


MO#21901429361

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

Date of Notification (1) 03 / 25 / 14		Name of Building Owner/Operator (2) 499 Lincoln Park Care Center LLC							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 499 Pine Brook Road							
		City, State, Zip Code Lincoln Park, NJ 07035							
		Name of Contact Ari Rosenberg							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Nursing home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 521 Pine Brook Road, Renaissance Bldg.		Square Feet							
City (5) Lincoln Park, NJ 07035		# of Floors							
County (6) Morris		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (6) Envirovision Consultants, Inc		ASCM No. 00079							
Street Address 20-21 Wagaraw Road, Bldg.#35 E		Name of Abatement Contractor (9) Gr Tech LLC							
City, State, Zip Code Fair Lawn, NJ 07410		Street Address 576 Valley Rd #283							
Project Manager for Monitoring Firm Guillermo Morales		City, State, Zip Code Wayne, NJ 07470							
Telephone No. 973-636-9145		Telephone No. 973-638-1777							
Start Date (10) 04 / 03 / 14		License No. 01127							
Scheduled Completion Date (11) 05 / 03 / 14		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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/06:00 PM-6:00 AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥ 150 sf or ≥ 250 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Fair Lawn, NJ 07410							
<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler room-first floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Breeching insulation	140 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 Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc				
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature 		Date 03/25/2014			

ASB-41
MAY 11

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

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

Check#1851

Date of Notification (1) 03 / 25 / 14		Name of Building Owner/Operator (2) Kevin Sullivan	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 835 Summit Avenue		City, State, Zip Code Hackensack, NJ 07601	
Name of Contact Kevin Sullivan		Telephone Number	

MAR 31 2014

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 835 Summit Avenue		Square Feet	
City (5) Hackensack, NJ 07601		# of Floors	
County (6) Bergen		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. 973-638-1777	License No. 01127

Start Date (10) 04 / 04 / 14	Scheduled Completion Date (11) 04 / 07 / 14	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"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<input checked="" 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		

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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First floor-living room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling plaster	550 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 Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470	Disposal Date TBD	City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature 	Date 03/25/2014

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

Date of Notification (1) 03/25/14		Name of Building Owner/Operator (2) 185-189 GROVE ST LLC		MAR 31 2014					
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 600 PALISADE AVE APT 303 City, State, Zip Code UNION CITY, NJ 07087 Name of Contact JACOB SCHULDER					
				Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 187-191 GROVE ST				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.)					
City (5) PASSAIC		Square Feet 10,000		# of Floors 3	Bldg. Age				
County (6) PASSAIC		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCN No.		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS					
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-668-9078	License No. 1200				
Start Date (10) 04/04/14		Scheduled Completion Date (11) 04/07/14		Name of OSHA Monitor AAA LEAD PROFESSIONALS					
Occupancy Status During Abatement (Check Only One)				Street Address 6 WHITE DOVE COURT					
<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 LAKEWOOD, NJ 08701					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT	X			PIPE INSULATION	19 LF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 2	Name of Registered Landfill IESI				
City, State NEWARK, NJ				Disposal Date 04/07/14	City, State BETHLEHEM PA				
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 03/25/14			

Emergency

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

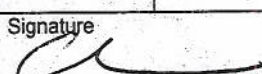
CR 395

Date of Notification (1) 3/25/14		Name of Building Owner/Operator (2) Robert Stack (Private Home)							
Agencies Notified	Type Notification	Street Address 1207 Long Beach Blvd							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Beach Haven NJ 08008							
		Name of Contact Rob	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Robert Stack (Private Home)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1207 Long Beach Blvd		Square Feet 1000+	# of Floors 1						
City (5) Beach Haven NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 3/26/14	Scheduled Completion Date (11) 3/28/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Exterior Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 3/28/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature			Date 3/25/14		

Emergency

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

ck 3994

Date of Notification (1) 3/25/14		Name of Building Owner/Operator (2) Marianne Dobi (Private Home)							
Agencies Notified	Type Notification	Street Address 32 Lynn Ann Lane							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Marianne	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Marianne Dobi (Private Home)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 32 Lynn Ann Lane		Square Feet 1000+	# of Floors 1						
City (5) Manahawkin NJ 08050		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 3/26/14	Scheduled Completion Date (11) 3/28/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 3/28/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 3/25/14		

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

Check # 2283

Date of Notification (1) 3/26/14		Name of Building Owner/Operator (2) Doug Gallahan				
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 339 Sylvania Ave City, State, Zip Code Avon, New Jersey				
		Name of Contact Dave (North End Builders)	Telephone Number			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Gallahan 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 339 Sylvania Ave		Square Feet 2200	# of Floors 2			
City (5) Avon		Bldg. Age 62				
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence (former carriage house)				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)				
Street Address		Street Address				
City, State, Zip Code		City, State, Zip Code				
Project Manager for Monitoring Firm		Telephone No.				
Start Date (10) 4/4/14		Scheduled Completion Date (11) 4/11/14				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM - 7PM		Name of OSHA Monitor				
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address				
		City, State, Zip Code				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 2200	Abatement Type		
				Removal	Repair	Encapsulate
Outdoors (house + carriage house)	<input checked="" type="checkbox"/>	Siding	2200	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Ace Insulation Co., Inc		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.		
City, State Colts Neck, N.J. 07722		Disposal Date 4/11/14	City, State Tullytown, PA			
Completed by Bree McGuire	Title Secretary Treasurer	Signature Bree McGuire	Date 3/26/14			

ASB-41

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

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

CK#2283

Date of Notification (1) 3/26/14		Name of Building Owner/Operator (2) Primer Design Custom Homes LLC							
Agencies Notified	Type Notification	Street Address							
<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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	405 Kentucky Lane							
		City, State, Zip Code	Westfield, NJ 07090						
		Name of Contact	Jerry						
		Telephone Number	MAR 31 2014						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Primer Design Custom Homes LLC Property		Type of Facility (4)							
Street Address 62 Tamagones Way		<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) Westfield		Square Feet 2500	# of Floors 2						
County (6) Union		Bldg. Age 64							
County Code (7) Union		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address			Ace Insulation Co., Inc.						
City, State, Zip Code		Street Address							
		95 Montrose Road							
Project Manager for Monitoring Firm		City, State, Zip Code							
Telephone No.		Colts Neck, N.J. 07722							
Start Date (10) 4/1/14		Telephone No.	License No.						
Scheduled Completion Date (11) 4/11/14		732-294-1757	00029						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<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							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input 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
outdoors			X	Siding	2500	✓			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
Ace Insulation Co., Inc.		12086		Chrins					
City, State		Disposal Date		City, State					
Colts Neck, New Jersey		4/11/14		Easton, Pa					
Completed by		Title	Signature	Date					
Bree McGuire		Secretary Treasurer	Bree McGuire	3/26/14					

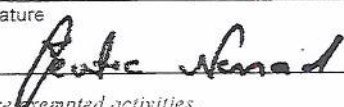
CHECK #
3238

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

Date of Notification (1) <u>3/25/14</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTORS 2014</u>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 <u>155 ROUTE 50</u>						
		City, State, Zip Code <u>GREENFIELD, N.J. 08230</u>						
		Name of Contact <u>BRUCE BREUNING</u>	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>1467 ASBURY AVE.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>					
City (5) <u>OCEAN CITY</u>		Bldg. Age <u>40+</u>						
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>VACANT</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>						
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>						
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>						
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>					
Start Date (10) <u>4/7/14</u>	Scheduled Completion Date (11) <u>4/14/14</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <u>369 S. SPRUCE AVE.</u>						
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>2000 sf</u>	Abatement Type			
					Removal	Repair	Encapsulation	Enclosure
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>				
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date		City, State <u>WOODBINE, N.J.</u>				
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>		Date <u>3/25/14</u>				

MO#21901429348

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

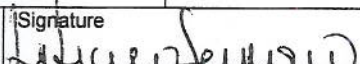
Date of Notification (1) 03 / 25 / 14		Name of Building Owner/Operator (2) 499 Lincoln Park Care Center LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 499 Pine Brook Road City, State, Zip Code Lincoln Park, NJ 07035 Name of Contact Ari Rosenberg Telephone Number MAR 31 2014							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Nursing home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 499 Pine Brook Road, Lincoln Park Care Center		Square Feet	# of Floors						
City (5) Lincoln Park, NJ 07035		Bldg. Age							
County (6) Morris	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) Gr Tech LLC						
Street Address 20-21 Wagaraw Road, Bldg.#35 E		Street Address 576 Valley Rd #283							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm Guillermo Morales	Telephone No. 973-636-9145	Telephone No. 973-638-1777	License No. 01127						
Start Date (10) 04 / 03 / 14	Scheduled Completion Date (11) 05 / 03 / 14	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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/06:00 PM_6:00 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"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Tent with Negative Pressure <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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler room-first floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Breeching insulation	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler room-first floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Expansion tank insulation	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler room-first floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler room-first floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elbows and tees	80 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature 	Date 03/25/2014					

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

CK 4954

Date of Notification (1) 3/25/14		Name of Building Owner/Operator (2) TEMPLE BETH EL							
Agency Notified <input 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"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 280 SUMMIT AVENUE							
		City, State, Zip Code HACKENSACK, NJ 07601							
		Name of Contact R. ROSE							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) TEMPLE BETH EL		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.)							
Street Address 280 SUMMIT AVENUE		Square Feet 18,000	# of Floors 2						
City (5) HACKENSACK		Bldg. Age 58 YRS							
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) TEMPLE/DAYCARE/OFFICE						
Name of Monitoring Firm Hired by Building Owner (5) OMEGA ENVIRONMENTAL		ASCM No. 00120	Name of Abatement Contractor (8) Best Removal Inc						
Street Address 280 HUYLER STREET		Street Address 450 S. River St							
City, State, Zip Code S. HACKENSACK N.J. 07606		City, State, Zip Code Hackensack, N.J. 07601							
Project Manager for Monitoring Firm E. GELHAUS		Telephone No. 201-489-8700	Telephone No. 201-329-7444						
License No. 00388		Name of OSHA Monitor Omega Environmental Inc							
Start Date (10) 4/14/14		Scheduled Completion Date (11) 4/21/14							
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 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 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 BOILER ROOM	X			THERMAL INSULATION	80 ELBOWS LF	X			
BASEMENT BOILER ROOM	X			THERMAL FIBERGLASS	60 LF	X			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 YOS	Name of Registered Landfill Minerva Enterprises					
City, State Hackensack, N.J. 07601		Disposal Date 4/21/14	City, State Waynesburg, Oh						
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>	Date 3/25/14						

