

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

Date of Notification (1)		Name of Building Owner/Operator (2) Buckeye Perth Amboy Terminal, LLC							
Agencies Notified	Type Notification	Street Address 1 Greenway Plaza Suite 600							
<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 Houston, TX 77046							
		Name of Contact Clint Johnson	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Buckeye Perth Amboy Terminal -- Fabrication Shop		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 380 Maurer Road		Square Feet	# of Floors 1						
City (5) Perth Amboy		Bldg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) fabrication shop and office							
Name of Monitoring Firm Hired by Building Owner (8) Brandenburg		ASCM No.	Name of Abatement Contractor (9) Brandenburg						
Street Address 2217 Spillman Drive		Street Address 2217 Spillman Drive							
City, State, Zip Code Bethlehem, PA 18015		City, State, Zip Code Bethlehem, PA 18015							
Project Manager for Monitoring Firm		Telephone No. 610-691-1800	License No.						
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other -- Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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 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
Fabrication shop office				roof transite panel	3,000 SF	X			
Fabrication shop				roof flashing	800 LF	X			
Fabrication shop				asphalt roof debris	debris	X			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date	City, State Waynesburg, OH						
Completed by Jason C. Kappel		Title Project Manager	Signature Jason C. Kappel			Date 5/15/13			

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

*No check*

Date of Notification (1) 2013/05/15		Name of Building Owner/Operator (2) Buckeye Perth Amboy Terminal, LLC							
Agencies Notified	Type Notification	Street Address 1 Greenway Plaza Suite 600							
<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 Houston, TX 77046							
		Name of Contact Clint Johnson	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Buckeye Perth Amboy Terminal -- Truck Load Rack & Driver Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 380 Maurer Road		Square Feet	# of Floors 1						
City (5) Perth Amboy		Bldg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) truck load rack and driver building							
Name of Monitoring Firm Hired by Building Owner (8) Brandenburg		ASCM No.	Name of Abatement Contractor (9) Brandenburg						
Street Address 2217 Spillman Drive		Street Address 2217 Spillman Drive							
City, State, Zip Code Bethlehem, PA 18015		City, State, Zip Code Bethlehem, PA 18015							
Project Manager for Monitoring Firm		Telephone No. 610-691-1800	License No.						
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other -- Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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 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
Truck load rack				roof flashing	300 LF	X			
Truck load rack				transite panels	1,600 SF	X			
Truck load rack driver building				window, door, panel caulking	200 LF	X			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date	City, State Waynesburg, OH						
Completed by Jason C. Kappel	Title Project Manager	Signature Jason C. Kappel	Date 5/15/13						



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

*No check*

Date of Notification (1) 04 / 22 / 13		Name of Building Owner / Operator (2) EPISCOPAL DIOCESE	
Agencies Notified		Street Address 31 MULBERRY STREET	
Type of Notification		City, State, Zip Code NEWARK, NJ 07102	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <u>2</u> <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
		Name of Contact DEBRA PERRY	Telephone Number

**FACILITY INFORMATION**

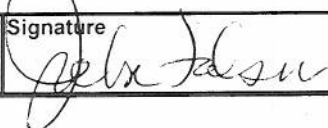
Name of Facility Where Abatement is Taking Place (3) ST. JOHN'S CHURCH		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
Street Address 118 SUMMIT AVENUE		Building Age 150 +	
City (5) JERSEY CITY	County (6) HUDSON	County Code (7)	Square Feet 25000 +
			# Of Floors 1 1/2
			Current Use (Prior if being demolished) VACANT - FORMER CHURCH
Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO LVI DEMOLITION SERVICES INC.	
Street Address 907 Doolittle Drive		Street Address 32 Williams Parkway	
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code EAST HANOVER, NJ 07936	
Project Mngr. For Monitoring Firm Eric Houseknecht		Telephone Number 908-218-1108	
Sched. Start Date (10) 05 / 06 / 13		Sched. Completion Date (11) 05 / 30 / 13	
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>M-F - 7:00aM - 4:00pM</u> <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor LVI DEMOLITION SERVICES INC.	
		Street Address 32 Williams Parkway	
		City, State, Zip Code EAST HANOVER, NJ 07936	

**Scope of Work (Check All That Apply)**

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

Location of Asbestos Containing  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			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
	YES NO N/A						
ROOF	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	ROOF FLASHING	3000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REAR 1ST STORY	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	ROOF FELT	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler LVI DEMOLITION		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill GROWS / WASTE MGMT			
City, State EAST HANOVER, NJ		Disposal Date		City, State MORRISVILLE, PA			
Completed by (Print or Type) JOHN FOLSOM		Title Project Manager	Signature <i>John Folsom</i>	Date 05/15/13			

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

Date of Notification (1) 04 / 22 / 13		PROJECT ON HOLD		Name of Building Owner / Operator (2) EPISCOPAL DIOCESE	
Agencies Notified		Type of Notification		Street Address	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	31 MULBERRY STREET			
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code			
<input checked="" type="checkbox"/> DOH	Amendment # 1	NEWARK, NJ 07102			
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency w/ justification	Name of Contact		Telephone Number	
<input type="checkbox"/>	<input type="checkbox"/> Cancellation	DEBRA PERRY			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) ST. JOHN'S CHURCH			Type of Facility (4)		
Street Address 118 SUMMIT 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 bldgs., homes, etc.)		
City (5) JERSEY CITY	County (6) HUDSON	County Code (7)	Square Feet 25000 +	# Of Floors 1 1/2	Building Age 150 +
			Current Use (Prior if being demolished)		
			VACANT - FORMER CHURCH		
Name of Monitoring Firm Hired by Bldg. Owner (8) AET			ASCM NO.		
Street Address 907 Doolittle Drive			LVI DEMOLITION SERVICES INC.		
City, State, Zip Code Bridgewater, NJ 08807			32 Williams Parkway		
Project Mngr. For Monitoring Firm Eric Houseknecht			City, State, Zip Code		
Telephone Number 908-218-1108			EAST HANOVER, NJ 07936		
Scheduled Start Date (10) 05 / 06 / 13		Sched. Completion Date (11) 05 / 17 / 13		Telephone Number 973-772-3660	License Number 00860
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			LVI DEMOLITION SERVICES INC.		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: M-F - 7:00aM - 4:00pM			Street Address		
<input type="checkbox"/> Other - Describe:			32 Williams Parkway		
			City, State, Zip Code		
			EAST HANOVER, NJ 07936		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos Containing  TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	YES NO N/A			R E M O V A L	R E P A I R
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	ROOF FLASHING	3000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
REAR 1ST STORY	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	ROOF FELT	100 SF	<input checked="" 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 LVI DEMOLITION		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill GROWS / WASTE MGMT	
City, State EAST HANOVER, NJ		Disposal Date		City, State MORRISVILLE, PA	
Completed by (Print or Type) JOHN FOLSOM		Title Project Manager	Signature 		Date 05/07/13



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

Date of Notification (1) 04 / 22 / 13		Name of Building Owner / Operator (2) EPISCOPAL DIOCESE	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 31 MULBERRY STREET		City, State, Zip Code NEWARK, NJ 07102	
Name of Contact DEBRA PERRY		Telephone Number _____	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) ST. JOHN'S CHURCH		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
Street Address 118 SUMMIT AVENUE		Square Feet 25000 +         # Of Floors 1 1/2         Building Age 150 +	
City (5) JERSEY CITY	County (6) HUDSON	County Code (7)	Current Use (Prior if being demolished) VACANT - FORMER CHURCH
Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO. LVI DEMOLITION SERVICES INC.	
Street Address 907 Doolittle Drive		Street Address 32 Williams Parkway	
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code EAST HANOVER, NJ 07936	
Project Mngr. For Monitoring Firm Eric Houseknecht		Telephone Number 908-218-1108	
Scheduled Start Date (10) 05 / 06 / 13	Sched. Completion Date (11) 05 / 17 / 13	Telephone Number 973-772-3660	License Number 00860
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: M-F - 7:00aM - 4:00pM <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor LVI DEMOLITION SERVICES INC.	
		Street Address 32 Williams Parkway	
		City, State, Zip Code EAST HANOVER, NJ 07936	

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

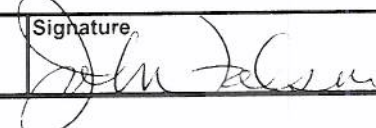
  

Location of Asbestos Containing  TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)  YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	ROOF FLASHING	3000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REAR 1ST STORY	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	ROOF FELT	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler LVI DEMOLITION	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill GROWS / WASTE MGMT
City, State EAST HANOVER, NJ	Disposal Date	City, State MORRISVILLE, PA	

