/13

Occupancy Status During Abatement (Circle Only One)

Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours
 Other - Describe:

Scope of Work (Check All that Apply)

25 SF or 25 LF
 250 SF or 250 LF

Remediation
 Demolition

Full Compliance with Negative Pressure
 Mini-Enclosure
 Cleaning Procedure
 Hot-Enclosure (H) and Non-Flexible Filtration

Location of Asbestos Containing Material (ACM) (12) (Specify)	Is Location Materially Used Strictly by Maintenance Contracted Staff? (13)			Description of Asbestos Containing Material (ACM) (e.g. thermal system insulation, surfacing, VMT, or other applications)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	NSA			Removal	Repair	Encapsulate	Enclosure
Basement			✓	PIPE INSULATION	185 LF	✓			

Name of Registered Waste Hauler
 Royal Transport

City, State
 Riverdale, New Jersey 07457

Completed by
 JOSEPH VOLTURO

NLESP Waste Hauler ID No.
 20785

Cubic Yards of Waste
 2

Name of Registered Landfill
 RESI PA Bethlehem Landfill Corp.

City, State
 Bethlehem, PA 18015

Disposal Date
 3/06/13

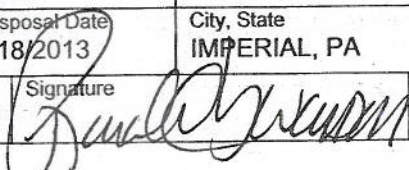
Signature
 J. Volturo

Date
 3/05/13

* Do not use this form for asbestos removal involving asbestos.

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

Check #
 1457

Date of Notification (1) 03/05/2013		Name of Building Owner/Operator (2) DIOCESE OF CAMDEN							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 631 MARKET STREET						
			City, State, Zip Code CAMDEN, NJ 08102						
			Name of Contact TOM BECHARD		Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) ST. MONICA'S CATHOLIC CHURCH				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 108 NORTH PENNSYLVANIA AVE.				Square Feet 2200	# of Floors 1				
City (5) ATLANTIC CITY		County Code (7) (STATE USE ONLY) _____		Bldg. Age 80+					
County (6) ATLANTIC		Current Use (Prior if being demolished) CHURCH							
Name of Monitoring Firm Hired by Building Owner (8) MDG ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 1000 MAPLEWOOD DR.		Street Address 570 CLEMS RUN							
City, State, Zip Code MAPLE SHADE, NJ 08052		City, State, Zip Code MULLICA HILL, NJ 08062							
Project Manager for Monitoring Firm TONY ESPOSITO		Telephone No. 609-760-1540	Telephone No. 610-304-4676	License No. 01145					
Start Date (10) 03/06/2013		Scheduled Completion Date (11) 03/15/2013		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>EMERGENCY DISASTER AREA PROPERTY</u>			Street Address 200 RT. 130 NORTH						
			City, State, Zip Code CINNAMINSON, NJ 08077						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
CRAWL SPACE			X	PIPE INSULATION	400 LF	X			
BOILER ROOM	X			PIPE INSULATION	10 LF		X		
Name of Registered Waste Hauler NETS		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill ALLIED WASTE IMPERIAL LANDFILL					
City, State HAZLETON, PA		Disposal Date 3/18/2013		City, State IMPERIAL, PA					
Completed by RON SWANSON		Title PROJECT COORDINATOR	Signature 		Date 03/05/2013				

Print Form

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:20)

Check #

DOE - 10 DAY

Date of Notification (1) 03/05/2013		Name of Building Owner/Operator (2) DIOCESE OF CAMDEN	
Agencies Notified		Street Address 631 MARKET STREET	
<input type="checkbox"/> EPA <input type="checkbox"/> DEF <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code CAMDEN, NJ 08102	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact TOM BECHARD	