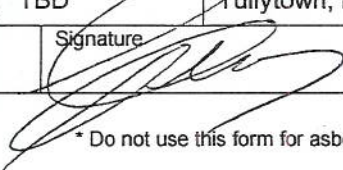
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 3-24-2014		Name of Building Owner/Operator (2) William A. Lewick							
Agencies Notified	Type Notification	Street Address 304 Bloomfield Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Verona, NJ 07044							
		Name of Contact William A. Lewick	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 304 Bloomfield Avenue		Square Feet 2400	# of Floors 2						
City (5) Verona, NJ 07044		Bldg. Age 88+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 4-2-2014	Scheduled Completion Date (11) 4-2-2014	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic		x		Pipe insulation	30 LF	x			
Name of Registered Waste Hauler Waste management		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. North landfill					
City, State Coraopolis, P.A.		Disposal Date 4-2-2014		City, State Morrisville, P.A.					
Completed by Liliana Serrano		Title Office Manager		Signature 			Date 3-24-2014		

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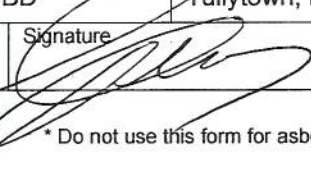
Print Form

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

Date of Notification (1) 03/21/14		Name of Building Owner/Operator (2) Frank DeMarco							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	15 Maple Way MAR 31 2014 City, State, Zip Code Mountain Lakes, NJ 07417							
		Name of Contact Frank DeMarco	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4)							
Street Address 15 Maple Way		<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) Mountain Lakes		Square Feet 800 SF	# of Floors 1						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental Services Inc		ASCM No.	Name of Abatement Contractor (9) America Enterprise Corp						
Street Address 140 Boulevard		Street Address 29 Northfield Ave, Ste 202							
City, State, Zip Code Mountain Lakes, NJ 07417		City, State, Zip Code west Orange, NJ 07052							
Project Manager for Monitoring Firm Leonid Shereshevsky		Telephone No. 973-588-4821	License No. 01203						
Start Date (10) 03/31/14	Scheduled Completion Date (11) 04/03/14	Name of OSHA Monitor n/a							
Occupancy Status During Abatement (Check Only One)		Street Address							
<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							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	TSI	50 LF	X			
Name of Registered Waste Hauler America Enterprise Corp		NJDEP Waste Hauler ID No. 32980	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State West Orange, NJ			Disposal Date TBD	City, State Tullytown, PA					
Completed by Eli Brito		Title Project Manager	Signature 			Date 03/21/14			

CK 5080
\$200

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

Date of Notification (1) 03/21/14		Name of Building Owner/Operator (2) Frank DeMarco							
Agencies Notified	Type Notification	Street Address 15 Maple Way							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mountain Lakes, NJ 07417 Name of Contact Frank DeMarco							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4)							
Street Address 15 Maple Way		<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) Mountain Lakes		Square Feet 800 SF	# of Floors 1						
		Bldg. Age 50+							
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) Sky Environmental Services Inc		ASCM No.	Name of Abatement Contractor (9) America Enterprise Corp						
Street Address 140 Boulevard		Street Address 29 Northfield Ave, Ste 202							
City, State, Zip Code Mountain Lakes, NJ 07417		City, State, Zip Code west Orange, NJ 07052							
Project Manager for Monitoring Firm Leonid Shereshevsky		Telephone No. 973-588-4821	Telephone No. 877-977-9516						
		License No. 01203							
Start Date (10) 03/31/14	Scheduled Completion Date (11) 04/03/14	Name of OSHA Monitor n/a							
Occupancy Status During Abatement (Check Only One)		Street Address							
<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							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	TSI	50 LF	X			
Name of Registered Waste Hauler America Enterprise Corp		NJDEP Waste Hauler ID No. 32980	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State West Orange, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Eli Brito		Title Project Manager		Signature 		Date 03/21/14			

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

Date of Notification (1) March 24, 2014		Name of Building Owner/Operator (2) Elite Construction Corp. 23890	
Agencies Notified	Type of Notification	Street Address 49 Linden Avenue	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Mantua, NJ 08051	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____	Name of Contact Nick	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 55 Patrick Drive			<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 Manahawkin	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1200 sf	# of Floors 1	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 3/25/14		Scheduled Completion Date (11) 3/27/14		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
			Scope of Work (Check all that apply)		
			<input type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition		
			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

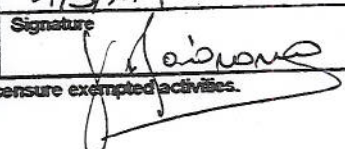
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1000 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 3/28/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 3/24/14

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

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

CK 4955

Date of Notification (1) 3/24/14		Name of Building Owner/Operator (2) MS. KATHLEEN WELLS				
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 289 SQUANKUM RD				
		City, State, Zip Code FARMINGDALE, NY 07727				
		Name of Contact MS. WELLS				
Telephone Number _____						
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MS. WELLS		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 289 SQUANKUM RD		Square Feet 2500	# of Floors 2			
City (5) FARMINGDALE		Bldg. Age 1945				
County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)				
Street Address		Street Address Best Removal Inc				
City, State, Zip Code		City, State, Zip Code 450 S. River St				
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388			
Start Date (10) 4/2/14	Scheduled Completion Date (11) 4/3/14	Name of OSHA Monitor Omega Environmental Inc				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM		Street Address 280 Huyler St				
		City, State, Zip Code South Hackensack, N.J. 07606				
Scope of Work (Check all that apply)						
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				
		<input 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) 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) 125 SF	Abatement Type		
				Removal	Repair	Encapsulate
SECOND FLOOR OFFICES		VAT		<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1 1/2	Name of Registered Landfill Minerva Enterprises		
City, State Hackensack, N.J. 07601		Disposal Date 4/3/14	City, State Waynesburg, Oh			
Completed by J. Maiorano	Title Estimator	Signature 	Date 3/24/14			

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

MO#21901425513

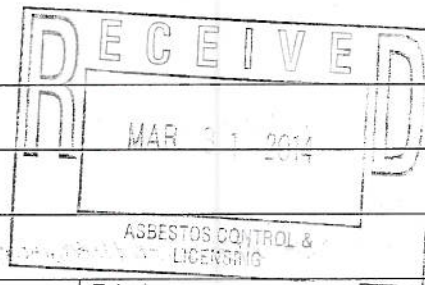
Emergency notification

Date of Notification (1) 03 / 24 / 14		Name of Building Owner/Operator (2) Amy Coons		APPROVED NJ Dept. of Health & Senior Services <i>[Signature]</i> Date: 3/24/14 Time: 8:36 AM MAR 31 2014			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 8:23-8)		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 405 High Street City, State, Zip Code Cranford, NJ 07016 Name of Contact Eric Vitale	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Private home Street Address 405 High Street City (5) Cranford, NJ 07016 County (6) Union				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.) Square Feet _____ # of Floors _____ Bldg. Age _____ Current Use (Prior if being demolished) _____			
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. _____ Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 License No. 01127					
Project Manager for Monitoring Firm _____ Telephone No. _____		Name of OSHA Monitor Envirovision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg # 34A City, State, Zip Code Fair Lawn, NJ 07410					
Start Date (10) 03 / 25 / 14		Scheduled Completion Date (11) 03 / 27 / 14					
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 _____ AM							
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 type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM): TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)			
Attic		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Vermiculite insulation 460 SF			
		<input type="checkbox"/> <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		NJEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD Disposal Date TBD			
Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA							
Completed By (Print or Type) N. Jevtic		Title Owner		Signature <i>[Signature]</i> Date 03/24/2014			

Check #
P244

Print Form

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



Date of Notification (1) 03/21/2014		Name of Building Owner/Operator (2) Janet Votapek							
Agencies Notified	Type Notification	Street Address 2100 Stanley Terrace							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union, NJ 07083							
		Name of Contact Janet Votapek							
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 2100 Stanley Terrace		Square Feet 4,200	# of Floors 2						
City (5) Union		Bldg. Age 50 +							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Apartments							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address		Street Address 494 E. 41st Street							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm		Telephone No. 973-345-0022	License No. 00507						
Start Date (10) April 3, 2014	Scheduled Completion Date (11) April 8, 2014	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: Unoccupied Basement		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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		Pipe Insulation	252 L.F.	X			
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. NJ 419	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S. North Inc.					
City, State Paterson, NJ 07504			Disposal Date 04/08/2014	City, State Morrisville, PA					
Completed by James E. Unger		Title Project Manager	Signature 	Date 03/21/2014					

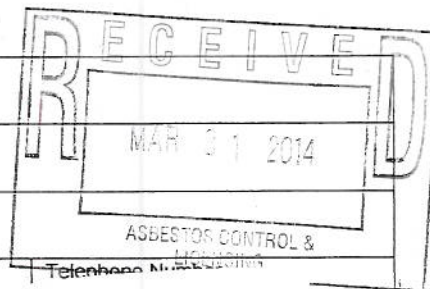
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