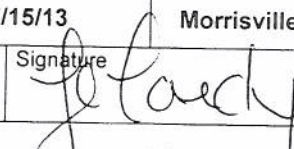
  

Completed by (Print or Type) JOHN FOLSOM	Title Project Manager	Signature 	Date 04/22/13
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**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

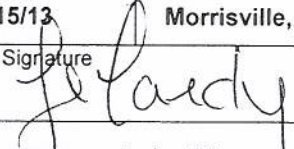
CL# 224602

Date of Notification (1) <b>5 / 15 / 13</b>		Name of Building Owner/Operator (2) <b>VPGS, LLC</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1745 Shea Center Drive, Suite 190</b>							
		City, State, Zip Code <b>Highlands Ranch, Colorado</b>							
		Name of Contact <b>Dennis Quereux</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Building #2, Building #3, Building #16 &amp; Building #20 A,B&amp;C</b>		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 <b>1050 State Street</b>		Square Feet <b>30,000</b>							
City (5) <b>Perth Amboy NJ</b>		# of Floors <b>1</b>	Bldg. Age <b>100</b>						
County (6) <b>Middlesex</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Cardno ATC</b>	ASCM No. <b>00098</b>	Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>							
Street Address <b>104 East 25<sup>th</sup> Street</b>		Street Address <b>47 Foster Road</b>							
City, State, Zip Code <b>New York NY 10010</b>		City, State, Zip Code <b>Staten Island</b>							
Project Manager for Monitoring Firm <b>Fred Burkhardt</b>	Telephone No. <b>212-353-8280</b>	Telephone No. <b>718-605-6256</b>	License No. <b>00774</b>						
Start Date (10) <b>5 / 16 / 13</b>	Scheduled Completion Date (11) <b>7 / 15 / 13</b>	Name of OSHA Monitor <b>Testor Tech</b>							
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: <b>7:00AM-4:00PM</b> / _____ PM - _____ AM		Street Address <b>10 59 Jackson Avenue</b>							
		City, State, Zip Code <b>LIC, NY 11101</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <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
Window & Doors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Caulking	94 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/Mastic	7,800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Glue Dots	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Compound/Plaster	4,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Global Waste Industries, Inc.</b>		NJDEP Waste Hauler ID No. <b>NJ-22147</b>	Cubic Yards of Waste <b>300</b>	Name of Registered Landfill <b>G.R.O.W.S., Inc</b>					
City, State <b>Hackettstown, NJ</b>		Disposal Date <b>7/15/13</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>John Tardy</b>	Title <b>Senior Project Manager</b>		Signature 			Date <b>5/15/13</b>			




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

CL#22462

Date of Notification (1) <b>5 / 15 / 13</b>		Name of Building Owner/Operator (2) <b>VPGS, LLC</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1745 Shea Center Drive, Suite 190</b>							
		City, State, Zip Code <b>Highlands Ranch, Colorado</b>							
		Name of Contact <b>Dennis Quereux</b>	Telephone Number <div style="border: 1px solid black; width: 100px; height: 20px;"></div>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Building #2, Building #3, Building #16 &amp; Building #20 A,B&amp;C</b>		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 <b>1050 State Street</b>		Square Feet <b>30,000</b>	# of Floors <b>1</b>						
City (5) <b>Perth Amboy NJ</b>		Bldg. Age <b>100</b>							
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Cardno ATC</b>		ASCM No. <b>00098</b>	Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>						
Street Address <b>104 East 25<sup>th</sup> Street</b>		Street Address <b>47 Foster Road</b>							
City, State, Zip Code <b>New York NY 10010</b>		City, State, Zip Code <b>Staten Island</b>							
Project Manager for Monitoring Firm <b>Fred Burkhardt</b>		Telephone No. <b>212-353-8280</b>	Telephone No. <b>718-605-6256</b>						
		License No. <b>00774</b>							
Start Date (10) <b>5 / 16 / 13</b>	Scheduled Completion Date (11) <b>7 / 15 / 13</b>	Name of OSHA Monitor <b>Testor Tech</b>							
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: <b>7:00AM-4:00PM</b> PM-____AM		Street Address <b>10 59 Jackson Avenue</b>							
		City, State, Zip Code <b>LIC, NY 11101</b>							
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 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
Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite	19,539 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Paint	14,432 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	846 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tar/Roofing Material/Flashing	3,810 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Global Waste Industries, Inc.</b>		NJDEP Waste Hauler ID No. <b>NJ-22147</b>		Cubic Yards of Waste <b>300</b>	Name of Registered Landfill <b>G.R.O.W.S., Inc</b>				
City, State <b>Hackettstown, NJ</b>		Disposal Date <b>7/15/13</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>John Tardy</b>	Title <b>Senior Project Manager</b>		Signature 			Date <b>5/15/13</b>			



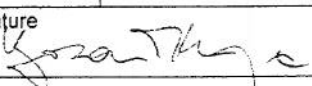
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 05/08/13 Check #2624		Name of Building Owner/Operator (2) PSE&G							
Agencies Notified	Type Notification	Street Address 4000 Hadley Road							
<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 South Plainfield, New Jersey 07080							
		Name of Contact Tim McGuire	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 84 Runyon Road		Square Feet 2000	# of Floors 2						
City (5) Clifton, New Jersey 07013		Bldg. Age 55+							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Lilich Corporation						
Street Address		Street Address 606 McBride Avenue							
City, State, Zip Code		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm		Telephone No. 973-225-8400	License No. 01104						
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor J & S Environmental Laboratories 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 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
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
House Exterior			X	Transite Siding	1250 SF	X			
Kitchen&BasemntStaircaseLanding			X	BrownLinoleum&Adhesive	150 SF	X			
Basement			X	Floor Tile & Mastic	660 SF	X			
Basement			X	Transite Exhaust Pipe	1 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 15	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey		Disposal Date 05/28/13		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President	Signature 	Date 05/08/13					



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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gray Exterior Window Glaze	72 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gray Interior Window Glaze	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Date of Notification (1) 05/13/13		Name of Building Owner/Operator (2) Mahwah Board of Education							
Agencies Notified	Type Notification	Street Address 60 Ridge Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mahwah NJ 07430							
		Name of Contact Scot Van De Mark	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mahwah High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 50 Ridge Road		Square Feet 10000	# of Floors 1						
City (5) Mahwah		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) High School Field House							
Name of Monitoring Firm Hired by Building Owner (8) RKO Environmental Analysis, Inc.		ASCM No. 090	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.						
Street Address 403 St. James Avenue		Street Address 265 Route 46 Suite 3D							
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm Jon Gilbert		Telephone No. 908 454 6316	Telephone No. 973 256 7010						
		License No. 00666							
Start Date (10) 06/05/13	Scheduled Completion Date (11) 06/08/13	Name of OSHA Monitor Bako Construction & Restoration, 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 265 Route 46 Suite 3D							
		City, State, Zip Code Totowa NJ 07512							
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 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
Bldg.#5 Mechanical Room#1	x			Pipe Fitting Insulation	35 SF	x			
Bldg.#5 Mechanical Room#2	x			Pipe Fitting Insulation	35 SF	x			
Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S. Inc.					
City, State Totowa NJ		Disposal Date 06/10/13		City, State Morrisville PA					
Completed by Goran Kojic		Title Project Manager		Signature 			Date 05/13/13		



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

**CHECK#23041**

Date of Notification (1) <b>5/13/2013</b>		Name of Building Owner/Operator (2) <b>CONGOLEUM CORPORATION</b>	
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 <b>1945 E. STATE STREET</b> City, State, Zip Code <b>TRENTON</b> Name of Contact <b>DAVID J. D'ANDREA</b>
			Telephone Number
	<b>FACILITY INFORMATION</b>		
	Name of Facility Where Abatement is Taking Place (3) <b>CONGOLEUM CORPORATION</b>		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)
Street Address <b>1945 E. STATE STREET</b>		Square Feet	# of Floors Bldg. Age
City (5) <b>TRENTON</b>			
County <b>NEW JERSEY</b>	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) <b>CREAM RIDGE ENVIRONMENTAL INC.</b>
Street Address		Street Address <b>15 BLACK FOREST ROAD</b>	
		City, State, Zip Code <b>HAMILTON, NJ 08691</b>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>609-890-7110</b>	License No. <b>00676</b>
Start Date (10) <b>5/14/2013</b>	Scheduled Completion Date (11) <b>5/15/2013</b>	Name of OSHA Monitor <b>N/A</b>	
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 working hours 3PM-11 PM		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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 (*) & 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	
<b>MANUFACTURING PLANT</b>		<input checked="" type="checkbox"/>	<b>TRANSITE PANELS</b>
<b>COOLING TUNNEL AREA</b>			
Name of Registered Waste Hauler <b>JACK ROBINSON WASTE DISPOSAL</b>		NJDEP Waste Hauler ID No. <b>17304</b>	Cubic Yards of Waste <b>10 YD</b>
City, State <b>BELLMAWR, NJ 08031</b>		Disposal Date <b>5/16/2013</b>	Name of Registered Landfill <b>GROWS</b>
Completed By <b>DAVID D'ANDREA</b>		Title <b>PRESIDENT</b>	Signature 27-Mar <i>David J. D'Andrea</i>
			Date <b>5/13/2013</b>