MAR - 5 / 2013
WAIVER APPROVED

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) ST. MONICA'S CATHOLIC CHURCH		Type of Facility (4)		
Street Address 108 NORTH PENNSYLVANIA AVE.		<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.)		
City (5) ATLANTIC CITY		Square Feet 2200	# of Floors 1	Bldg. Age 80+
County (6) ATLANTIC		Current Use (Print if being demolished) CHURCH		
Name of Monitoring Firm Hired by Building Owner (8) MDG ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.	
Street Address 1000 MAPLEWOOD DR.		Street Address 570 CLEMS RUN		
City, State, Zip Code MAPLE SHADE, NJ 08052		City, State, Zip Code MULLICA HILL, NJ 08062		
Project Manager for Monitoring Firm TONY ESPOSITO		Telephone No. 609-760-1540	Telephone No. 610-304-4876	License No. 01145
Start Date (10) 03/06/2013	Scheduled Completion Date (11) 03/15/2013	Name of OSHA Monitor EMSI		
Occupancy Status During Abatement (Check Only One)		Street Address 200 RT. 130 NORTH		
<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: EMERGENCY DISASTER AREA PROPERTY		City, State, Zip Code CINNAMINSON, NJ 08077		

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 ft	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 100 sf or ≥ 200 ft	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosures
		<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
CRAWL SPACE			X	PIPE INSULATION	400 LF	X			
BOILER ROOM	X			PIPE INSULATION	10 LF		X		

Name of Registered Waste Hauler NETS	NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill ALLIED WASTE IMPERIAL LANDFILL
City, State HAZLETON, PA		Disposal Date 3/18/2013	City, State IMPERIAL, PA
Completed by RON SWANSON	Title PROJECT COORDINATOR	Signature <i>Ron Swanson</i>	Date 03/05/2013

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

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

CK
6/31/6

Date of Notice 03/01/13

Type Notification		Name of Building Owner / Operator (2) <i>2013</i> <i>11 PM 2:09</i> Anheuser Busch, Inc.		
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	<input checked="" type="checkbox"/> Emergency Notification	Street Address 200 Route 1 South		
	<input type="checkbox"/> Initial Notification	City, State & Zip Code Newark, NJ 07114		
	<input type="checkbox"/> Amended Notification	Name of Contact Jesse Gross		Telephone Number
	<input type="checkbox"/> Cancellation			
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Powerhouse Basement			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.)	
200 Route 1 South			Square Feet 50000	# of Floors 7
City (5) Newark			County (6) Essex	County Code (7)
			Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc			ASCM No. 0045	Name of Abatement Contractor (9) Global Abatement Services, LLC
Street Address 64 Broad Street			Street Address 443 Schoolhouse Road	
City, State & Zip Code Matawan, NJ 07747			City, State & Zip Code Monroe Township, NJ 08831	
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-605-9062	License Number 00714
Scheduled Start Date (10) 03/04/13	Scheduled Completion Date (11) 03/05/13		Name of OSHA Monitor Global Abatement Services, LLC	
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"/> Describe: Area Isolated During Abatement Other - Describe:			Street Address 443 Schoolhouse Road	
			City, State & Zip Code Monroe Township, NJ 08831	
Scope of Work (Check all that apply)				
Demolition <input type="checkbox"/>		Renovation <input checked="" type="checkbox"/>		Full Containment with Negative Pressure
Large Project <input type="checkbox"/>		Quantity is ≥ 3 SF or ≥ 3 LF ACM <input checked="" type="checkbox"/>		Mini-Enclosure
Quantity is ≥ 160 SF or ≥ 260 LF ACM <input type="checkbox"/>				Glovebag Procedure <input checked="" type="checkbox"/>
				Other: Non-friable
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 Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Basement	N/A	TSI	10 LF	Removal
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 10	Name of Registered Landfill TRRF
City, State Freehold, NJ		Disposal Date 03/04/13	City, State Tullytown, Pa	
Completed By (Print or Type) Dominick Tringali	Title Project Manager	Signature <i>Dominick Tringali</i>		Date 03/01/13