Date of Notification (1) 3-24-2014		Name of Building Owner/Operator (2) M. MILLER		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED check 4954 MAR 31 2014 ASBESTOS CONTROL & Telephone Number </div>				
Agency Notified	Type Notification	Street Address						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	120 DUNBAR AVENUE City, State, Zip Code FORDS, NJ 08863 Name of Contact M. MILLER						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) M. MILLER			Type of Facility (4)					
Street Address 120 DUNBAR AVENUE			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) FORDS			Square Feet 1800	# of Floors 2	Bldg. Age 64 YRS			
County (6) MIDDLESEX		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)					
Street Address			Best Removal Inc					
City, State, Zip Code			Street Address 450 S. River St					
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code Hackensack, N.J. 07601					
			Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 4-8-2014	Scheduled Completion Date (11) 4-10-2014		Name of OSHA Monitor Omega Environmental Inc					
Occupancy Status During Abatement (Check only one)			Street Address 280 Huyler St					
<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			City, State, Zip Code South Hackensack, N.J. 07606					
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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
BASEMENT			X VAT	525 SF X				
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1 1/2 yd	Name of Registered Landfill Minerva Enterprises				
City, State Hackensack, N.J. 07601		Disposal Date 4-10-2014		City, State Waynesburg, Oh				
Completed by R. VELDRA	Title Estimator		Signature R. Veldran			Date 3-24-2014		

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

Check # 5077

Date of Notification (1) 2/27/14		Name of Building Owner/Operator (2) Township of Weehawken							
Agencies Notified	Type Notification	Street Address 372 Park Ave							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Weehawken, NJ 07086							
		Name of Contact c/o James Bartley							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Weehawken Town Hall		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 400 Park Ave		Square Feet	# of Floors 2						
City (5) Weehawken,		Bldg. Age 50+							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Municipal Building							
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental Services Inc		ASCM No.	Name of Abatement Contractor (9) America Enterprise Corp						
Street Address 140 Boulevard		Street Address 29 Northfield Ave, Ste 202							
City, State, Zip Code Mountain Lakes, NJ 07046		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm Leonid Shereshevsky		Telephone No. 877-977-9516	License No. 01203						
Start Date (10) 03/01/14	Scheduled Completion Date (11) 03/02/14	Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input 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	Pipe insulation	7 LF	X			
1st Floor bathroom area			X	Pipe insulation	2 LF	X			
1st Floor (drench by stairs)			X	ACM debris	12 SF	X			
Name of Registered Waste Hauler America Enterprise corp		NJDEP Waste Hauler ID No. 32980	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State West Orange, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by <i>Li Bao</i>		Title Manager	Signature <i>[Signature]</i>	Date 02/27/14					



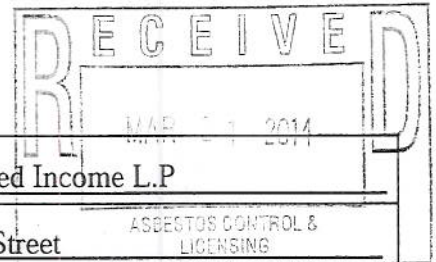
check #
8243

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



Date of Notification (1) 03/24/2014		Name of Building Owner/Operator (2) Mr. William Oswald							
Agencies Notified	Type Notification	Street Address 45 Gordonhurst Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, NJ 07043							
		Name of Contact William Oswald							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address 45 Gordonhurst 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) Montclair		Square Feet ~2,500	# of Floors 2						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50 +						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address		Street Address 494 E. 41st Street							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm		Telephone No. 973-345-0022	License No. 00507						
Start Date (10) April 5, 2014	Scheduled Completion Date (11) April 7, 2014	Name of OSHA Monitor Same as above							
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: <u>Unoccupied Basement</u>		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"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	90 L.F.	X			
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. NJ 419	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S. North Inc.					
City, State Paterson, NJ 07504			Disposal Date 04/07/2014	City, State Morrisville, PA					
Completed by James E. Unger		Title Project Manager		Signature 		Date 03/24/2014			

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



No Check

Date of Notification (1) <u>2/26/14</u>		Name of Building Owner/Operator (2) <u>Pleasantville Mixed Income L.P</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>77 Park Street</u> City, State, Zip Code <u>Montclair, NJ 07042</u>	
		Name of Contact <u>Joel Wallace</u>	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>Retail Stores</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>1-9 Main Street</u>		Square Feet <u>9000</u>	# of Floors <u>1</u>
City (5) <u>Pleasantville, NJ</u>		Bldg. Age <u>80</u>	
County (6) <u>Atlantic</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Retail Stores</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>Environmental Tactics</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>64 Broad Street</u>		Street Address <u>P.O. Box 322</u>	
City, State, Zip Code <u>Matawan, NJ 07747</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Tom Geiger</u>	Telephone No. <u>(732) 290-2534</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>4/10/14</u>	Scheduled Completion Date (11) <u>5/12/14</u>	Name of OSHA Monitor <u>Environmental Tactics</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>64 Broad Street</u>	
		City, State, Zip Code <u>Matawan, NJ</u>	

Scope of Work (Check all that apply)

☒ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 260 lf

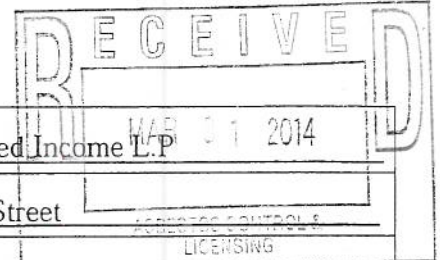
☐ Renovation
☒ Demolition

☐ 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			Removal	Repair	Encapsulate	Enclosure
<u>Roof</u>			<input checked="" type="checkbox"/>	<u>Roofing/Flashing</u>	<u>9600 SF</u>	<input checked="" type="checkbox"/>			

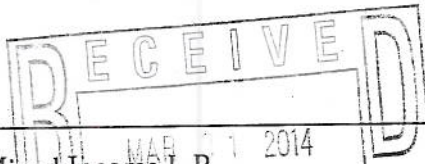
Name of Registered Waste Hauler <u>Carnavale Disposal</u>	NJDEP Waste Hauler ID No. <u>17297</u>	Cubic Yards of Waste <u>40 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>
City, State <u>Hamilton, NJ</u>		Disposal Date <u>5/12/14</u>	City, State <u>Morrisville, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>3/24/14</u>

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



Date of Notification (1) <u>2/26/14</u>		Name of Building Owner/Operator (2) <u>Pleasantville Mixed Income L.P.</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>77 Park Street</u>							
		City, State, Zip Code <u>Montclair, NJ 07042</u>							
		Name of Contact <u>Joel Wallace</u>							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Retail Stores</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>1-9 Main Street</u>		Square Feet <u>9000</u>	# of Floors <u>1</u>						
City (5) <u>Pleasantville, NJ</u>		Bldg. Age <u>80</u>							
County (6) <u>Atlantic</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Retail Stores</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>Environmental Tactics</u>		ASCM No. _____							
Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>		ASCM No. _____							
Street Address <u>64 Broad Street</u>		Street Address <u>P.O. Box 322</u>							
City, State, Zip Code <u>Matawan, NJ 07747</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Tom Geiger</u>		Telephone No. <u>(732) 290-2534</u>	License No. <u>00493</u>						
Start Date (10) <u>3/10/14</u>	Scheduled Completion Date (11) <u>3/28/14</u>	Name of OSHA Monitor <u>Environmental Tactics</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>64 Broad Street</u>							
		City, State, Zip Code <u>Matawan, NJ</u>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Roof</u>			<input checked="" type="checkbox"/>	<u>Roofing/Flashing</u>	<u>9600 SF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Carnavale Disposal</u>		NJDEP Waste Hauler ID No. <u>17292</u>	Cubic Yards of Waste <u>40 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>					
City, State <u>Hamilton, NJ</u>		Disposal Date <u>3/28/14</u>	City, State <u>Morrisville, PA</u>						
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature 				Date <u>2/26/14</u>		

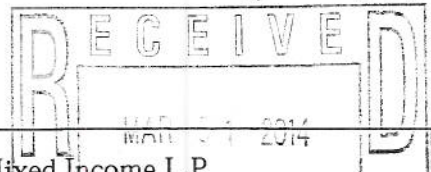
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**



No Check

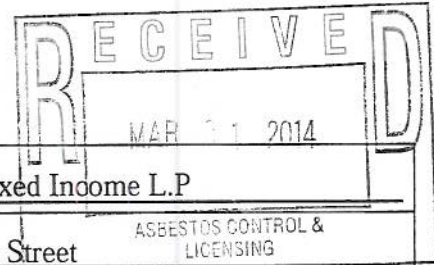
Date of Notification (1) <u>2/25/14</u>		Name of Building Owner/Operator (2) <u>Pleasantville Mixed Income L.P.</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>77 Park Street</u> City, State, Zip Code <u>Montclair, NJ 07042</u>						
		Name of Contact <u>Joel Wallace</u>	Telephone Number <u></u>					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Retail Stores</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>27-29 Main Street</u>		Square Feet <u>6200</u>	# of Floors <u>2</u>					
City (5) <u>Pleasantville, NJ</u>		Bldg. Age <u>80</u>						
County (6) <u>Atlantic</u>	County Code (7) (STATE USE ONLY) <u></u>	Current Use (Prior if being demolished) <u>Retail Stores</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>Environmental Tactics</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>64 Broad Street</u>		Street Address <u>P.O. Box 322</u>						
City, State, Zip Code <u>Matawan, NJ 07747</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>Tom Geiger</u>	Telephone No. <u>(732) 290-2534</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>					
Start Date (10) <u>4/10/14</u>	Scheduled Completion Date (11) <u>5/12/14</u>	Name of OSHA Monitor <u>Environmental Tactics</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u></u>		Street Address <u>64 Broad Street</u>						
		City, State, Zip Code <u>Matawan, NJ</u>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>2700 SF</u>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>1st Floor</u>			<u>X</u>	<u>VAT/Mastic</u>	<u>X</u>			
Name of Registered Waste Hauler <u>Carnavale Disposal</u>		NJDEP Waste Hauler ID No. <u>17297</u>	Cubic Yards of Waste <u>10 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>				
City, State <u>Hamilton, NJ</u>		Disposal Date <u>5/12/14</u>	City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature <u>[Signature]</u>	Date <u>3/24/14</u>					

