

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

Date of Notification (1) 3 / 12 / 13		Name of Building Owner/Operator (2) VIRTUA HEALTH MARLTON HOSPITAL							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 W. STOW ROAD							
		City, State, Zip Code MARLTON, NJ 08053							
		Name of Contact PATRICK A. GIORDANO	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VIRTUA HEALTH MARLTON HOSPITAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 90 BRICK ROAD		Square Feet >50,000	# of Floors 5						
City (5) EVESHAM TOWNSHIP, NJ		Bldg. Age 40							
County (6) BURLINGTON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOSPITAL							
Name of Monitoring Firm Hired by Building Owner (8) VERTEX	ASCM No.	Name of Abatement Contractor (9) DELTA/BJDS, INC							
Street Address 1102 BALTIMORE PIKE SUITE 107		Street Address 1345 INDUSTRIAL BLVD							
City, State, Zip Code GLEN MILLS, PA 19342		City, State, Zip Code SOUTHAMPTON, PA 18966							
Project Manager for Monitoring Firm DON HEIM	Telephone No. 610 558-8902	Telephone No. 215 322-2900	License No. 00783						
Start Date (10) 03 / 25 / 13	Scheduled Completion Date (11) 04 / 30 / 13	Name of OSHA Monitor CRITERION LABS							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-8PM/ _____ PM-6AM		Street Address 3370 PROGRESS DRIVE							
		City, State, Zip Code BENSALEM, PA 19020							
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM). <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
VIRTUA'S MARLTON CAMPUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAIN CORRIDOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	1,300 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"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GRP.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE, NEW CASTLE, DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) DAMIAN LAVELLE	Title PROJECT MGR.	Signature <i>Damian Lavelle</i>	Date 3-12-13						

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

Check Amendment to change Completion Date.

Date of Notification (1) February 25, 2013		Name of Building Owner/Operator (2) IMTT - Bayonne							
Agencies Notified	Type Notification	Street Address 250 East 22nd Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #004 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bayonne, New Jersey 07002							
		Name of Contact Aubrey Hotard	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) IMTT - Bayonne		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 250 East 22nd Street		Square Feet	# of Floors						
City (5) Bayonne, New Jersey 07002		Bldg. Age 30+							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) Insulations, Inc.						
Street Address 20 - 21 Wagaraw Road, Bldg. 34A		Street Address 1101 Edwards Avenue							
City, State, Zip Code Fair Lawn, New Jersey 07410		City, State, Zip Code Harahan							
Project Manager for Monitoring Firm Guillermo Morales		Telephone No. 973-636-9145	License No. 01120						
Start Date (10) 02/25/2013	Scheduled Completion Date (11) 03/22/2013	Name of OSHA Monitor EnviroVision Consultants, 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 type="checkbox"/> Other - Describe: <u>area unoccupied</u>		Street Address 20 - 21 Wagaraw Road, Bldg. 34A							
		City, State, Zip Code Fair Lawn, New Jersey 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
5th Street Boiler House		X		Roof Mastic	4500 sf	X			
5th Street Boiler House		X		Floor Tiles	600 sf	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. S-2265	Cubic Yards of Waste 16	Name of Registered Landfill IESI					
City, State Dunmore, PA		Disposal Date 03/22/2013		City, State Bethlehem, PA					
Completed by Aubrey Hotard		Title Corporate Safety Director	Signature	Date 03/12/2013					

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

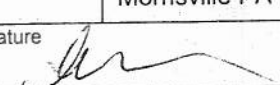
Check 11973

Date of Notification (1) 3/8/13		Name of Building Owner/Operator (2) Englewood Hospital	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 350 Engle Street	
		City, State, Zip Code Englewood, NJ 07631	
		Name of Contact Garfield McFarlane	Telephone Number _____

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Room 242		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 350 Engle Street		Square Feet	# of Floors
City (5) Englewood		Bldg. Age	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Environmental Group		ASCM No. 62252	Name of Abatement Contractor (9) ABS Environmental Services, LLC
Street Address 1600 Route 22 E		Street Address 4 E Gate Drive, PO Box 483	
City, State, Zip Code Union NJ 07083		City, State, Zip Code Glenwood, NJ 07418	
Project Manager for Monitoring Firm Mike Nehlsen		Telephone No. 908-688-7800	Telephone No. 973-583-8500
License No. 703			
Start Date (10) 3/11/13	Scheduled Completion Date (11) 4/30/13	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

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

Location of Asbestos-Containing Material (ACM) <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
Room 242			x	pipe fittings	20	x			
Room 242			x	floor tile	1200 SF	x			

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS N Landfill
City, State Freehold NJ	Disposal Date TBD	City, State Morrisville PA	
Completed by Andrew Scott Higgins	Title President	Signature 	Date 3/8/13