ASB-41

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

Date of Notification (1) 10/15/10 17/11/13		Name of Building Owner/Operator (2) ALAN SHAIMEN	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	111 YANTAKAW ROAD	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Upper Montclair, NJ 07043	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	ALAN SHAIMEN	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) ALAN SHAIMEN			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 111 YANTAKAW ROAD			Square Feet	# of Floors	Bldg. Age
City (5) Upper Montclair	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169	
Start Date (10) 05/22/13	Sched. Completion Date (11) 06/10/13		Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

## Scope of Work (check all that apply)

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

- ☐ Full Containment w/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)	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						
GARAGE		<input checked="" type="checkbox"/>		DUCT INSULATION	77 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"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 05/23/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/07/2013



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

D&S Proj. #: 2013

Date of Notification (1) 10/5/10 8/13		Name of Building Owner/Operator (2) MARK MAGGI	
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 5 ALSTON COURT		City, State, Zip Code RED BANK, NJ	
Name of Contact MARK MAGGI		Telephone Number	

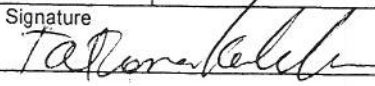
FACILITY INFORMATION

Name of facility where abatement is taking place (3) MARK MAGGI			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 5 ALSTON COURT			Square Feet    # of Floors    Bldg. Age		
City (5) RED BANK	County (6) MONMOUTH	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 05/20/13		Sched. Completion Date (11) 06/06/13	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		PIPE INSULATION	24-60 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 05/21/13		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 05/08/13

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

Date of Notification (1) 05/10/13 #2626 \$200		Name of Building Owner/Operator (2) Elmora Hills Healthcare & Rehabilitation							
Agencies Notified	Type Notification	Street Address 225 South Elmora Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1	City, State, Zip Code Elizabeth, New Jersey 07202							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact C/o Detail Associates Stephen J.	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Elmora Hills Healthcare Rehabilitation		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 225 South Elmora Street		Square Feet 40,000	# of Floors 5						
City (5) Elizabeth, New Jersey 07202		Bldg. Age 55+							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Rehabilitation Center							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 300 Grand Avenue		Street Address 606 McBride Avenue							
City, State, Zip Code Englewood, New Jersey 07202		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Stephen Jaraczewski		Telephone No. 201-569-6708	Telephone No. 973-225-8400						
License No. 01104									
Start Date (10) 05/28/13	Scheduled Completion Date (11) 08/21/13	Name of OSHA Monitor J&S Environmental Labs							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM Start(24/7 for 1 week, break every othr wk, 5 phases		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Up Ramp & Hallway		X		Asbestos Ceiling Tiles	3,356 SF	X			
Room #237		X		Asbestos Ceiling Tiles	400 SF	X			
Medical Examination Room		X		Asbestos Ceiling Tiles	156 SF	X			
Room #234		X		Asbestos Ceiling Tiles	225 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 80	Name of Registered Landfill G.R.O.W.S Landill					
City, State Woodland Park, New Jersey 07424		Disposal Date 08/22/13		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President		Signature 		Date 05/10/13			



[illegible]

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

Date of Notification (1) 05/09/13 CK# 2625 \$200			Name of Building Owner/Operator (2) Elmora Hills Healthcare & Rehabilitation						
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		225 South Elmora Street					
				City, State, Zip Code Elizabeth, New Jersey 07202					
				Name of Contact C/o Detail Associates Stephen J.	Telephone Number _____				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Elmora Hills Healthcare & Rehabilitation				Type of Facility (4)					
Street Address 225 South Elmora Street				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Elizabeth, New Jersey 07202				Square Feet 40,000	# of Floors 5				
				Bldg. Age 55+					
County (6) Union		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Rehabilitation Center					
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates			ASCM No. _____	Name of Abatement Contractor (9) Lilich Corporation					
Street Address 300 Grand Avenue			Street Address 606 McBride Avenue						
City, State, Zip Code Englewood, New Jersey 07631			City, State, Zip Code Woodland Park, New Jersey 07424						
Project Manager for Monitoring Firm Stephen Jaraczewski		Telephone No. 201-569-6708		Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 05/21/13		Scheduled Completion Date (11) 08/21/13		Name of OSHA Monitor J&S Environmental Labs					
Occupancy Status During Abatement (Check Only One)				Street Address 2333 Route 22 West					
<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 Start(24/7 for one week, break every othr wk, 5 phases)				City, State, Zip Code Union, New Jersey 07083					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Up Ramp & Hallway		X		Asbestos Ceiling Tiles	3,356 SF	X			
Room #237		X		Asbestos Ceiling Tiles	400 SF	X			
Medical Examination Room		X		Asbestos Ceiling Tiles	156 SF	X			
Room #234		X		Asbestos Ceiling Tiles	225 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 80	Name of Registered Landfill G.R.O.W.S Landfill				
City, State Woodland Park, New Jersey 07424				Disposal Date 08/22/13	City, State Morrisville, Pennsylvania				
Completed by Tatiana Kalenikova		Title Vice President		Signature _____			Date 05/09/13		



[illegible]

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

Date of Notification (1) 05/09/13 CK# 2625 \$200		Name of Building Owner/Operator (2) Elmora Hills Healthcare & Rehabilitation							
Agencies Notified	Type Notification	Street Address 225 South Elmora Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth, New Jersey 07202							
		Name of Contact C/o Detail Associates Stephen J.	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Elmora Hills Healthcare & Rehabilitation		Type of Facility (4)							
Street Address 225 South Elmora Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Elizabeth, New Jersey 07202		Square Feet 40,000	# of Floors 5						
		Bldg. Age 55+							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Rehabilitation Center							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates		ASCM No. _____	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 300 Grand Avenue		Street Address 606 McBride Avenue							
City, State, Zip Code Englewood, New Jersey 07631		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Stephen Jaraczewski		Telephone No. 201-569-6708	Telephone No. 973-225-8400						
		License No. 01104							
Start Date (10) 05/21/13	Scheduled Completion Date (11) 08/21/13	Name of OSHA Monitor J&S Environmental Labs							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<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 Start(24/7 for one week, break every othr wk, 5 phases)		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Up Ramp & Hallway		X		Asbestos Ceiling Tiles	3,356 SF	X			
Room #237		X		Asbestos Ceiling Tiles	400 SF	X			
Medical Examination Room		X		Asbestos Ceiling Tiles	156 SF	X			
Room #234		X		Asbestos Ceiling Tiles	225 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 80	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424			Disposal Date 08/22/13	City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President	Signature _____			Date 05/09/13			



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

CHK # 1850

Date of Notification (1) 5/13/2013		Name of Building Owner/Operator (2) JEML Investment inc							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input 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	1905 New York Ave							
		City, State, Zip Code Union City NJ							
		Name of Contact Jorge Perez	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4)							
Street Address 1905 New York 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) Union City NJ		Square Feet 1500	# of Floors 1						
		Bldg. Age +50							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Garage							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) First Phase Group Inc						
Street Address N/A		Street Address 567-52nd Street Suite#16							
City, State, Zip Code N/A		City, State, Zip Code West New York NJ 07093							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 201-758-7158						
		License No. 001144							
Start Date (10) 5/14/2013	Scheduled Completion Date (11) 5/16/2013	Name of OSHA Monitor J&S Environmental Corp							
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: 8 hours		2333 Route 22 West							
		City, State, Zip Code Union NJ 07083							
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)			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 Roof			X	Roof Flashing	150SF	X			
Name of Registered Waste Hauler Asbestos Transportation Company		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste	Name of Registered Landfill Minerva Enterprises					
City, State Shirley NY 11967		Disposal Date		City, State waynesburg OH 44688					
Completed by Edwin Precilla		Title Project Manager		Signature <i>Edwin Precilla</i>			Date 5/13/2013		