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



Date of Notification (1) <u>3/3/14</u>		Name of Building Owner/Operator (2) <u>Pleasantville Mixed Income L.P</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>77 Park Street</u> City, State, Zip Code <u>Montclair, NJ 07042</u> Name of Contact <u>Joel Wallace</u> Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Retail Stores</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>27-29 Main Street</u>		Square Feet <u>6200</u>	# of Floors <u>2</u>						
City (5) <u>Pleasantville, NJ</u>		Bldg. Age <u>80</u>							
County (6) <u>Atlantic</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Retail Stores</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>Environmental Tactics</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>64 Broad Street</u>		Street Address <u>P.O. Box 322</u>							
City, State, Zip Code <u>Matawan, NJ 07747</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Tom Geiger</u>	Telephone No. <u>(732) 290-2534</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>						
Start Date (10) <u>3/17/14</u>	Scheduled Completion Date (11) <u>4/4/14</u>	Name of OSHA Monitor <u>Environmental Tactics</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>64 Broad Street</u>							
		City, State, Zip Code <u>Matawan, NJ</u>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>1st floor</u>			<input checked="" type="checkbox"/>	<u>VAT/ Mastic</u>	<u>2700 SF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Carnavale Disposal</u>		NJDEP Waste Hauler ID No. <u>17292</u>	Cubic Yards of Waste <u>10 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>					
City, State <u>Hamilton, NJ</u>		Disposal Date <u>4/4/14</u>		City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature 		Date <u>3/3/14</u>			

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



No Check

Date of Notification (1) <u>3/3/14</u>		Name of Building Owner/Operator (2) <u>Pleasantville Mixed Income L.P</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>77 Park Street</u>	ASBESTOS CONTROL & LICENSING
		City, State, Zip Code <u>Montclair, NJ 07042</u>	
		Name of Contact <u>Joel Wallace</u>	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>Retail Stores</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>35 Main Street</u>			
City (5) <u>Pleasantville, NJ</u>		Square Feet <u>7500</u>	# of Floors <u>2</u>
		Bldg. Age <u>80</u>	
County (6) <u>Atlantic</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Retail Stores</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>Environmental Tactics</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>64 Broad Street</u>		Street Address <u>P.O. Box 322</u>	
City, State, Zip Code <u>Matawan, NJ 07747</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Tom Geiger</u>	Telephone No. <u>(732) 290-2534</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>4/10/14</u>	Scheduled Completion Date (11) <u>5/2/14</u>	Name of OSHA Monitor <u>Environmental Tactics</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>64 Broad Street</u>	
		City, State, Zip Code <u>Matawan, NJ</u>	

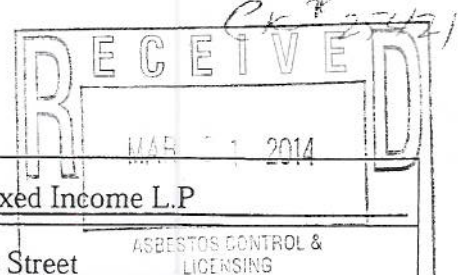
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Basement</u>			<input checked="" type="checkbox"/>	<u>Transite</u>	<u>40 SF</u>	<input checked="" type="checkbox"/>			
<u>Basement</u>			<input checked="" type="checkbox"/>	<u>Boiler Insulation</u>	<u>30 SF</u>	<input checked="" type="checkbox"/>			
<u>Basement</u>			<input checked="" type="checkbox"/>	<u>Air Cell Debris</u>	<u>20 SF</u>	<input checked="" type="checkbox"/>			

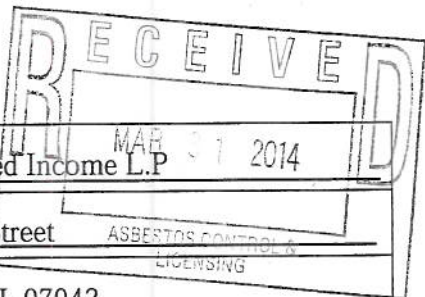
Name of Registered Waste Hauler <u>Stevens Environmental</u>	NJDEP Waste Hauler ID No. <u>17292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>4/30/14</u>	City, State <u>Morrisville, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>3/24/14</u>

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



Date of Notification (1) <u>3/3/14</u>		Name of Building Owner/Operator (2) <u>Pleasantville Mixed Income L.P.</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>77 Park Street</u>	
		City, State, Zip Code <u>Montclair, NJ 07042</u>	
		Name of Contact <u>Joel Wallace</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Retail Stores</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>35 Main Street</u>		Square Feet <u>7500</u>	# of Floors <u>2</u>
City (5) <u>Pleasantville, NJ</u>		Bldg. Age <u>80</u>	
County (6) <u>Atlantic</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Retail Stores</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>Environmental Tactics</u>		ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>
Street Address <u>64 Broad Street</u>		Street Address <u>P.O. Box 322</u>	
City, State, Zip Code <u>Matawan, NJ 07747</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Tom Geiger</u>	Telephone No. <u>(732) 290-2534</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>3/17/14</u>	Scheduled Completion Date (11) <u>4/4/14</u>	Name of OSHA Monitor <u>Environmental Tactics</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>64 Broad Street</u>	
		City, State, Zip Code <u>Matawan, NJ</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Basement</u>			<u>Transite</u>
<u>Basement</u>			<u>Boiler Insulation</u>
<u>Basement</u>			<u>Air Cell Debris</u>
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>17292</u>	Cubic Yards of Waste <u>2 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>4/4/14</u>	Name of Registered Landfill <u>GROWS Landfill</u>
		City, State <u>Morrisville, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>3/3/14</u>

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



No Check

Date of Notification (1) <u>2/25/14</u>		Name of Building Owner/Operator (2) <u>Pleasantville Mixed Income L.P</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>77 Park Street</u> City, State, Zip Code <u>Montclair, NJ 07042</u>	
		Name of Contact <u>Joel Wallace</u>	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>33 Washington Rd.</u>		Square Feet <u>3000</u>	# of Floors <u>3</u>
City (5) <u>Pleasantville, NJ</u>		Bldg. Age <u>75</u>	
County (6) <u>Atlantic</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Retail Stores</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>Environmental Tactics</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>64 Broad Street</u>		Street Address <u>P.O. Box 322</u>	
City, State, Zip Code <u>Matawan, NJ 07747</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Tom Geiger</u>	Telephone No. <u>(732) 290-2534</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>4/10/14</u>	Scheduled Completion Date (11) <u>5/12/14</u>	Name of OSHA Monitor <u>Environmental Tactics</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>64 Broad Street</u>	
		City, State, Zip Code <u>Matawan, NJ</u>	

Scope of Work (Check all that apply)

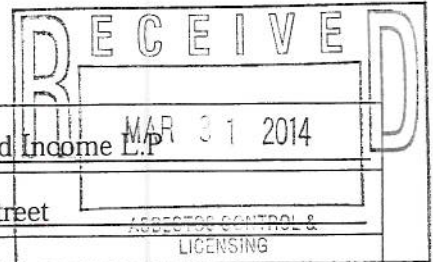
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|--|--|--|
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input checked="" type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>1st and 2nd Floors</u>			<input checked="" type="checkbox"/>	<u>Linoleum Flooring</u>	<u>300 SF</u>	<input checked="" type="checkbox"/>			
<u>Exterior Siding</u>				<u>Transite</u>	<u>2500 SF</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <u>Carnavale Disposal</u>	NJDEP Waste Hauler ID No. <u>17297</u>	Cubic Yards of Waste <u>10 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>
City, State <u>Hamilton, NJ</u>		Disposal Date <u>5/12/14</u>	City, State <u>Morrisville, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature <i>[Signature]</i>	Date <u>3/24/14</u>

CK #25413

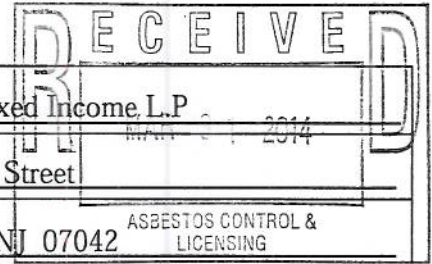
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**



Date of Notification (1) <u>2/25/14</u>		Name of Building Owner/Operator (2) <u>Pleasantville Mixed Income L.P.</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>77 Park Street</u> City, State, Zip Code <u>Montclair, NJ 07042</u>							
		Name of Contact <u>Joel Wallace</u>	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>33 Washington, Rd</u>		Square Feet <u>3000</u>	# of Floors <u>3</u>						
City (5) <u>Pleasantville, NJ</u>		Bldg. Age <u>75</u>							
County (6) <u>Atlantic</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residential</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>Environmental Tactics</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>64 Broad Street</u>		Street Address <u>P.O. Box 322</u>							
City, State, Zip Code <u>Matawan, NJ 07747</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Tom Geiger</u>	Telephone No. <u>(732) 290-2534</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>						
Start Date (10) <u>3/7/14</u>	Scheduled Completion Date (11) <u>3/21/14</u>	Name of OSHA Monitor <u>Environmental Tactics</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>64 Broad Street</u>							
		City, State, Zip Code <u>Matawan, NJ</u>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>1st and 2nd floors</u>			<u>X</u>	<u>Linoleum Flooring</u>	<u>300 SF</u>	<u>X</u>			
<u>Exterior Siding</u>				<u>Transite Siding</u>	<u>2500 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>Carnavale Disposal</u>		NJDEP Waste Hauler ID No. <u>17292</u>	Cubic Yards of Waste <u>10 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>					
City, State <u>Hamilton, NJ</u>		Disposal Date <u>3/21/14</u>		City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature 		Date <u>2/25/14</u>			