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

CKH
1791 RECEIVED
2013 MAR 13 PM 2:59

Date of Notification (1) **3-11-13**

Name of Building Owner/Operator (2) **LUCIA MACK SOUD**

Street Address **279 FIRST AVE**

City, State, Zip Code **MANASQUAN NJ 08736**

Name of Contact **Incobs**

Agencies Notified
☒ EPA
☒ DEP
☒ DOH
☒ DCA

Type of Notification
☒ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Telephone Number

Name of Facility Where Abatement is Taking Place (3) **LUCIA MACK SOUD**

Street Address **279 FIRST AVE**

City (5) **MANASQUAN**

County (6) **MONMOUTH**

County Code (7) (STATE USE ONLY)

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

Square Feet

of Floors

Bldg. Age

Current Use (Prior to being demolished) **HOUSE**

Name of Monitoring Firm Hired by Building Owner (8)

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Name of Abatement Contractor (9) **ACE INSULATION CO INC**

Street Address **95 MONTROSE RD**

City, State, Zip Code **COLTS NECK NJ 07722**

Telephone No. **732 294 1757**

License No. **00029**

Name of OSHA Monitor **ACE INSULATION CO INC**

Street Address **95 MONTROSE RD**

City, State, Zip Code **COLTS NECK NJ 07722**

Start Date (10) **3-21-13**

Scheduled Completion Date (11) **3-28-13**

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Other - Describe: **7m - 7pm**

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 ft
☐ ≥ 160 sf or ≥ 260 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Frangible Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			20	20	10	10
				Siding	1500				

Name of Registered Waste Hauler **ACE INSULATION CO**

RIDES Waste Hauler ID No. **12086**

Cubic Yards of Waste **3**

Disposal Date

Name of Registered Landfill **GROWS**

City, State **TULLY TOWN PA**

Completed By **Jack GALL**

Title **OPS mgr**

Signature **Jack GALL**

Date **3-11-13**

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

CKH
1792013 MAR 13 PM 2:09
RECEIVED
ASBESTOS CONTROL
LICENSING

Date of Notification (1) **3-11-13**

Name of Building Owner/Operator (2) **ARLEEN YABLONICKY**

Street Address **221 South Court**
City, State, Zip Code **Normandy Beach (TAMI RIVER)**

Agencies Notified
☒ EPA
☒ DEP
☒ DOI
☐ DOH
☐ DCA

Type Notification
☒ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Name of Contact **JACOBS**

Telephone Number

Name of Facility Where Abatement is Taking Place (3) **ARLEEN YABLONICKY**

Street Address **221 South Court**
City (5) **Normandy Beach**
County (6) **OCEAN**

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

Square Feet
of Floors
Bldg. Age

Current Use (If not being demolished) **House**

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

ASCM No.

Name of Abatement Contractor (9) **ACE INSULATION CO INC**

Street Address **95 MONTROSE RD**
City, State, Zip Code **COLTS NECK NJ 07722**

Telephone No. **732 294 1757**

License No. **00029**

Start Date (10) **3-22-13**

Scheduled Completion Date (11) **3-29-13**

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: **7am - 7pm**

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Full Containment with Negative Pressure	Mini-Enclosure	Glovebag Procedure	Non-Exempted (*) and Non-Friable Procedure
				SIDING	1400	<input checked="" type="checkbox"/>			

Name of Registered Waste Handler **ACE INSULATION CO**

NJDES Waste Handler ID No. **12086**

Cubic Yards of Waste

Disposal Date

Name of Registered Landfill **GROWS**

City, State **TULLY TOWN PA**

Completed By **JACK GRALL**

Title **OPS mgr**

Signature **JACK GRALL**

Date **3-11-13**

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

CLK # 1791
2013 MAR 13 PM 2:09
RECEIVED
ASBESTOS LICENSING CONTROL

Date of Notification (1) 3-11-13

Agencies Notified

☒ NJPA
☒ NJDOH
☒ NJDEP
☐ DOH
☐ DCA

Type Notification

☒ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)

AMY McCONNELL

Street Address

3441 JEFFERSON AVE

City, State, Zip Code

TOMS RIVER N.J.

Name of Contact

JACOBS

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

AMY McCONNELL

Street Address

3441 JEFFERSON AVE

City (5)

TOMS RIVER

County (6)

OSCAN

County Code (7) (STATE USE ONLY)

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

HOUSE

Name of Monitoring Firm Hired by Building Owner (8)

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

ACE INSULATION CO INC

Street Address

95 MONTROSE RD

City, State, Zip Code

COLTS NECK N.J. 07722

Telephone No.

732 294 1757

License No.