**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:68 and 12:120)

Or # 4443

Date of Notification (1) <b>5-13-2013</b>		Name of Building Owner/Operator (2) <b>K. SPENO</b>	
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>50 BEDFORD ROAD</b>
			City, State, Zip Code <b>SUMMIT, NJ. 07901</b>
			Name of Contact <b>K. SPENO</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>K. SPENO</b>		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 <b>50 BEDFORD ROAD</b>		Square Feet <b>600</b>	Bldg. Age <b>35 YRS</b>
City (5) <b>SUMMIT</b>		Current Use (Prior if being demolished) <b>GARAGE</b>	
County (6) <b>UNION</b>	County Code (7) (STATE USE ONLY)		
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.	License No.
Start Date (10) <b>5-23-13</b>		Scheduled Completion Date (11) <b>5-24-13</b>	
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: <b>8AM 5PM</b>		Name of OSHA Monitor <b>Omega Environmental Inc</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address <b>280 Huyler St</b>	
City, State, Zip Code		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
Amount (Specify SF or LF)		Abatement Type	
		Removal Repair Encapsulate Enclosure	
<b>GARAGE BASEMENT</b>		<b>X</b>	<b>40 SF X</b>
<b>GARAGE CRAWL SPACE</b>		<b>X</b>	<b>40 LF X</b>
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>1/2 yd</b>
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>5-24-13</b>	Name of Registered Landfill <b>Minerva Enterprises</b>
City, State <b>Waynesburg, Oh</b>			
Completed by <b>R. VELDRAN</b>	Title <b>Estimator</b>	Signature <b>R. Veldran</b>	Date <b>5-13-13</b>

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

Date of Notification (1) 04/15/2013		Name of Building Owner/Operator (2) GEM Motel LLC	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4 Gateway Drive	
		City, State, Zip Code Colts Neck, New Jersey 07722	
		Name of Contact Sergio DeGioia	Telephone Number _____

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) GEM Motel		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 930 US-1		Square Feet 8,600	# of Floors 2
City (5) Avanel		Bldg. Age 70	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Sky Contracting, LLC
Street Address		Street Address 1385 Valley Road, Suite K	
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470	
Project Manager for Monitoring Firm		Telephone No. (973) 928-5040	License No. 00874
Start Date (10) ASAP	Scheduled Completion Date (11) TBD	Name of OSHA Monitor Sky Contracting, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1385 Valley Road, Suite K	
		City, State, Zip Code Wayne, New Jersey 07470	

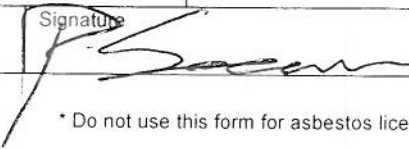
  

Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> 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
Exterior				Transite Panels (clean up)	100 SF	x			


  

Name of Registered Waste Hauler N.E.T.S., Inc.		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 100	Name of Registered Landfill BFI Imperial Landfill	
City, State Hazleton, PA		Disposal Date TBD		City, State Imperial, PA	
Completed by Predrag Sarcev		Title Vice President		Signature 	Date 04/15/2013



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

729

Date of Notification (1) <b>May 13, 2013</b>		Name of Building Owner/Operator (2) <b>Jade Hackettstown Associates, LLC</b>							
Agencies Notified	Type Notification	Street Address <b>1200 Sunnyview Oval</b>							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Keasbey, NJ 08832</b>							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact <b>Eric Harvitt</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>demolition site</b>		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 <b>91 Main Street</b>		Square Feet	# of Floors						
City (5) <b>Hackettstown, NJ</b>		Bldg. Age							
County (6) <b>Warren</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>demolition site</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc.</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>							
Street Address <b>28 North Pennell Road</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Media, PA 19063</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>Eric</b>		Telephone No. <b>1-800-9696-AET</b>	License No. <b>00781</b>						
Start Date (10) <b>5/14/13</b>	Scheduled Completion Date (11) <b>8/1/13</b>	Name of OSHA Monitor <b>The MACK Group, LLC.</b>							
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 <b>1500 Kings HWY N, STE 209</b>							
		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
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 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) <b>TO BE ABATED</b> 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
<b>1 &amp; 1a</b>	<input checked="" type="checkbox"/>			<b>roofing</b>	<b>7000 s/f</b>	<input checked="" type="checkbox"/>			
<b>-"</b>	<input checked="" type="checkbox"/>			<b>Transite</b>	<b>100 s/f</b>	<input checked="" type="checkbox"/>			
<b>2 &amp; 3</b>	<input checked="" type="checkbox"/>			<b>pipe</b>	<b>470 l/f</b>	<input checked="" type="checkbox"/>			
<b>-"</b>	<input checked="" type="checkbox"/>			<b>Fire blankets</b>	<b>20 s/f</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark Carting</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>75.9</b>	Name of Registered Landfill <b>IESI Landfill</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>8/1/13</b>		City, State <b>Bethlehem, PA</b>					
Completed by <b>Mike Cooper</b>		Title <b>President</b>	Signature 	Date <b>5/13/13</b>					

[illegible]



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

#1870

2013 MAY 15 AM 2:00

Date of Notification (1)

5-15-13

Agencies Notified

☒ EPA  
☒ N.J.  
☒ DOH  
☒ DECA

Type of Notification

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

Name of Building Owner/Operator (2)

CITY OF ASBURY PARK

Street Address

1 MUNICIPAL PLAZA

City, State, Zip Code

ASBURY PARK NJ 07712

Name of Contact

MALLA

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

CITY OF ASBURY PARK

Street Address

600 EMORY ST

City (5)

ASBURY PARK

County (6)

MONMOUTH

Type of Facility (4)

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

Square Feet

2200

# of Floors

2

High Area

75

Current Use (Prior if being demolished)

HOUSE

Name of Monitoring Firm Hired by Building Owner (8)

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

ACE INSULATION CO INC

Street Address

95 MONTROSS RD

City, State, Zip Code

COLTS NECK NJ 07722

Telephone No.

732 294 1757

License No.

00029

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)

5-25-13

Scheduled Completion Date (11)

6-1-13

Occupancy Status During Abatement (Check only one)

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

Name of OSHA Monitor

ACE INSULATION CO INC

Street Address

95 MONTROSS RD

City, State, Zip Code

COLTS NECK NJ 07722

Scope of Work (Check all that apply)

☒ 3 sf or less  
☐ 160 sf or 260 ft

☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) (TO BE AWAITED) IN Facility (12)	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 2- or 11')	Abatement Type			
	Yes	No	N/A			21	22	11	12
				Siding	3100				

Name of Registered Waste Hauler

ACE INSULATION CO

City, State

COLTS NECK NJ 07722

Waste Hauler ID No.

12086

Cubic Yards of Waste

2

Disposal Date

Name of Registered Landfill

GROWS

City, State

TULLYTOWN PA

Completed By

Jack Groll

Title

OPS MGR

Signature

Jack Groll

Date

5-15-13

State of New Jersey  
DEPARTMENT OF AGING AND ASSISTED LIVING  
(Pursuant to P.L. 1997, c. 60 and 12:129)

CK# 1869

5-18-13

Agency Identified: ☒ EPA ☒ DCH ☒ DCA

Type of Abatement: ☒ Initial ☐ Renewal ☐ Amendment ☐ Emergency (including justification) ☐ Cancellation

Name of Building Owner/Operator (2): **TIM SCHNOOR**  
Street Address: **655 MAIN ST**  
City, State, Zip Code: **BELFORD NJ**  
Name of Contact: **GARY BRANNIN** Telephone Number: \_\_\_\_\_

NAME OF FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **TIM SCHNOOR**  
Street Address: **655 MAIN ST**  
City (5): **BELFORD**  
County (6): **MONMOUTH** County Code (7) (STAT/USE ONLY): \_\_\_\_\_

Type of Facility (4): ☐ School (K-12) ☐ Childcare (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)  
Square Feet: **1800** # of Floors: **2** High Rise: **70**  
Current Use (If not being demolished): **House**

Name of Monitoring Firm Hired by Building Owner (8): \_\_\_\_\_ ASCEM No.: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

Name of Abatement Contractor (9): **ACE INSULATION CO INC**  
Street Address: **95 MONTROSE RD**  
City, State, Zip Code: **COLTS NECK NJ 07722**  
Telephone No.: **732 294 1757** License No.: **000029**