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

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 2013 MAR 11 PM 2:09
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 3/4/2013		Check#2380		Name of Building Owner/Operator (2) St John Vianney Residence					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 60 Home Avenue					
				City, State, Zip Code Rutherford, NJ 07070					
				Name of Contact Carol Hubba					
				Telephone Number 1					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St John Vianney Residence (for retire/priest)				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 60 Home Avenue				Square Feet					
City (5) Rutherford, NJ 07070				# of Floors					
County (6) BERGEN COUNTY				Bldg. Age					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Retire home for priest							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.		Name of Abatement Contractor (9) EA Services Corporation					
Street Address				Street Address 426 69th Street					
City, State, Zip Code				City, State, Zip Code Guttenberg, NJ 07093					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-295-1700					
				License No. 01074					
Start Date (10) March 15 - 2013		Scheduled Completion Date (11) March 16 2013		Name of OSHA Monitor same as above					
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>8:00 AM</u>				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Corrugated pipe	10 LF	X			
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste tbd		Name of Registered Landfill Waste Management			
City, State PO Box 5010				Disposal Date tbd		City, State Tullytown			
Completed by Gina Salvador		Title Office Manager		Signature <i>Gina Salvador</i>		Date 3/4/2013			

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

CK 1121

Date of Notification (1) 3-1-2013		Name of Building Owner/Operator (2) Francis General Contractor. (Page 1 of 2)							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 133 6th St. City, State, Zip Code West Keansburg, NJ. Name of Contact Jaime Rojas.						
	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 833 Hudson St.			Square Feet 5,000	# of Floors 3	Bldg. Age 90+				
City (5) Hoboken NJ. 07030		County (6) Hudson.		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services.						
Street Address _____			Street Address 235 Virginia Ave.						
City, State, Zip Code _____			City, State, Zip Code Jersey City NJ. 07034						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-333-8855	License No. 01174					
Start Date (10) 3-5-2013	Scheduled Completion Date (11) 3-7-2013		Name of OSHA Monitor Green Environmental Services.						
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 235 Virginia Ave. City, State, Zip Code Jersey City NJ 07304.						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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
1st Floor. Dining Room		x		Wall Plaster	140SF	x			
1st Floor. Bedroom		x		Wall Plaster	150SF	x			
2nd Floor Kitchen.		x		Linoleum	50SF	x			
2nd Floor Living Room		x		Wall Plaster	140SF	x			
Name of Registered Waste Hauler Tri-State Transfer Assoc.		NJDEP Waste Hauler ID No. 2A456	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Enterprise.					
City, State Bronx-New York.		Disposal Date 3-8-2013		City, State Wynesburg-Ohio.					
Completed by Tiffany Nunez		Title Office Manager.	Signature _____		Date 3-1-2013.				

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

Date of Notification (1) 3-1-2013		Name of Building Owner/Operator (2) Francis General Contractor. (Page 2 of 2)							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 133 6th St. City, State, Zip Code West Keansburg. NJ. Name of Contact Jaime Rojas.						
	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 833 Hudson St.		City (5) Hoboken NJ. 07030	Square Feet 5.000	# of Floors 3	Bldg. Age 90+				
County (6) Hudson.		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.						
Street Address		Street Address 235 Virginia Ave.							
City, State, Zip Code		City, State, Zip Code Jersey City NJ. 07034							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-333-8855	License No. 01174					
Start Date (10) 3-5-2013		Scheduled Completion Date (11) 3-7-2013	Name of OSHA Monitor Green Environmental Services.						
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 235 Virginia Ave. City, State, Zip Code Jersey City NJ 07304.							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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 Bedroom		X		Wall Plaster.	120SF	X			
Name of Registered Waste Hauler Tri-State Transfer Assoc.		NJDEP Waste Hauler ID No. 2A456	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Enterprise.					
City, State Bronx-New York.		Disposal Date 3-8-2013	City, State Wynesburg-Ohio.						
Completed by Tiffany Nunez		Title Office Manager.	Signature		Date 3-1-2013.				