00029

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)

3-20-13

Scheduled Completion Date (11)

3-27-13

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Other - Describe: 7 AM 7 PM

Name of OSHA Monitor

ACE INSULATION CO INC

Street Address

95 MONTROSE RD

City, State, Zip Code

COLTS NECK N.J. 07722

Scope of Work (Check all that apply)

☐ ≥ 3 sf or ≥ 3 ft
☐ ≥ 160 sf or ≥ 260 ft

☐ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Frangible Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type:			
	Yes	No	N/A			20 or less	21 to 100	101 to 1,000	More than 1,000
				Siding	1200				

Name of Registered Waste Hauler

ACE INSULATION CO

City, State

COLTS NECK N.J. 07722

NJDEP Waste Hauler ID No.

12086

Cubic Yards of Waste

3

Disposal Date

3-27-13

Name of Registered Landfill

GROWS

City, State

TULLY TOWN PA

Completed By

JACK GALL

Title

OPS MGR

Signature

JACK GALL

Date

3-11-13

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

CKH

1791

RECEIVED
2013 MAR 13 PM 2:59
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 3-19-13		Name of Building Owner/Operator (2) John W. WALLEN	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 182 STONZIN RD City, State, Zip Code COLTS NECK NJ 07722 Name of Contact LEITCH Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) John Wallen		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 20 MEADOW AVE		Square Feet 1200	# of Floors 1
City (5) MANASQUAN		Bldg. Age 80	
County (6) MONMOUTH		Current Use (Prior to being demolished) HOUSE	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ACE INSULATION CO INC	
Street Address		Street Address 95 MONTROSE RD	
City, State, Zip Code		City, State, Zip Code COLTS NECK NJ 07722	
Project Manager for Monitoring Firm		Telephone No. 732 294 1757	License No. 00029
Start Date (10) 3-22-13	Scheduled Completion Date (11) 3-28-13	Name of OSHA Monitor ACE INSULATION CO INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am - 7pm		Street Address 95 MONTROSE RD City, State, Zip Code COLTS NECK NJ 07722	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> < 160 sf or < 3 ft <input checked="" type="checkbox"/> 160 sf or > 260 ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) SIDING	Amount (Specify SF or LF) 1200 SF
Name of Registered Waste Hauler ACE INSULATION CO		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3
City, State COLTS NECK NJ 07722		Disposal Date 3-28-13	Name of Registered Landfill GROWS
Completed By Jack GALL		Title OPS MGR	Signature Jack GALL
			Date 3-19-13

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

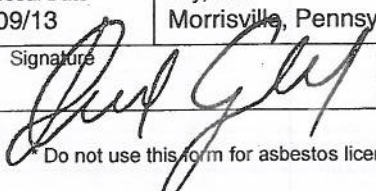
C/KH

RECEIVED
1209 MAR 13 PM 2:09
ASBESTOS CONTROL
& LICENSING

Date of Modification (1) 3-8-13		Name of Building Owner/Operator (2) GARY SEEM	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Modification <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 15 NEW LINE RD City, State, Zip Code PRINCETON NJ 08540 Name of Contact LERTCH Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) GARY SEEM Street Address 41 PEARCE COURT City (5) MANSQUAN County (6) MONMOUTH		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) Square Feet 1200 # of Floors 1 Bldg. Age 70 Current Use (prior to being demolished) HOUSE	
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		Name of Abatement Contractor (9) ACE INSULATION CO INC Street Address 95 MONTROSE RD City, State, Zip Code COLTS NECK NJ 07722 Telephone No. 732 294 1757 License No. 00029	
Project Manager for Monitoring Firm Telephone No.		Name of OSHA Monitor ACE INSULATION CO INC Street Address 95 MONTROSE RD City, State, Zip Code COLTS NECK NJ 07722	
Start Date (10) 3-29-13 Scheduled Completion Date (11) 3-26-13			
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 <input checked="" type="checkbox"/> Other - Describe: 7AM - 7PM			
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 1800 SF
		SIDING	1800 SF
Name of Registered Waste Hauler ACE INSULATION CO City, State COLTS NECK NJ 07722	NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3 Disposal Date	Name of Registered Landfill GROWS City, State TULLY TOWN PA
Completed By Jack GALL	Title OPS MGR	Signature Jack GALL	Date 8-3-13