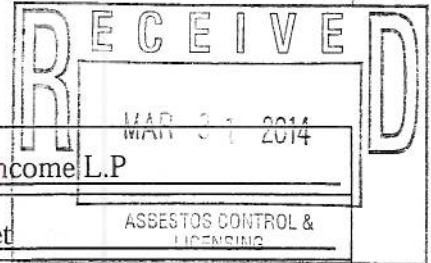
CK# 25440

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



Date of Notification (1) <u>2/25/14</u>		Name of Building Owner/Operator (2) <u>Pleasantville Mixed Income, L.P.</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>77 Park Street</u>							
		City, State, Zip Code <u>Montclair, NJ 07042</u>							
		Name of Contact <u>Joel Wallace</u>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Commerical Building</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>117 Washington Rd.</u>									
City (5) <u>Pleasantville, NJ</u>		Square Feet <u>10000</u>	# of Floors <u>2</u>						
		Bldg. Age <u>60</u>							
County (6) <u>Atlantic</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Retail Stores</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>Environmental Tactics</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>64 Broad Street</u>		Street Address <u>P.O. Box 322</u>							
City, State, Zip Code <u>Matawan, NJ 07747</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Tom Geiger</u>		Telephone No. <u>(732) 290-2534</u>	License No. <u>00493</u>						
Start Date (10) <u>4/10/14</u>	Scheduled Completion Date (11) <u>5/12/14</u>	Name of OSHA Monitor <u>Environmental Tactics</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>64 Broad Street</u>							
		City, State, Zip Code <u>Matawan, NJ</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Men's Room</u>			<input checked="" type="checkbox"/>	<u>VAT</u>	<u>120 SF</u>	<input checked="" type="checkbox"/>			
<u>Upper Roof</u>			<input checked="" type="checkbox"/>	<u>Transite</u>	<u>3000 SF</u>	<input checked="" type="checkbox"/>			
<u>Upper Roof</u>				<u>Flashing</u>	<u>260 SF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Carnavale Disposal</u>		NJDEP Waste Hauler ID No. <u>17297</u>	Cubic Yards of Waste <u>30 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>					
City, State <u>Hamilton, NJ</u>		Disposal Date <u>5/9/14</u>		City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature 		Date <u>3/24/14</u>			

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



Date of Notification (1) <u>2/25/14</u>		Name of Building Owner/Operator (2) <u>Pleasantville Mixed Income L.P</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>77 Park Street</u>	ASBESTOS CONTROL & LICENSING
		City, State, Zip Code <u>Montclair, NJ 07042</u>	
		Name of Contact <u>Joel Wallace</u>	Telephone Number _____

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Commercial Building</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>117 Washington Rd.</u>		Square Feet <u>10000</u>	# of Floors <u>2</u>
City (5) <u>Pleasantville, NJ</u>		Bldg. Age <u>60</u>	
County (6) <u>Atlantic</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Office Building</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>Environmental Tactics</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>64 Broad Street</u>		Street Address <u>P.O. Box 322</u>	
City, State, Zip Code <u>Matawan, NJ 07747</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Tom Geiger</u>	Telephone No. <u>(732) 290-2534</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>3/7/14</u>	Scheduled Completion Date (11) <u>3/21/14</u>	Name of OSHA Monitor <u>Environmental Tactics</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>64 Broad Street</u>	
		City, State, Zip Code <u>Matawan, NJ</u>	

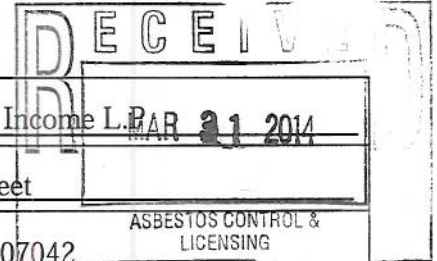
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Men's Room</u>			<input checked="" type="checkbox"/>	<u>VAT</u>	<u>120 SF</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>	
City, State <u>Allentown, NJ</u>		Disposal Date <u>3/21/14</u>	City, State <u>Morrisville, PA</u>		
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>2/25/14</u>		

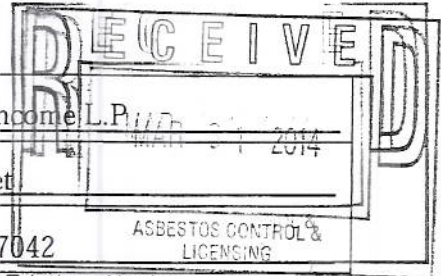
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>3/3/14</u>		Name of Building Owner/Operator (2) <u>Pleasantville Mixed Income L.P.</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>77 Park Street</u>						
		City, State, Zip Code <u>Montclair, NJ 07042</u>						
		Name of Contact <u>Joel Wallace</u>	Telephone Number <u> </u>					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Retail Stores</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>41-49 Main Street</u>								
City (5) <u>Pleasantville, NJ</u>	Square Feet <u>13000</u>	# of Floors <u>2</u>	Bldg. Age <u>80</u>					
County (6) <u>Atlantic</u>	County Code (7) (STATE USE ONLY) <u> </u>	Current Use (Prior if being demolished) <u>Retail Stores</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>Environmental Tactics</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>64 Broad Street</u>		Street Address <u>P.O. Box 322</u>						
City, State, Zip Code <u>Matawan, NJ 07747</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>Tom Geiger</u>		Telephone No. <u>(732) 290-2534</u>	License No. <u>00493</u>					
Start Date (10) <u>4/10/14</u>	Scheduled Completion Date (11) <u>5/2/14</u>	Name of OSHA Monitor <u>Environmental Tactics</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u> </u>		Street Address <u>64 Broad Street</u>						
		City, State, Zip Code <u>Matawan, NJ</u>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>1st Floor</u>			<u>Pipe Insulation</u>	<u>100 LF</u>	<input checked="" type="checkbox"/>			
<u>1st Floor Back Room</u>			<u>Linoleum</u>	<u>130 SF</u>	<input checked="" type="checkbox"/>			
<u>Roof</u>			<u>Roof Flashing</u>	<u>400 LF</u>				
<u>Lower Roof Right Side</u>			<u>Roofing</u>	<u>200 SF</u>				
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>17292</u>	Cubic Yards of Waste <u>10 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>4/30/14</u>	City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature <u>[Signature]</u>			Date <u>3/24/14</u>		

CR # 25722

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



Date of Notification (1) <u>3/3/14</u>		Name of Building Owner/Operator (2) <u>Pleasantville Mixed Income L.P.</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>77 Park Street</u> City, State, Zip Code <u>Montclair, NJ 07042</u>							
		Name of Contact <u>Joel Wallace</u>	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Retail Stores</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>41-49 Main Street</u>		Square Feet <u>13000</u>	# of Floors <u>2</u>						
City (5) <u>Pleasantville, NJ</u>		Bldg. Age <u>80</u>							
County (6) <u>Atlantic</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Retail Stores</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>Environmental Tactics</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>64 Broad Street</u>		Street Address <u>P.O. Box 322</u>							
City, State, Zip Code <u>Matawan, NJ 07747</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Tom Geiger</u>		Telephone No. <u>(732) 290-2534</u>	License No. <u>00493</u>						
Start Date (10) <u>3/17/14</u>	Scheduled Completion Date (11) <u>4/4/14</u>	Name of OSHA Monitor <u>Environmental Tactics</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>64 Broad Street</u>							
		City, State, Zip Code <u>Matawan, NJ</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>1st Floor</u>			<input checked="" type="checkbox"/>	<u>Pipe Insulation</u>	<u>100 LF</u>	<input checked="" type="checkbox"/>			
<u>1st Floor Back Room</u>				<u>Linoleum</u>	<u>130 SF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>17292</u>	Cubic Yards of Waste <u>3 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>4/4/14</u>		City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature 		Date <u>3/3/14</u>			

** Amended * * * * **
Addtional Material

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

Wet Check # 3887
Amended 3 CK 3912
Additional material
New CK 3910

Date of Notification (1) 1/6/14		Name of Building Owner/Operator (2) National Guard Armory	
Agencies Notified <input checked="" 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 checked="" type="checkbox"/> Amended Amendment # <i>4</i> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1048 Route 206 South	
		City, State, Zip Code Bordentown, NJ 08505	
		Name of Contact Tom	
Name of Facility Where Abatement is Taking Place (3) National Guard Armory			
Street Address 1048 Route 206 South		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.)	
City (5) Bordentown, NJ 08505		Square Feet 1000+	# of Floors 1
County (6) Burlington		Bldg. Age 35+	
Name of Monitoring Firm Hired by Building Owner (8) Whitman		ASCM No. 00110	
Street Address 7 Pleasant Hill Rd		Name of Abatement Contractor (9) Pernaco Inc.	
City, State, Zip Code Cranbury NJ 08512		Street Address PO Box 329	
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	Telephone No. 856-753-9800
Start Date (10) 1/20/14		Scheduled Completion Date (11) 2/25/14	License No. 00727
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: Limited Occupancy		Name of OSHA Monitor Same	
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"/> Wet wrap and cut <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) Office Area 121-124 Drill Floor BP3 BP1,2,3,&4 Kitchen, Dining Room offices & Exterior Soffit	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) Floor Tile & mastic Pipe insulation Fire doors Pipe Insulation Transite
	Amount (Specify SF or LF) 760 SF 300 LF 8 Doors 700 LF 2600 SF		
Abatement Type Removal Repair Encapsulate			
Name of Registered Waste Hauler Freehold Cartage Inc.		NJDEP Waste Hauler ID No. s2265	Cubic Yards of Waste 30
Name of Registered Landfill G.R.O.W.S.		Disposal Date TBD	
City, State Freehold NJ		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President	Signature <i>[Signature]</i> Date 1/6/14