Project Manager for Monitoring Firm: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Start Date (10): **5-23-13** Scheduled Completion Date (11): **5-31-13**

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

Name of OSHA Monitor: **ACE INSULATION CO INC**  
Street Address: **95 MONTROSE RD**  
City, State, Zip Code: **COLTS NECK NJ 07722**

Scope of Work (Check all that apply):  
☒ Full or Partial ☒ Full Containment with Negative Pressure  
☒ 160 sq ft or >260 sq ft ☐ Renovation ☐ Demolition  
☐ Mini-Enclosure ☐ Covering Procedure ☒ Non-Exempted (\*) and Non-Frangible Procedure

Location of Asbestos-Containing Material (ACM) (13) (If Facility)	Is Location Primarily 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 LL)	Abatement Type			
	Yes	No	N/A			20 or less	21 or more	10 or less	11 or more
				<b>SIDING</b>	<b>1800 SF</b>				

Name of Registered Waste Handler: **ACE INSULATION CO** MHW Waste Handler ID No.: **12086**  
City, State: **COLTS NECK NJ 07722** Cubic Yards of Waste: **4**  
Disposal Date: **5-30-13** Name of Registered Landfill: **GROWS**  
City, State: **TULLY TOWN PA**  
Completed by: **Jack GALL** Title: **Ops Mgr** Signature: **Jack GALL** Date: **5-13-13**



STATE OF NEW JERSEY  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
(Completed by PLZAC 12:00 and 12:120)

CR# 1869

PLZAC (or other, specify)

5-14-13

Asbestos Abatement

☒ Asbestos  
☒ Lead  
☒ PCB  
☒ Other

Type of Abatement

☒ Removal  
☐ Encapsulation  
☐ Encapsulation &  
Removal  
☐ Encapsulation (including  
encapsulation)  
☐ Encapsulation

Name of Building Owner/Operator (\*)

Bill Weaver

Street Address

2206 BALTIMORE AVE

City, State, Zip Code

LAVALLETTE NJ 08735

Name of Council

Bill

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (\*)

Bill Weaver

Street Address

2206 BALTIMORE AVE

City (5)

LAVALLETTE

County (6)

DELAN

County Code (7) (STAT)  
USE ONLY

Type of Facility (5)

☐ School (R-1)  
☐ Daycare (R-2) (Other than R-1)  
☐ Other (i.e., private & commercial buildings,  
homes, etc.)

Separate Part

# of Floors

High Rise

2000

1

65

Current Use (from a former demolished)

HOUSE

Name of Monitoring Firm Hired by Building Owner

(8)

ASCM No.

Name of Abatement Contractor (9)

ACE INSULATION CO. INC.

Street Address

95 MONTROSE RD

City, State, Zip Code

COLTS NECK NJ 07724

Telephone No.

732 294 1751

Facsimile No.

(609) 294 1751

Name of OSHA Inspector

ACE INSULATION CO. INC.

Street Address

95 MONTROSE RD

City, State, Zip Code

COLTS NECK NJ 07724

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)

5-20-13

Scheduled Completion Date (11)

5-30-13

Occupancy Status During Abatement (Check only one)

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

Scope of Work (Check all that apply)

☒ Removal of 1 lb  
100 lb or 200 lb

☒ Renovation  
☐ Remediation

☐ Full Containment with Negative Pressure  
☐ Mini Enclosure  
☒ Cleaning Procedure  
☒ Non-Exempted (\*) and Standard Procedure

Location of  
Asbestos Containing Material (ACM)  
FOUND MATERIAL  
In Facility  
(12)

Is Location  
Used Solely by  
Maintenance/  
Custodial  
Staff?  
(13)

YES NO N/A

Description of  
Asbestos Containing Material (ACM)  
(i.e., thermal systems insulation,  
gaskets, VAF, or  
other miscellaneous)

SIDEWALK  
UNDER VINYL

Amount  
(Specify  
lb or ft)

2700

Abatement  
Type

AC	LC	LC	LC	LC	LC	LC	LC	LC	LC
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9
10	10	10	10	10	10	10	10	10	10

Name of Registered Waste Handler

ACE INSULATION CO

City, State

COLTS NECK NJ 07724

Completed By

Jack GALL

Waste  
Handler ID No.

12080

Cubic Yards  
of Waste

4

Disposal Date

Name of Registered Landfill

GROWS

City, State

TURKEYTOWN PA

Signature

Jack GALL

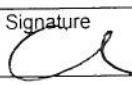
Date

5-14-13

6503-11

\*Do not use this form for asbestos, lead, or mercury abatement.

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

Date of Notification (1) 5/13/13		Name of Building Owner/Operator (2) Dwayne Tutrone (Private House)							
Agencies Notified	Type Notification	Street Address 56 Nancy Dr.							
<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 Manahawkin NJ 08050							
		Name of Contact Dwayne	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Dwayne Tutrone (Private 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 56 Nancy Dr.		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) 5/24/13	Scheduled Completion Date (11) 5/30/13	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"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) <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 5/30/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 5/13/13		



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

Date of Notification (1) <b>5-1-2013</b>		Name of Building Owner/Operator (2) <b>Richard Denby</b>	
Agencies Notified	Type Notification	Street Address <b>89 Hillside Ave</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Verona, NJ, 07044</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	<b>Richard Denby</b>	<b>---</b>
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Same as above</b>			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			Square Feet	# of Floors	Bldg. Age
			<b>1600 sf</b>	<b>2</b>	<b>70</b>
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address			Street Address <b>86 Christopher St.</b>	
City, State, Zip Code			City, State, Zip Code <b>Montclair, NJ 07042</b>	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number		License Number
	<b>N/A</b>	<b>(973) 744-8800</b>		<b>00371</b>
Scheduled Start Date (10) <b>5-10-2013</b>	Sched. Completion Date (11) <b>5-13-2013</b>	Name of OSHA Monitor <b>N/A</b>		
Month Day Year	Month Day Year			
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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

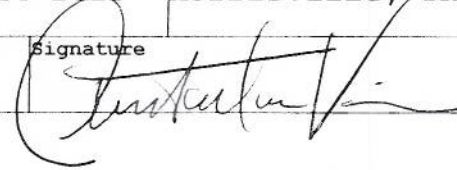
**Scope of Work (Check all that apply)**

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

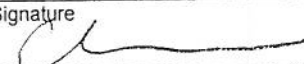
☒ Renovation  
☐ Demolition

☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glovebag Procedure  
☐ Non-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			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
<b>Basement</b>			<b>X</b>	<b>Pipe Insulation</b>	<b>70 lf</b>	<b>X</b>			
<b>Boiler</b>				<b>Boiler</b>	<b>35 SF</b>				

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>5-14-2013</b>	City, State <b>Morrisville, PA 19067</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 		Date <b>5-1-2013</b>	

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

Date of Notification (1) 5/14/13		Name of Building Owner/Operator (2) John Lally (Private Home)							
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 68 Weaver Dr.							
		City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact John	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) John Lally (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 68 Weaver Dr.		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) 5/27/13	Scheduled Completion Date (11) 5/31/13	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 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) <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	1100 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 5/31/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 5/14/13		



May 13 2013 11:03am

P0017001

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

NJ Dept. of Health &amp; Senior Services

Paul C. Hornet

(signature)

Date: 5/13/13 Time: 10:00 AM

Date of Notification (1) <b>5-13-13</b>		Name of Building Owner/Operator (2) <b>Bob Ulrich</b>						
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 <b>11 Sparrow Creek</b> City, State, Zip Code <b>White Plains NY 10605</b>						
		Name of Contact <b>Bob Ulrich</b>	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>Single family Dwelling</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>23 Susan Lane</b>		Square Feet	# of Floors <b>2</b>					
City (5) <b>Manahawkin NJ 08050</b>		Bldg. Age <b>60+</b>						
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Single family Dwelling</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>					
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>						
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>						
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	Licence No. <b>00394</b>					
Start Date (10) <b>5-16-13</b>	Scheduled Completion Date (11) <b>5-17-13</b>	Name of OSHA Monitor <b>EPC Technologies Inc</b>						
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 <b>P.O. Box 337</b>						
		City, State, Zip Code <b>New Egypt NJ 08533</b>						
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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-Enforce 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
<b>extension walls</b>			<b>Siding Shingles</b>	<b>2000 SF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>Waste Management of PA</b>				
City, State <b>New Egypt NJ</b>		Disposal Date <b>5-17-13</b>	City, State <b>Morrisville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>		Date <b>5-13-13</b>			

# NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <div style="text-align: center;">5/13/2013</div>		Name of Building Owner/Operator (2) Shlomo Horowitz	
Agencies Notified	Type of Notification	Street Address	<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">MAY 16 2013</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">ASBESTOS CONTROL &amp; ETC</div>
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	130 Ventura Drive	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification Amendment # _____	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency (including justification)	Lakewood, New Jersey 08701	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact Shlomo Horowitz	
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 35 Spruce Street			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K12)		
			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City Lakewood	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1500 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) 5/13/13		Scheduled Completion Date (11) 5/14/13		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"/> 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		
<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		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V E 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	1500 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 5/15/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 5/13/2013

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



# NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <div style="text-align: center;">May 9, 2013</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">George Ogden</div>	
Agencies Notified	Type of Notification	Street Address	<div style="border: 2px solid black; padding: 10px; transform: rotate(-2deg);"> <b>RECEIVED</b>  MAY 16 2013  ASBESTOS  LICENSING </div>
<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 Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	208 Worstall Alley	
		City, State, Zip Code <div style="text-align: center;">Newton, PA 18940</div>	
		Name of Contact <div style="text-align: center;">George Ogden</div>	

## FACILITY INFORMATION

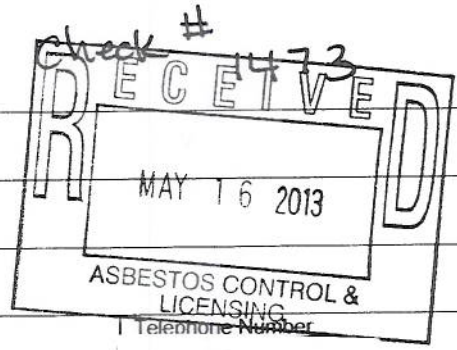
Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4)		
Street Address <div style="text-align: center;">34 Ocean Avenue</div>			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City <div style="text-align: center;">Manasquan</div>	County (6) <div style="text-align: center;">Monmouth</div>	County Code (7) (STATE USE ONLY)	Square feet <div style="text-align: center;">1500 sf</div>	# of Floors <div style="text-align: center;">1</div>	Bldg. Age <div style="text-align: center;">60</div>
			Current Use (Prior if being demolished) <div style="text-align: center;">Residence</div>		
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>			Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
Street Address			Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>		
City, State, Zip Code			City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <div style="text-align: center;">732-349-9932</div>		License Number <div style="text-align: center;">00624</div>
Scheduled Start Date (10) <div style="text-align: center;">05/10/13</div>		Scheduled Completion Date (11) <div style="text-align: center;">05/13/13</div>		Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>	
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 <div style="text-align: center;">1056 Stelton Road</div>		
			City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" 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)  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	1300 sf	X			

Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>	NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>	Cubic Yards of Waste <div style="text-align: center;">3</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>
City, State <div style="text-align: center;">Toms River, New Jersey</div>	Disposal Date <div style="text-align: center;">05/14/13</div>	City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>	
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>	Title <div style="text-align: center;">Project Manager</div>	Signature 	Date <div style="text-align: center;">5/9/2013</div>

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

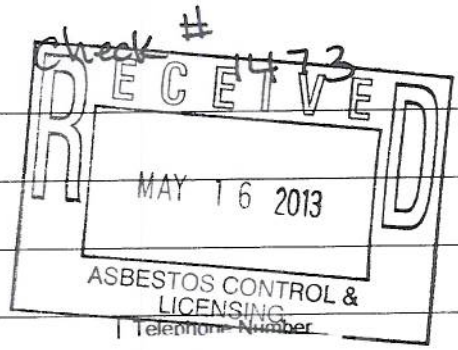
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <b>05/10/2013</b>		Name of Building Owner/Operator (2) <b>JOE ZARINKO</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>7 NORTH 10TH STREET</b>							
		City, State, Zip Code <b>MILLVILLE NJ 08332</b>							
		Name of Contact <b>SCOTT SHEPPARD</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENTIAL</b>		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 <b>7 NORTH 10TH STREET</b>		Square Feet <b>2000</b>	# of Floors <b>2</b>						
City (5) <b>MILLVILLE</b>		Bldg. Age <b>50+</b>							
County (6) <b>CUMBERLAND</b>	County Code (7) <b>(STATE USE ONLY)</b> _____	Current Use (Prior if being demolished) <b>RESIDENTIAL</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>CONNELL GREENE</b>		ASCM No. _____	Name of Abatement Contractor (9) <b>ASSUREDENVIRONMENTAL SERVICES INC.</b>						
Street Address <b>904 KINGS ARMS DRIVE</b>		Street Address <b>570 CLEMS RUN</b>							
City, State, Zip Code <b>DOWNINGTOWN PA 19335</b>		City, State, Zip Code <b>MULLICA HILL NJ 08062</b>							
Project Manager for Monitoring Firm <b>RICK PELLISSIER</b>		Telephone No. <b>484-432-9363</b>	Telephone No. <b>610-304-4676</b>						
License No. <b>01145</b>									
Start Date (10) <b>05/13/2013</b>	Scheduled Completion Date (11) <b>05/14/2013</b>	Name of OSHA Monitor <b>EMSL</b>							
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: <b>RESIDENTIAL</b>		Street Address <b>200 RT 130 NORTH</b>							
		City, State, Zip Code <b>CINNAMINSON NJ 08077</b>							
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 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
<b>BASEMENT</b>			<b>X</b>	<b>PAPER DUCT INSULATION</b>	<b>14 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>ASSURED ENVIRONMENTAL SERVICES</b>		NJDEP Waste Hauler ID No. <b>0034895</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>ALLIED WASTE IMPERIAL LANDFILL</b>					
City, State <b>MULLICA HILL NJ</b>		Disposal Date <b>05/15/2013</b>		City, State <b>IMPERIAL PA</b>					
Completed by <b>RON SWANSON</b>		Title <b>PROJECT COORDINATOR</b>		Signature 				Date <b>05/10/2013</b>	



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



Date of Notification (1) <b>05/10/2013</b>		Name of Building Owner/Operator (2) <b>JOE ZARINKO</b>							
Agencies Notified	Type Notification	Street Address <b>7 NORTH 10TH STREET</b>							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>MILLVILLE NJ 08332</b>							
		Name of Contact <b>SCOTT SHEPPARD</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENTIAL</b>		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 <b>7 NORTH 10TH STREET</b>		Square Feet <b>2000</b>	# of Floors <b>2</b>						
City (5) <b>MILLVILLE</b>		Bldg. Age <b>50+</b>							
County (6) <b>CUMBERLAND</b>	County Code (7) <b>(STATE USE ONLY)</b>	Current Use (Prior if being demolished) <b>RESIDENTIAL</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>CONNELL GREENE</b>		ASCM No.	Name of Abatement Contractor (9) <b>ASSUREDENVIRONMENTAL SERVICES INC.</b>						
Street Address <b>904 KINGS ARMS DRIVE</b>		Street Address <b>570 CLEMS RUN</b>							
City, State, Zip Code <b>DOWNINGTOWN PA 19335</b>		City, State, Zip Code <b>MULLICA HILL NJ 08062</b>							
Project Manager for Monitoring Firm <b>RICK PELLISSIER</b>		Telephone No. <b>484-432-9363</b>	Telephone No. <b>610-304-4676</b>						
License No. <b>01145</b>									
Start Date (10) <b>05/13/2013</b>	Scheduled Completion Date (11) <b>05/14/2013</b>	Name of OSHA Monitor <b>EMSL</b>							
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: <b>RESIDENTIAL</b>		Street Address <b>200 RT 130 NORTH</b>							
		City, State, Zip Code <b>CINNAMINSON NJ 08077</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If		<input 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
<b>BASEMENT</b>			<b>X</b>	<b>PAPER DUCT INSULATION</b>	<b>14 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>ASSURED ENVIRONMENTAL SERVICES</b>		NJDEP Waste Hauler ID No. <b>0034895</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>ALLIED WASTE IMPERIAL LANDFILL</b>					
City, State <b>MULLICA HILL NJ</b>			Disposal Date <b>05/15/2013</b>	City, State <b>IMPERIAL PA</b>					
Completed by <b>RON SWANSON</b>		Title <b>PROJECT COORDINATOR</b>	Signature 	Date <b>05/10/2013</b>					