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

CK 1121

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MAR 11 PM 2:00
LICENSING CONTROL

Date of Notification (1) 3-1-2013		Name of Building Owner/Operator (2) Francis General Contractor. (Page 1 of 2)							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 133 6th St.		City, State, Zip Code West Keansburg, NJ.				
			Name of Contact Jaime Rojas.			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 833 Hudson St.			Square Feet 5,000	# of Floors 3	Bldg. Age 90+				
City (5) Hoboken NJ. 07030		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
County (6) Hudson.		Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Green Environmental Services.					
		ASCM No.		Street Address 235 Virginia Ave.					
Street Address		City, State, Zip Code Jersey City NJ. 07034		Telephone No. 201-333-8855					
City, State, Zip Code		Telephone No.		License No. 01174					
Project Manager for Monitoring Firm		Scheduled Completion Date (11) 3-7-2013		Name of OSHA Monitor Green Environmental Services.					
Start Date (10) 3-5-2013		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 235 Virginia Ave.					
				City, State, Zip Code Jersey City NJ 07304.					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor. Dinning Room		x		Wall Plaster	140SF	x			
1st Floor. Bedroom		x		Wall Plaster	150SF	x			
2nd Floor Kitchen.		x		Linoleum	50SF	x			
2nd Floor Living Room		x		Wall Plaster	140SF	x			
Name of Registered Waste Hauler Tri-State Transfer Assoc.		NJDEP Waste Hauler ID No. 2A456		Cubic Yards of Waste 10	Name of Registered Landfill Minerva Enterprise.				
City, State Bronx-New York.		Disposal Date 3-8-2013		City, State Wynesburg-Ohio.					
Completed by Tiffany Nunez		Title Office Manager.		Signature		Date 3-1-2013.			

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

Date of Notification (1) 3-1-2013		Name of Building Owner/Operator (2) Francis General Contractor. (Page 2 of 2)								
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 133 6th St. City, State, Zip Code West Keansburg, NJ.		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 833 Hudson St.		City (5) Hoboken NJ. 07030		Square Feet 5,000	# of Floors 3	Bldg. Age 90+				
County (6) Hudson.		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.						
Street Address		Street Address 235 Virginia Ave.		Street Address 235 Virginia Ave.						
City, State, Zip Code		City, State, Zip Code Jersey City NJ. 07034		City, State, Zip Code Jersey City NJ 07304.						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-333-8855		License No. 01174				
Start Date (10) 3-5-2013		Scheduled Completion Date (11) 3-7-2013		Name of OSHA Monitor Green Environmental Services.						
Occupancy Status During Abatement (Check Only One)				Street Address 235 Virginia Ave.						
<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 Jersey City NJ 07304.						
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) 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 Bedroom		x		Wall Plaster.	120SF	x				
Name of Registered Waste Hauler Tri-State Transfer Assoc.		NJDEP Waste Hauler ID No. 2A456		Cubic Yards of Waste 10		Name of Registered Landfill Minerva Enterprise.				
City, State Bronx-New York.				Disposal Date 3-8-2013		City, State Wynesburg-Ohio.				
Completed by Tiffany Nunez		Title Office Manager.		Signature			Date 3-1-2013.			

6346-NJ

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

Initial Friable Notification
Check #: 5304

Date of Notification (1) 03/05/13		Name of Building Owner/Operator (2) Newark Public Schools	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DGL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 2 Cedar Street	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		City, State, Zip Code Newark, NJ 07102	
		Name of Contact Douglas Bland, Bus. Admin.	Telephone Number