Off of Hold Additional Material see Attached

off of hold see attached

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

OK 3990

RECEIVED	
MAR 31 2014	
DEPARTMENT OF ENVIRONMENTAL PROTECTION & LICENSING	

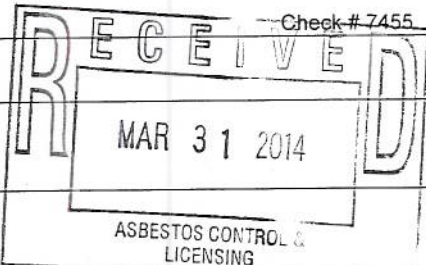
Date of Notification (1)		Name of Building Owner/Operator (2) See Attached							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) See attached		Type of Facility (4)							
Street Address		<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.)							
City (5)		Square Feet	# of Floors						
		Bldg. Age							
County (6)	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)						
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 3/25/14	Scheduled Completion Date (11) 4/1/14	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 type="checkbox"/> Other - Describe: _____		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 checked="" type="checkbox"/> Full Containment with 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) (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
Front of Building Exterior Soffit			x	Plaster	200 SF	x			
Room 128, 129	x			Joint Compound	22 sf	x			
Name of Registered Waste Hauler <i>see attached</i>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
City, State		Disposal Date		City, State					
Completed by		Title	Signature			Date			

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

CK # 0535 / Sent w/ original

Date of Notification (1) 3-21-2014		Name of Building Owner/Operator (2) Care Point Health		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAR 31 2014 NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION CONTROL & LICENSING </div>					
Agencies Notified	Type Notification	Street Address 308 Willow Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hoboken, NJ 07030 Name of Contact Sam Liu							
FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Hoboken University Medical Center Street Address 308 Willow Ave. City (5) Hoboken County (6) Hudson County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) 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 & commercial buildings, homes, etc.) Square Feet _____ # of Floors _____ Bldg. Age 50+					
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Loznica Management Corp					
Street Address n/a		City, State, Zip Code n/a		Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035					
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 973-706-7950 License No. 01193					
Start Date (10) 3-5-2014		Scheduled Completion Date (11) 4-20-2014		Name of OSHA Monitor Loznica Management Corp					
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 <input type="checkbox"/> Other - Describe: _____				Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" 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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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
4th Fl. ICU			x	4 Tents	Elbows 4				
5th Fl. L&D			x	6 Tents	Elbows 6				
5th Fl. Corridor			x	3 Tents	Elbows 3				
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 E. Cirovic		Date 3-21-2014			

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

Date of Notification (1) 3/21/14		Name of Building Owner/Operator (2) New Jersey Department of Military Affairs		
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 101 Eggerts Crossing Road		
	City, State, Zip Code Lawrenceville, NJ 08648			
	Name of Contact William McBride			
		Telephone Number		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Jersey City Armory			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 and commercial buildings, homes, etc.)		
Street Address 678 Montgomery Street			Square Feet 35000	# of Floors 2	Bldg. Age ~68
City (5) Jersey City	County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) armory		
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.		ASCM No. 00110	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 7 Pleasant Hill Road		Street Address 3 Lynn Court			
City, State, Zip Code Cranbury, NJ 08512		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 4/1/14	Sched. Completion Date (11) 4/30/14		Name of OSHA Monitor J & S Environmental Laboratories, 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 – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacant</u>			Street Address 2333 Route 22W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

- ☐ Demolition
☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

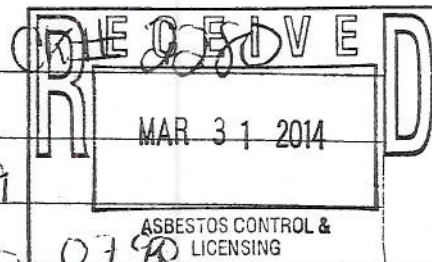
☒ Renovation

- ☐ Full Containment with Negative Pressure
☒ Mini – Enclosure
☐ Glovebag Procedure
☐ Non – Friable Procedure

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			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	R	E	E
Basement & 2 nd floor		x		Pipe insulation – “wrap & cut”	600 LF	x			

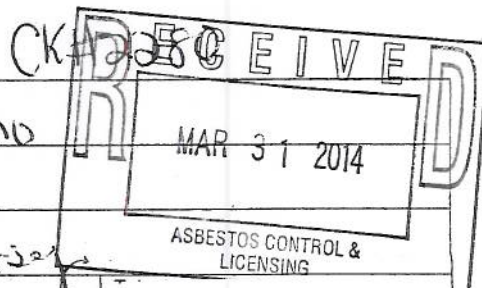
Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 5	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 4/18/14		City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 3/21/14

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



Date of Notification (1) 3/24/14		Name of Building Owner/Operator (2) DCM Properties								
Agencies Notified	Type Notification	Street Address	City, State, Zip Code							
<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"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	313 Rt 206 S.W. 9	Chester, New Jersey 07900							
		Name of Contact Greg	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Auto Body Garage		Type of Facility (4)								
Street Address 44 Veterans Memorial Highway		<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) Somerville	Square Feet 2500	# of Floors 1	Bldg. Age 62							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Garage								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)							
Street Address			Ace Insulation Co., Inc.							
City, State, Zip Code		Street Address 95 Montrose Road	City, State, Zip Code Colts Neck, N.J. 07722							
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	License No. 00029							
Start Date (10) 4/2/14	Scheduled Completion Date (11) 4/11/14	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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 - 4:00		City, State, Zip Code								
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)			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	
Outdoors			<input checked="" type="checkbox"/>	roof material	2500	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.						
City, State Colts Neck, New Jersey		Disposal Date 4/11/14		City, State Bethlehem, PA						
Completed by Bree McGuire		Title Secretary Treasurer		Signature <i>Bree McGuire</i>			Date 3/24/14			

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



Date of Notification (1) 3/24/14		Name of Building Owner/Operator (2) Low Settembrino							
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 77 Valley Rd.						
			City, State, Zip Code Madison, New Jersey						
			Name of Contact Steve						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Settembrino 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 77 Valley Rd.		Square Feet 1400	# of Floors 1 1/2						
City (5) Madison		Bldg. Age 72							
County (6) Morris		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc.						
Street Address		Street Address 95 Montrose Road							
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722							
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	License No. 00029						
Start Date (10) 4/2/14	Scheduled Completion Date (11) 4/7/14	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: 7am-7pm		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 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) 1200 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Outdoors			X	Siding		X			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Colts Neck, New Jersey		Disposal Date 4/7/14		City, State Bethlehem, PA					
Completed by Bree McGuire		Title Secretary Treasurer		Signature <i>Bree McGuire</i>		Date 3/24/14			

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

Fine

Date of Notification (1) 3/24/14		Name of Building Owner/Operator (2) Gourmet Kitchen Property Co.	
Agencies Notified	Type Notification	Street Address 1244 Corties Ave	
<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"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Neptune, N.J.	
		Name of Contact Mark	

RECEIVED
MAR 31 2014
ASBESTOS CONTROL &

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Gourmet Kitchen Property Home		Type of Facility (4)	
Street Address 1244 Corties 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) Neptune	Square Feet 1500	# of Floors 2	Bldg. Age 64
County (6) Morristown	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) house	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	
Start Date (10) 3/25/14		Scheduled Completion Date (11) 3/27/14	
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor	
<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 - 4pm		Street Address	
Scope of Work (Check All That Apply)		City, State, Zip Code	
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

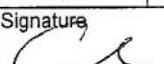
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement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

Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S	
City, State Colts Neck, New Jersey		Disposal Date 3/27/14		City, State Tullytown, PA	
Completed by George Wuest		Title President	Signature <i>[Signature]</i>		Date 3/24/14

Emergency


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

CK 3993

Date of Notification (1) 3/24/14		Name of Building Owner/Operator (2) Ralph Napoli (Private Owner)							
Agencies Notified	Type Notification	Street Address 51 Nancy Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Ralph							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ralph Napoli (Private Owner)		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 51 Nancy Drive		Square Feet 1000+	# of Floors 1						
City (5) Manahawkin NJ 08050		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 3/25/14	Scheduled Completion Date (11) 3/27/14	Name of OSHA Monitor same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Exterior Siding			x	Exterior Siding	1200 Sf	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 3/27/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 3/24/14			

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


Check # 3991

Date of Notification (1) 3/24/14		Name of Building Owner/Operator (2) Johnson & Johnson							
Agencies Notified	Type Notification	Street Address 175 Tabor Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morris Plains NJ 07950							
		Name of Contact Phill Abdalla	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Johnson & Johnson		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 175 Tabor Road		Square Feet 1000+	# of Floors 3						
City (5) Morris Plains NJ 07950		Bldg. Age 30+							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office Building							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 4/4/14	Scheduled Completion Date (11) 4/25/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
front of building and sides not back			x	between window & Building Caulk	3400 LF	x			
Upper Roof			x	tar coating on pipe fittings	75 Fittings	x			
Upper Roof			x	tar coating duct section	6 Section	x			
See Attached			x	See Attached	See Attached	x			
Name of Registered Waste Hauler Carnival		NJDEP Waste Hauler ID No. 17297	Cubic Yards of Waste 60	Name of Registered Landfill G.R.O.W.S.					
City, State Hamilton NJ		Disposal Date TBD		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title Persident		Signature 			Date 3/24/14		

42
14035


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

No Check

Date of Notification (1) 2 / 28 / 14		Name of Building Owner/Operator (2) Macada Properties Mgmt. LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #0 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3435 Winchester Rd., Ste.101							
		City, State, Zip Code Allentown, PA 18104							
		Name of Contact Jim Pintabone							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 222 Red School Lane		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 222 Red School Lane		Square Feet 22,000	# of Floors 1.5						
City (5) Phillipsburg, NJ 08865		Bldg. Age 50+							
County (6) Warren	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant Office							
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies		ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems						
Street Address 28 N. Pennell Rd.		Street Address 550 East Union St.							
City, State, Zip Code Media, PA 19063		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-891-0114	License No. 00508						
Start Date (10) 3 / 17 / 14	Scheduled Completion Date (11) 3 / 31 / 14	Name of OSHA Monitor AET							
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: 7AM-3:30PM-AM		Street Address 28 N. Pennell Road							
		City, State, Zip Code Media, PA 19063							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	180 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	200 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Base Board Mastic	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Insulation	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler N.E.T.S.		NJDEP Waste Hauler ID No. 18947	Cubic Yards of Waste 100	Name of Registered Landfill Allied BFI Imperial					
City, State Hazleton, PA		Disposal Date TBD		City, State Imperial, PA					
Completed By (Print or Type) Mark Griffin		Title Estimator		Signature 			Date 2/28/14		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:27)