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

CK # 2471

Date of Notification (1) 03/08/13		Name of Building Owner/Operator (2) Rabbi Jacob Joseph School							
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Plainfield Avenue							
		City, State, Zip Code Edison, NJ 08817							
		Name of Contact Chaim Sabel							
		Telephone Number 1 _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rabbi Jacob Joseph School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 Plainfield Avenue		Square Feet 50,000+	# of Floors 3						
City (5) Edison		Bldg. Age 50+							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Courthouse							
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address 20-21 Wagaraw Road – Bldg. 35E		Street Address 163 Sargeant Avenue							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm Frederick Larson		Telephone No. 973-636-9145	Telephone No. 973-689-6281						
License No. 01099		Name of OSHA Monitor J&S Environmental Laboratories LLC							
Start Date (10) 03/18/13	Scheduled Completion Date (11) 04/09/13	Street Address 2333 Route 22 West							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room - 1st Floor	x			Boiler Lagging & Mudded Materials	300 SF	x			
Boiler Room - 1st Floor	x			Breech Insulation	150 SF	x			
Boiler Room - 1st Floor	x			Tank Insulation	120 SF	x			
Hallway - 1st Floor		x		Duct Insulation	60 SF	x			
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S., Inc.				
City, State Clifton, New Jersey		Disposal Date 04/09/13		City, State Morrisville, Pennsylvania					
Completed by Dimo Golcev		Title General Manager		Signature 		Date 03/08/13			

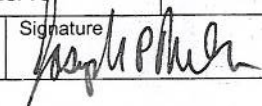
Page 2 of 2

Page 2 of 2

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

ck 12919

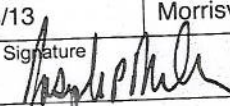
2013 MAR 13 PM 2:09
ASBESTOS CONTROL & LICENSING

Date of Notification (1) March 11, 2013		Name of Building Owner/Operator (2) Ministerio International						
Agencies Notified	Type Notification	Street Address 202-210 East 4th Avenue						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Roselle, NJ 07203						
<input type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Rick Tavares	Telephone Number _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Priest Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 1708 South 16th Street 202-210 E. 4th AVE.								
City (5) Roselle		Square Feet 1200 sf	# of Floors 2					
		Bldg. Age 55+						
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. _____	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.					
Street Address		Street Address 17 Thompson Street						
City, State, Zip Code		City, State, Zip Code West Long Branch, NJ 07764						
Project Manager for Monitoring Firm		Telephone No. 732-222-8372	License No. 00040					
Start Date (10) 3/26/13	Scheduled Completion Date (11) 3/27/13	Name of OSHA Monitor n/a						
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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 40 LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
basement			x	TSI	x			
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc.		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 1	Name of Registered Landfill GROWS NORTH LANDFILL				
City, State Oceanport, NJ 07757-0400		Disposal Date 3/28/13		City, State Morrisville, PA				
Completed by Joseph P. Miller		Title President	Signature 		Date 3/11/13			

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

CK 12920

2013 MAR 13 PM 2:09
ASBESTOS CONTROL & LICENSING

Date of Notification (1) March 11, 2013		Name of Building Owner/Operator (2) Leroy Shoulan							
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 1768 South 16th Street							
		City, State, Zip Code Newark, NJ 07103							
		Name of Contact Rick Tavares							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Leroy Shoulan Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1768 South 16th Street		Square Feet 1200 sf	# of Floors 2						
City (5) Newark		Bldg. Age 55+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. _____	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.						
Street Address		Street Address 17 Thompson Street							
City, State, Zip Code		City, State, Zip Code West Long Branch, NJ 07764							
Project Manager for Monitoring Firm		Telephone No. 732-222-8372	License No. 00040						
Start Date (10) 3/27/13	Scheduled Completion Date (11) 3/28/13	Name of OSHA Monitor n/a							
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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 71 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	TSI		x			
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp.		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 1	Name of Registered Landfill GROWS NORTH LANDFILL					
City, State Oceanport, NJ 07757-0400		Disposal Date 3/28/13		City, State Morrisville, PA					
Completed by Joseph P. Miller		Title President	Signature 			Date 3/11/13			

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

Date of Notification (1) March 11, 2013		Name of Building Owner/Operator (2) Alvin & Theresa Smith		2013 MAR 13 PM 2:09					
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 102 Huntington Terrace					
				City, State, Zip Code Newark, NJ 07112					
		Name of Contact Rick Tavares		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Alvin & Theresa Smith Residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 102 Huntington Terrace				Square Feet 1200 sf	# of Floors 2				
City (5) Newark				Bldg. Age 55+					
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.		Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.					
Street Address		Street Address 17 Thompson Street							
City, State, Zip Code		City, State, Zip Code West Long Branch, NJ 07764							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-222-8372	License No. 00040				
Start Date (10) 3/27/13		Scheduled Completion Date (11) 3/28/13		Name of OSHA Monitor n/a					
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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	TSI	46 LF	x			
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc.		NJDEP Waste Hauler ID No. 12058		Cubic Yards of Waste 1	Name of Registered Landfill GROWS NORTH LANDFILL				
City, State Oceanport, NJ 07757-0400		Disposal Date 3/28/13		City, State Morrisville, PA					
Completed by Joseph P. Miller		Title President		Signature <i>Joseph P. Miller</i>			Date 3/11/13		

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