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

CHECK 2675

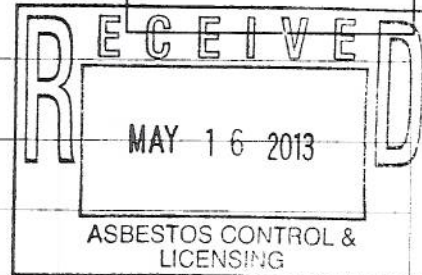
**GAC Project # 060-13**

Date of Notification (1) <b>May 10, 2013</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>	
		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
		Name of Contact <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>BUSCH CENTRAL HEATING, BLDG# 3540</b>		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, stores, etc.)	
Street Address <b>BUSCH CAMPUS</b>		Sq. Feet: <b>N/A</b> # of Floors: <b>2</b> Bldg. Age: <b>60</b> years	
City (5) <b>PISCATAWAY</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>HEATING PLANT</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC ASSOCIATES</b>		ASCM No. <b>0098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>3 TERRI LANE</b>		Street Address <b>268 MAIN STREET</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>	Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>05/20/13</b>	Scheduled Completion Date (11) <b>05/28/13</b>	Name of OSHA Monitor <b>1 ENVIROVISION, INC.</b>	
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: <b>Shift Hours: 9:00 PM - 5:00 AM</b>		Street Address <b>20-21 WARGARAW ROAD</b>	
		City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$		<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) in Facility (13) <b>Pump Room</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>TSI</b>	Amount (Specify SF or LF) <b>&lt;9 LF</b>
		Abatement Type Remove <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose <input type="checkbox"/>	
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>10 CY</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 NJ DEP # 22612		Disposal Date <b>05/28/13</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>May 10, 2013</b>



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

MO#20613926441



Date of Notification (1) 05 / 10 / 13		Name of Building Owner/Operator (2) Rosemary Wieczorek	
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 310 Kennedy Blvd. City, State, Zip Code Bayonne, NJ 07002 Name of Contact Rosemary Wieczorek	
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private house Street Address 310 Kennedy Blvd. City (5) Bayonne, NJ 07002 County (6) Hudson		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) 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.			
Start Date (10) 05 / 22 / 13	Scheduled Completion Date (11) 05 / 23 / 13	Name of OSHA Monitor Envirovision Consultants, Inc		

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM	Street Address 20-21 Wagaraw Road, Bldg. # 35 E City, State, Zip Code Fair Lawn, NJ 07410
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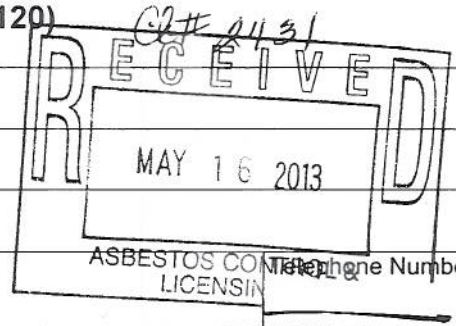
Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination
<input type="checkbox"/> > 160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure
		<input checked="" type="checkbox"/> Mini-Enclosure
		<input 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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	65 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 05/10/2013		

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



Date of Notification (1) <b>4/29/13</b>		Name of Building Owner / Operator (2) <b>Wells Fargo Bank</b>	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	<b>One South Broad Street</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended <b>R#1-5/10/13</b>	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	<b>Philadelphia, PA 19107</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	
<input type="checkbox"/> DCA		<b>Orville Bishcoff</b>	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Wells Fargo Bank NBOC</b>		Type of Facility (4)	
Street Address <b>100 Fidelity Plaza</b>		<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) <b>North Brunswick</b>	County (6) <b>Middlesex</b>	Square Feet <b>30000</b>	# of Floors <b>2</b>
County Code (7)		Bldg. Age <b>45+</b>	
Current Use (Prior if being demolished) <b>Bank</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>AET</b>		ASCM No.	
Street Address <b>28 North Pennell Road</b>		Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>	
City, State & Zip Code <b>Media, PA 19063</b>		Street Address <b>1123 Beaver Street</b>	
Project Manager for Monitoring Firm <b>Dave Turotsy</b>		City, State & Zip Code <b>Bristol, PA 19007</b>	
Telephone Number <b>610-891-0114</b>		Telephone Number <b>(215)788-6040</b>	License Number <b>00509</b>
Scheduled Start Date (10) <b>5/15/2013</b>	Scheduled Completion Date (11) <b>5/16/2013</b>	Name of OSHA Monitor <b>Bristol Environmental Inc.</b>	
Occupancy Status During Abatement (Check only one)		Street Address <b>1123 Beaver Street</b>	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <b>6:00 PM - 2:00 AM</b> <input type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code <b>Bristol, PA 19007</b>	

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

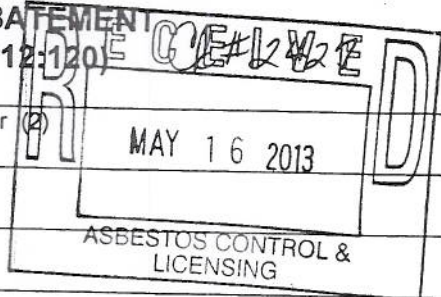
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Above Ceiling</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe insulation</b>	<b>65 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Service Transport Inc.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>Minerva Landfill</b>
City, State <b>New Castle, DE</b>	Disposal Date <b>5/13/2013</b>	City, State <b>Waynesburg, Ohio</b>	
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>	Date <b>5/10/13</b>



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



Date of Notification (1) <b>4/29/13</b>		Name of Building Owner / Operator (2) <b>Wells Fargo Bank</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 6800 <input checked="" type="checkbox"/> DOH 6817 <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>One South Broad Street</b> City, State & Zip Code <b>Philadelphia, PA 19107</b> Name of Contact <b>Orville Bishcoff</b>	
		Telephone Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Wells Fargo Bank NBOC</b>		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 <b>100 Fidelity Plaza</b>		Square Feet <b>30000</b>	# of Floors <b>2</b>
City (5) <b>North Brunswick</b>	County (6) <b>Middlesex</b>	Bldg. Age <b>45+</b>	
County Code (7)		Current Use (Prior if being demolished) <b>Bank</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>AET</b>		ASCM No.	
Street Address <b>28 North Pennell Road</b>		Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>	
City, State & Zip Code <b>Media, PA 19063</b>		Street Address <b>1123 Beaver Street</b>	
Project Manager for Monitoring Firm <b>Dave Turotsy</b>		City, State & Zip Code <b>Bristol, PA 19007</b>	
Telephone Number <b>610-891-0114</b>		Telephone Number <b>(215)788-6040</b>	License Number <b>00509</b>
Scheduled Start Date (10) <b>5/11/2013</b>	Scheduled Completion Date (11) <b>5/12/2013</b>		
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 Hours – 7am to 3pm Describe: <b>Sat. 12:00 PM - Sunday 8 AM</b> <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>	
		Street Address <b>1123 Beaver Street</b>	
		City, State & Zip Code <b>Bristol, PA 19007</b>	

Scope of Work (Check all that apply)

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

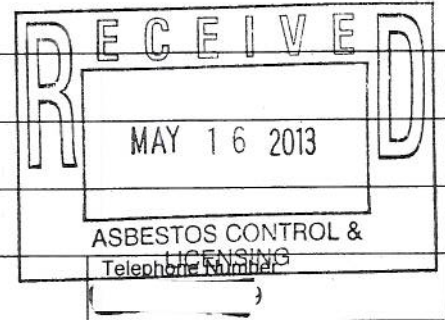
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Above Ceiling</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe insulation</b>	<b>65 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Service Transport Inc.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>Minerva Landfill</b>
City, State <b>New Castle, DE</b>	Disposal Date <b>5/13/2013</b>	City, State <b>Waynesburg, Ohio</b>	
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni/jl</i>	Date <b>4/29/13</b>



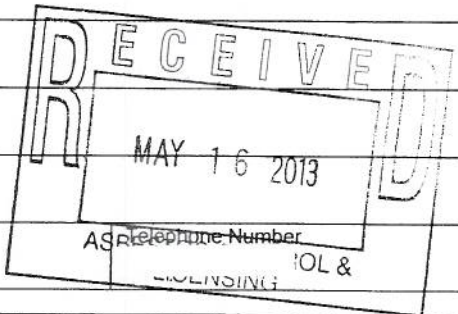
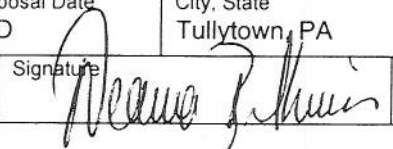
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**