2013 MAR 11 PM 2:09
OFFICE OF AIR QUALITY CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bragaw Avenue School Street Address 103 Bragaw Avenue City (5) Newark, NJ 07112			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
County (6) Essex		County Code (7) (STATE USE ONLY)		Square Feet 45000	
				# of Floors 3	
				Bldg. Age 80 years	
Name of Monitoring Firm Hired by Building Owner (8) Whitman Companies, Inc. Street Address 116 Tices Lane, Unit B-1 City, State, Zip Code East Brunswick, NJ 08816			Name of Abatement Contractor (9) Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013-1935		
ASCM No. 00110		Telephone Number 732-390-5858		License Number 00807	
Project Manager for Monitoring Firm Kevin Lovely		Name of OSHA Monitor Four Strong Builders, Inc.		Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013	
Scheduled Start Date (10) 03/15/13		Sched. Completion Date (11) 03/18/13			
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: <u>Occupied Building</u>					

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No/N/A			R	E	N	E
Basement Boiler Room	<input checked="" type="checkbox"/>		Pipe Insulation	20 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Four Strong Builders, Inc. City, State Clifton, NJ		NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc. City, State Tullytown, PA	
Disposal Date		Signature <i>B. Kulakovska</i>		Date 3/5/13	
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator			

CK 2381

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

RECEIVED
2013 MAR 11 PM 2:09
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 03/05/2013 Check#2381		Name of Building Owner/Operator (2) Our Lady of Mount Carmel Church and School	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 99 Broadway	
		City, State, Zip Code Jersey City, NJ 07306	
		Name of Contact F. Michael Santoro	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Ethical Community Charter School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 95 Broadway		Square Feet 50,000	# of Floors 3
City (5) Jersey City, NJ 07306		Bldg. Age 70+	
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services		ASCM No.	Name of Abatement Contractor (9) EA Services Corporation
Street Address 464 Valley Brook Avenue		Street Address 426 69th Street	
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code Guttenberg, NJ 07093	
Project Manager for Monitoring Firm Jim Ruff		Telephone No. 201-438-4839	License No. 01074
Start Date (10) 3/16/2013	Scheduled Completion Date (11) 3/18/2013	Name of OSHA Monitor same as above	
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: Starting @ 10:00 AM		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input 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	
Boiler Room	x			Pipe Insulation	22 LF		x			

Name of Registered Waste Hauler Freehold Carting	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste tbd	Name of Registered Landfill Waste Mangement
City, State PO BOX 5010		Disposal Date tbd	City, State Tullytown, PA
Completed by Gina Salvador	Title Office Manager	Signature 	Date 3/5/2013

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

ck
337

Date of Notification (1) 03-05-2013		Name of Building Owner/Operator (2) Thomas Hartes 2013 MAR 11 PM 2:09	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 48 - Jefferson Ave.	
		City, State, Zip Code Short Hills N.J. 07078	
		Name of Contact Thomas Hartes	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PRIVATE		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 48 - Jefferson Ave.		Square Feet 2,900 sq	# of Floors 3 stories
City (5) Short Hills N.J. 07078		Bldg. Age 108	
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A	

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) SHARON QUALITY CO LLC	
Street Address		Street Address 22-VAN ORDEN PL	
City, State, Zip Code		City, State, Zip Code HACKENSACK N.J. 07601	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-708-4270	License No. 01135

Start Date (10) 03-14-2013	Scheduled Completion Date (11) 03-15-2013	Name of OSHA Monitor SA NAIR-TECHNOLOGIES LAB	
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 1551 - OAKBRIDGE DR. Suit. B	
		City, State, Zip Code Powhatan, VA. 231-39	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	
		<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
Boiler Room Basement		X		PIPE INSULATION	12 LF	X			

Name of Registered Waste Hauler Sharon Quality Co.	NJDEP Waste Hauler ID No. 0033967	Cubic Yards of Waste 1/4 cy	Name of Registered Landfill TRI-STATE SERVICES
City, State Hackensack N.J. 07601	Disposal Date TBD	City, State Bronx N.Y. 10474	
Completed by CARLOS ESQUIVEL	Title SAFETY MANAGER	Signature 	Date 03-05-13