Check # 8774

Date of Notification (1) 3 / 28 / 14		Name of Building Owner/Operator (2) Macada Properties Mgmt. LLC						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3435 Winchester Rd., Ste.101						
		City, State, Zip Code Allentown, PA 18104						
		Name of Contact Jim Pintabone	Telephone Number 					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 222 Red School Lane		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 222 Red School Lane		Square Feet 22,000	# of Floors 1.5					
City (5) Phillipsburg, NJ 08865		Bldg. Age 50+						
County (6) Warren	County Code (7) (STATE USE ONLY) 	Current Use (Prior if being demolished) Vacant Office						
Name of Monitoring Firm Hired by Building Owner (8) Accreditted Environmental Technologies		ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems					
Street Address 28 N. Pennell Rd.		Street Address 550 East Union St.						
City, State, Zip Code Media, PA 19063		City, State, Zip Code West Chester, PA 19382						
Project Manager for Monitoring Firm Dave Turotsy	Telephone No. 610-891-0114	Telephone No. 610-701-9000	License No. 00508					
Start Date (10) 3 / 17 / 14	Scheduled Completion Date (11) 4 / 18 / 14	Name of OSHA Monitor AET						
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: 7AM-3:30PM-AM		Street Address 28 N. Pennel Road						
		City, State, Zip Code Media, PA 19063						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	180 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	200 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Base Board Mastic	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Insulation	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler N.E.T.S.		NJDEP Waste Hauler ID No. 18947	Cubic Yards of Waste 100	Name of Registered Landfill Allied BFI Imperial				
City, State Hazleton, PA		Disposal Date TBD		City, State Imperial, PA				
Completed By (Print or Type) Mark Griffin	Title Estimator	Signature 			Date 3/28/14			

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

1305-4638

Check#

No Check

Date of Notification (1) 3/28/14		Name of Building Owner / Operator (2) NJ DPMC		MAR 31 2014					
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	PO Box 034							
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #9	City, State & Zip Code							
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Trenton, NJ 08625							
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact		Telephone Number					
<input type="checkbox"/> DCA		Georgette Bunch							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJ Training School for Boys			Type of Facility (4)						
Street Address			<input type="checkbox"/> School (K-12)						
1 State Street			<input type="checkbox"/> Subchapter 8 (Other than K-12)						
City (5)			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Jamesburg			Square Feet	# of Floors	Bldg. Age				
County (6)	County Code (7)		Current Use (Prior if being demolished)						
Middlesex			Training School						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address		Street Address							
120 North Warren Street		PO Box 25							
City, State & Zip Code		City, State & Zip Code							
Trenton, NJ 08608		Lumberton, NJ 08048							
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number				
Jim Frisbee		609-392-4200	609-265-2107		00529				
Scheduled Start Date (10) 5/29/13	Scheduled Completion Date (11) 4/30/14		Name of OSHA Monitor EMSL Analytical						
Occupancy Status During Abatement (Check only one)			Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			108 Haddon Ave.						
<input type="checkbox"/> Abatement Performed Outside of Normal Hours			City, State & Zip Code						
Describe:			Westmont, NJ 08108						
<input checked="" type="checkbox"/> Facility Occupied During Abatement									
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf		<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Mini-Enclosure					
				<input checked="" type="checkbox"/> Glove Bag Procedures					
				<input 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
Building #9 Basement Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	75 total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building #9 1 st & 2 nd Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	285 total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building #7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building #7 Perimeter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulk	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building #31 Basement Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building #32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window/Door Glazing	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
AbateTech, Inc.		18750	12	TRRF Landfill					
City, State		Disposal Date		City, State					
Lumberton, NJ		4/30/14		Tullytown, PA					
Completed By (Print or Type)		Title	Signature		Date				
Jennifer Piraine		Opps. Coord.	<i>Jennifer Piraine</i>		3/28/14				

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

1305-4638
Check#

Date of Notification (1) 3/28/14		Name of Building Owner / Operator (2) NJ DPMC							
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 #9 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address PO Box 034 City, State & Zip Code Trenton, NJ 08625 Name of Contact Georgette Bunch							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJ Training School for Boys		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 1 State Street		Square Feet	# of Floors						
City (5) Jamesburg	County (6) Middlesex	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) Training School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 120 North Warren Street		Street Address PO Box 25							
City, State & Zip Code Trenton, NJ 08608		City, State & Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Frisbee		Telephone Number 609-392-4200	License Number 00529						
Scheduled Start Date (10) 5/29/13	Scheduled Completion Date (11) 4/30/14	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.							
		City, State & Zip Code Westmont, NJ 08108							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" 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
Building #8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power House	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	9 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 2	Name of Registered Landfill TRRF Landfill					
City, State Lumberton, NJ		Disposal Date 4/30/14		City, State Tullytown, PA					
Completed By (Print or Type) Jennifer Piraine		Title Opps. Coord.	Signature <i>Jennifer Piraine</i>				Date 3/28/14		

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


Date of Notification (1) 03 / 28 / 14		Name of Building Owner/Operator (2) PSE&G / Job #1403-4735 Check #6107							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 80 Park Plaza City, State, Zip Code Newark, NJ 07101 Name of Contact Steve Maginnis							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G Exterior Burlington Switch Station		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 Devlin Ave. & West Broad Street									
City (5) Burlington		Square Feet	# of Floors 74						
County (6) Burlington		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. 117	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 318 12th Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-704-8850	Telephone No. 609-265-2107						
		License No. 00529							
Start Date (10) 03 / 21 / 14	Scheduled Completion Date (11) 03 / 28 / 14	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 Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Transite Conduit	1,500 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 Waste		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Camden, NJ		Disposal Date 4/25/14		City, State Tullytown, PA					
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator		Signature <i>Jennifer Piraine</i>		Date 3/28/14			

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

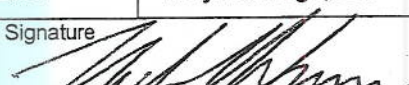
Date of Notification (1) 3 / 28 / 14		Name of Building Owner/Operator (2) Trustees of Princeton / Job #1310-4626 Check #6131							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <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.							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 20 Washington Road		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 20 Washington Road, Princeton University Main Campus									
City (5) Princeton	Square Feet 1,000,000	# of Floors 5	Bldg. Age 85						
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University Library							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates		ASCM No. 00098	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Michael R. Keehn	Telephone No. 609-386-8800	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 3 / 24 / 14	Scheduled Completion Date (11) 12 / 31 / 14	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 Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 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"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 227A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandon Exterior Steam Tunnell	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cut & Wrap	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light Court TAR Shaft	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar & Rope Packing assoc w/ terra cotta & glass duct/pipe	20 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heritage Glass TAR Shaft	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar & Rope Packing assoc w/ terra cotta & glass duct/pipe	20 each	<input checked="" 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 40	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 12/31/14		City, State Tullytown, PA					
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator		Signature <i>Jennifer Piraine</i>		Date 3/28/14			

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

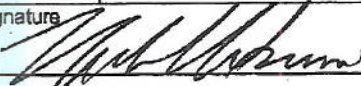
No Check

Date of Notification (1) 3 / 27 / 14		Name of Building Owner/Operator (2) Northvale Shopping Center Associates MAR 31 2014							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1355 15th Street Ste 130 City, State, Zip Code Fort Lee NJ 07024 Name of Contact Gregg Slater Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 252 Livingston Street (Project Phase 2 4/05/2014 - 4/06/2014)		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 252 Livingston Street		Square Feet 15,380 # of Floors 1 Bldg. Age 56							
City (5) Northvale		County Code (7)(STATE USE ONLY)							
County (6) Bergen		Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc		ASCM No. 00117	Name of Abatement Contractor (9) Superior Abatement Inc						
Street Address 318 12th Street		Street Address 2 Henderson Drive							
City, State, Zip Code Hammonton NJ 08037		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. (609) 704-8850	License No. 00411						
Start Date (10) 09 / 09 / 13	Scheduled Completion Date (11) 04 / 06 / 14	Name of OSHA Monitor Superior Abatement Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	350 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	6 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE			Disposal Date 4/6/14	City, State Waynesburgh, OH					
Completed By (Print or Type) Nick Petrovski		Title President	Signature 			Date 3-27-14			

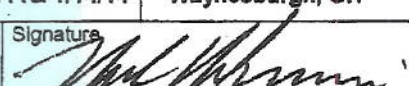
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 2 / 12 / 14		Name of Building Owner/Operator (2) Northvale Shopping Center Associates							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1355 15th Street Ste 130							
		City, State, Zip Code Fort Lee NJ 07024							
		Name of Contact Gregg Slater	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 252 Livingston Street (Project Phase 2 4/01/2014 - 4/02/2014)		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 252 Livingston Street		Square Feet 15,380	# of Floors 1						
City (5) Northvale		Bldg. Age 56							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc	ASCM No. 00117	Name of Abatement Contractor (9) Superior Abatement Inc							
Street Address 318 12th Street		Street Address 2 Henderson Drive							
City, State, Zip Code Hammonton NJ 08037		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Jim Proctor	Telephone No. (609) 704-8850	Telephone No. (973) 808-1616	License No. 00411						
Start Date (10) 09 / 09 / 13	Scheduled Completion Date (11) 04 / 02 / 14	Name of OSHA Monitor Superior Abatement Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 2 Henderson Drive							
		City, State, Zip Code West Caldwell, NJ 07006							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input 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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	350 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	6 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 4/2/14	City, State Waynesburgh, OH						
Completed By (Print or Type) Nick Petrovski	Title President	Signature 	Date 2/12/14						


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

Date of Notification (1) 1 / 09 / 14		Name of Building Owner/Operator (2) Northvale Shopping Center Associates		MAR 31 2014					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation		Street Address 1355 15th Street Ste 130 City, State, Zip Code Fort Lee NJ 07024 Name of Contact Gregg Slater					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 252 Livingston Street (Project Phase 2 2/18/2014 - 2/19/2014)				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 252 Livingston Street									
City (5) Northvale		Square Feet 15,380	# of Floors 1	Bldg. Age 56					
County (6) Bergen		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Commercial					
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc		ASC No. 00117		Name of Abatement Contractor (9) Superior Abatement Inc					
Street Address 318 12th Street		Street Address 2 Henderson Drive							
City, State, Zip Code Hammonton NJ 08037		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. (609) 704-8850		Telephone No. (973) 808-1616	License No. 00411				
Start Date (10) 09 / 09 / 13		Scheduled Completion Date (11) 02 / 19 / 14		Name of OSHA Monitor Superior Abatement Inc					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	350 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	6 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117		Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE		Disposal Date 2/19/14		City, State Waynesburg, OH					
Completed By (Print or Type) Nick Petrovski		Title President		Signature 		Date 1-9-14			

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

Date of Notification (1) 12 / 12 / 13		Name of Building Owner/Operator (2) Northvale Shopping Center Associates							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # / <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address 1355 15th Street Ste 130							
		City, State, Zip Code Fort Lee NJ 07024							
		Name of Contact Gregg Slater	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 252 Livingston Street (Project 2 Phases - 9/9-9/11 & 1/13/14-1/14/14)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 252 Livingston Street									
City (5) Northvale		Square Feet 15,380	# of Floors 1						
		Bldg. Age 58							
County (6) Bergen		County Code (7) (STATE USE ONLY)							
		Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc		ASCM No. 00117	Name of Abatement Contractor (9) Superior Abatement Inc						
Street Address 318 12th Street		Street Address 2 Henderson Drive							
City, State, Zip Code Hammonont NJ 08037		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. (609) 704-8850	Telephone No. (973) 808-1616						
		License No. 00411							
Start Date (10) 09 / 09 / 13		Scheduled Completion Date (11) 01 / 14 / 14							
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		Name of OSHA Monitor Superior Abatement Inc							
		Street Address 2 Henderson Drive							
		City, State, Zip Code West Caldwell, NJ 07006							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	350 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	6 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117		Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE		Disposal Date 9/11 & 1/14/14		City, State Waynesburgh, OH					
Completed By (Print or Type) Nick Petrovski		Title President		Signature 		Date 12-12-13			

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

Date of Notification (1) 08 / 29 / 13		Name of Building Owner/Operator (2) Northvale Shopping Center Associates		MAR 31 2014					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1355 15th Street Ste 130							
		City, State, Zip Code Fort Lee NJ 07024							
		Name of Contact Gregg Slater		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 252 Livingston Street (Project 2 Phases - 9/9-9/11 & 12/16-12/18)				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 252 Livingston Street									
City (5) Northvale		Square Feet 15,380	# of Floors 1	Bldg. Age 56					
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial					
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc		ASCM No. 00117	Name of Abatement Contractor (9) Superior Abatement Inc						
Street Address 318 12th Street		Street Address 2 Henderson Drive							
City, State, Zip Code Hammonton NJ 08037		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. (609) 704-8850	Telephone No. (973) 808-1616	License No. 00411					
Start Date (10) 09 / 09 / 13		Scheduled Completion Date (11) 12 / 18 / 13		Name of OSHA Monitor Superior Abatement Inc					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 2 Henderson Drive							
		City, State, Zip Code West Caldwell, NJ 07006							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclose
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	350 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	6 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE			Disposal Date 9/11 & 12/18	City, State Waynesburgh, OH					
Completed By (Print or Type) Nick Petrovski		Title President	Signature 			Date 8-29-13			

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

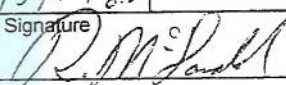
CHECK #: 8414

Date of Notification (1) 3/26/14		Name of Building Owner/Operator (2) Mr. Laface						
Agencies Notified <input 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 type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 15 Lewis Street		City, State, Zip Code Parlin NJ 08859						
Name of Contact Mr. Laface		MAR 31 2014						
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 15 Lewis Street		Square Feet 1550	# of Floors 2					
City (5) Parlin NJ 08859		Bldg. Age 60						
County (6) Middlesex	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) A. MAC Contracting Inc					
Street Address		Street Address 105 Lowell Road						
City, State, Zip Code		City, State, Zip Code Glen Rock, NJ 07452						
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00156					
Start Date (10) 4/4/14	Sched. Date (11) 4/11/14	Name of OSHA Monitor Omega Environmental Services Inc.						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyer 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 type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 30 LF	Abatement Type			
					Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 1	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.				
City, State, Zip Code Riverdale, NJ 07457		Disposal Date 4/7/14 on		City, State, Zip Code Bethlehem, PA 18015				
Completed by R. McDonald		Title President	Signature Randall A. McDonald		Date 3/26/14			

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

Check # 8414

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

Date of Notification (1) 3/26/14		Name of Building Owner/Operator (2) 1ST HARFORD REALTY		MAR 31 2014	
Agencies Notified		Type Notification		Street Address	
<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"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		480 RT 36	
		City, State, Zip Code ATLANTIC HIGHLANDS NJ 07716		Name of Contact	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) FORMER STRIP MALL				Type of Facility (4)	
Street Address 480 RT 36				<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) ATLANTIC HIGHLANDS				Square Feet 9750	# of Floors 1
				Bldg. Age 50	
County (6) MORRISTOWN		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) STRIP MALL / DEMO	
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	License No. 00156
Start Date (10) 4/5/14		Scheduled Completion Date (11) 4/19/14		Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One)				Street Address 280 Huyler Street	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Hackensack, NJ 07606	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
PIZZA SHOP Hood			X	TRANSITE	150 SF
OUTSIDE			X	WINDOWS / CAULK	400 LF
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 15	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.
City, State Riverdale, New Jersey 07457				Disposal Date 4/5/14	City, State Bethlehem, PA 18015
Completed by R. McDonald		Title President		Signature 	Date 3/26/14

Check # 8417

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

Date of Notification (1) 3/26/14		Name of Building Owner/Operator (2) 1ST HARTFORD REALTY							
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 470 RT 36							
		City, State, Zip Code ATLANTIC HIGHLANDS, N.J. 07716							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FORMER CAR WASH		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 470 RT 36		Square Feet 3150	# of Floors 1						
City (5) ATLANTIC HIGHLANDS		Bldg. Age 50							
County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) FORMER CAR WASH / DEMO							
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	License No. 00156						
Start Date (10) 4/5/14	Scheduled Completion Date (11) 4/19/14	Name of OSHA Monitor Omega Environmental Services Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler Street							
		City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OUTSIDE			X	ROOFING	330 SF	X			
OUTSIDE			X	WINDOWS / CAULK	340 LF	X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 25	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Riverdale, New Jersey 07457		Disposal Date 4/5/14		City, State Bethlehem, PA 18015					
Completed by R. McDonald		Title President		Signature			Date 3/26/14		

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

D&S Proj. #: 2014-108

Check # 0055105

Date of Notification (1) 03/11/14		Name of Building Owner/Operator (2) LILY DELA TORRE/JUSTI BOYER	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 27 VALLEY ROAD City, State, Zip Code MONTCLAIR, NJ 07042	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact LILY DELA TORRE/JUSTI BOYER	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) LILY DELA TORRE/JUSTI BOYER		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 27 VALLEY ROAD		Square Feet # of Floors Bldg. Age	
City (5) MONTCLAIR	County (6) ESSEX	County Code (7) (State use only)	
Name of Monitoring Firm Hired by Bldg. Owner (8)		Current Use (Prior if being demolished)	

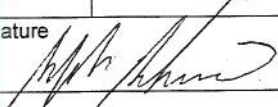
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address		Street Address 20 California Ave.		City, State, Zip Code Paterson, NJ 07503	
City, State, Zip Code		Telephone Number 973-345-8020		License Number 01169	
Project Manager for Monitoring Firm		Phone Number		Name of OSHA Monitor D & S Restoration, Inc.	
Start Date (10) 04/16/14		Sched. Completion Date (11) 04/30/14		Street Address 20 California Avenue	
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				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"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/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)	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/CRAWL SPACE		<input checked="" type="checkbox"/>		PIPE INSULATION	190 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION	50 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		CHIMNEY PACKING	3 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 3 yds		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 04/17/14		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 03/24/2014	

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

Check # 23227

Date of Notification (1) 03 / 10 / 14		Name of Building Owner/Operator (2) Tiro Associates, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 300 Executive Drive	
		City, State, Zip Code West Orange, NJ 07052	
		Name of Contact Kevin Codey	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Former Car Dealer		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 134 Main Street			
City (5) Madison, NJ 07940		Square Feet 15000	# of Floors 1
County (6) Morris		County Code (7) (STATE USE ONLY)	Bldg. Age 25
Name of Monitoring Firm Hired by Building Owner (8) ABS Environmental, L.L.C.		Name of Abatement Contractor (9) JVN Restoration Inc	
Street Address P.O Box 483		Street Address 47 Foster Road	
City, State, Zip Code Glenwood, NJ 07418		City, State, Zip Code Staten Island NY 10309	
Project Manager for Monitoring Firm Scott Higgins		Telephone No. 973-5838500	License No. 00774
Start Date (10) 03 / 24 / 14	Scheduled Completion Date (11) 04 / 04 / 14		Name of OSHA Monitor Testor Tech
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 Time of Abatement: 8:00AM-4:30 PM / PM - AM		Street Address 10 59 Jackson Avenue	
		City, State, Zip Code LIC, NY 11101	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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)
	Yes	No	
1st Floor Showroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tiles
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Shingles
Boiler Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Insulation
	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler Newark Carting	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 80	Name of Registered Landfill IESI, Inc
City, State 369 Raymond Blvd		Disposal Date 04/04/14	City, State Bethlehem, PA
Completed By (Print or Type) Ralph Barnhardt	Title Project Manager	Signature 	Date 03-27-2014