Date of Notification (1) 5/03/13		Name of Building Owner/Operator (2) Betsy Compton							
Agencies Notified	Type Notification	Street Address 19 Badeu Avenue							
<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	City, State, Zip Code Summit, NJ 07901							
		Name of Contact Betsy Compton							
<b>FACILITY INFORMATION</b>									
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 19 Badeau Avenue		Square Feet N/A	# of Floors N/A						
City (5) Summit		Bldg. Age N/A							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685						
License No. #00675									
Start Date (10) 5/17/13	Scheduled Completion Date (11) 5/18/13	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<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>		City, State, Zip Code Totowa, NJ 07512							
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 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
<u>CRAWL SPACE</u>		<u>X</u>		<u>PIPE INSULATION</u>	<u>70LF</u>	<u>X</u>			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature <i>Deanna Brkusanin</i>				Date 5/03/13	



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

Date of Notification (1) 5/03/13		Name of Building Owner/Operator (2) Joseph & Maryann Benning							
Agencies Notified	Type Notification	Street Address 45 Rowan Road							
<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	City, State, Zip Code Summit, NJ 07901							
		Name of Contact Joseph & Maryann Benning							
<div style="text-align: right;">  </div>									
<b>FACILITY INFORMATION</b>									
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 45 Rowan Road		Square Feet N/A	# of Floors N/A						
City (5) Summit		Bldg. Age N/A							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 5/23/13	Scheduled Completion Date (11) 5/24/13	Name of OSHA Monitor D&S Abatement, 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: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
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 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
crawl space		X		pipe insulation	40 LF	X			
basement		X		pipe insulation	82 LF	X			
garage		X		pipe insulation	18 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager	Signature 	Date 5/03/13					



LNCK #  
2765

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

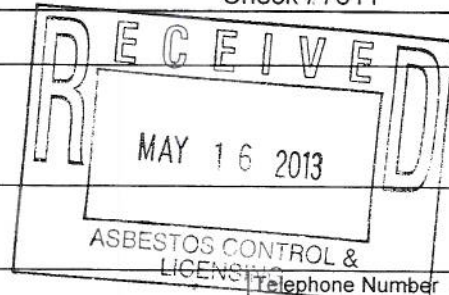
Date of Notification (1) <u>5/13/13</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>300 77 TH ST.</u>		City, State, Zip Code <u>SEA ISLE CITY, NJ 08243</u>	
Name of Contact <u>FRANK EDUARDO</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>273 58TH ST.</u>		Square Feet _____ # of Floors _____ Bldg. Age _____	
City (5) <u>ANALON</u>		Current Use (Prior if being demolished) <u>VACANT</u>	
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____	
Street Address _____		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
City, State, Zip Code _____		Street Address <u>369 S. SPRUCE AVE.</u>	
Project Manager for Monitoring Firm _____		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Telephone No. _____		Telephone No. <u>856-779-0472</u>	
Start Date (10) <u>5/28/13</u>		Scheduled Completion Date (11) <u>6/4/13</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: _____		Name of OSHA Monitor <u>JOSEPH KLEMM</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		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>		License No. <u>00444</u>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes _____ No _____ N/A <u>X</u>	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>		Amount (Specify SF or LF) <u>1800 #</u>	
Abatement Type Removal _____ Repair _____ Encapsulate _____ Enclosure _____		Abatement Type Removal <u>X</u> Repair _____ Encapsulate _____ Enclosure _____	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17984</u>	
City, State <u>MAPLE SHADE, N.J.</u>		Cubic Yards of Waste _____	
Disposal Date _____		Name of Registered Landfill <u>C.M.C.M.V.A.</u>	
City, State <u>WOODBINE, N.J.</u>		Signature <u>Joseph Klemm</u>	
Completed By <u>JOSEPH KLEMM</u>		Title <u>V/P</u>	
Date <u>5/13/13</u>		Date <u>5/13/13</u>	



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

Check #7811

Date of Notification (1) <b>May 13, 2013</b>		Name of Building Owner / Operator (2) <b>Bank of America</b>	
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"/> Cancellation	<b>2100 New Jersey Avenue</b>  City, State & Zip Code <b>North Wildwood, NJ 08260</b>  Name of Contact <b>Jim Kalafsky</b>	
		Telephone Number	



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Bank of America</b>		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, home, etc.)	
Street Address <b>2100 New Jersey Avenue</b>		Square Feet <b>4,000</b>	# of Floors <b>1</b>
City (5) <b>North Wildwood</b>		Bldg. Age <b>43</b>	
County (6) <b>Cape May</b>		County Code (7) <b>USE ONLY</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Testing Consultants, LLC</b>		ASCM No.	
Street Address <b>One Mall Drive, Suite 404</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
City, State & Zip Code <b>Cherry Hill, NJ 08002</b>		Street Address <b>829 Radio Road</b>	
Project Manager for Monitoring Firm <b>Howard Zenobi</b>		Telephone Number <b>856-482-1311</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>May 23, 2013</b>	Scheduled Completion Date (11) <b>June 3, 2013</b>	Name of OSHA Monitor <b>Synatech, Inc.</b>	
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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

Scope of Work (Check all that apply)

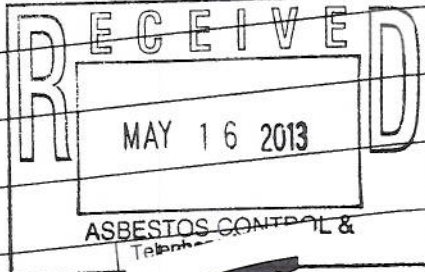
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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
<b>ATM Room</b>			<b>X</b>	<b>Floor Tile and Mastic</b>	<b>75 SF</b>	<b>X</b>			

Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>Grows Landfill</b>
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>June 4, 2013</b>	City, State <b>Morrisville, PA</b>
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>	Date <b>May 13, 2013</b>

\*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 3227

Date of Notification (1) 5/13/13		Name of Building Owner/Operator (2) Lou Papaccioli (private home)					
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		Street Address 43 Phyllis Lane City, State, Zip Code Manahawkin NJ 08050 Name of Contact Lou					
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		FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Lou Papaccioli (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 43 Phyllis 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		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) 5/24/13		Name of OSHA Monitor Same					
Scheduled Completion Date (11) 5/30/13		Street Address					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		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) 1200 SF	Abatement Type		
	Yes	No			N/A	Removal	Repair
Exterior siding			X	Exterior siding			
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 5/30/13		City, State Morrisville PA 19067		Date 5/13/13	
Completed by Anthony T Perna		Title President		Signature			

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



State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT

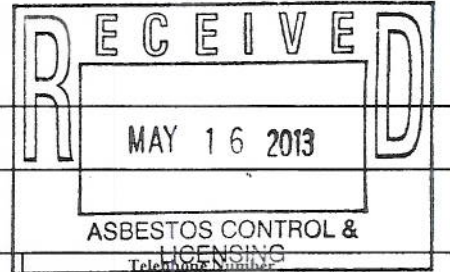
Date of Notification (1)  
05 / 10 / 13

(Pursuant to NJAC 8: 60 and 12: 120-)

Name of Building Owner/Operator (2)  
A Capital Improvements

Agencies Notified Type of Notification  
[X] EPA  
[ ] DEP [X] Initial  
[X] DOL [ ] Amended  
[X] DOH [ ] Amendment #  
[ ] DCA [ ] Emergency (including  
Justification)  
[ ] Cancellation

Street Address  
10 Lincoln Avenue  
City, State, Zip Code  
Pompton Lakes, NJ 07444  
Name of Contact  
Anthony Falore



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Residence  
Street Address

116 Oxford Avenue

City (5)

County (6)

County Code (7)  
(STATE USE ONLY)

Saddle Brook

Bergen

Name of Monitoring Firm Hired by Building Owner (8)

ASCM

Street Address

Project Manager for Monitoring Firm

Telephone Number

Scheduled State Date (10)

05 / 27 / 13  
Month / Day / Year

Scheduled Completion Date (11)

05 / 31 / 13  
Month / Day / Year

Occupancy Status During Abatement (Check only one)

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

Scope of Work (Check all that apply)

- [X] Renovation  
[ ] Demolition  
[ ] Full Containment With Negative Pressure  
[ ] Mini-Enclosure  
[ ] Glovebag Procedure  
[X] 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 L.F.)	Abatement Type			
	Yes	No	N/A			R E M O V E L	R E P A I R	E N C A S E L	E N C L O S U R E
Exterior			X	Transite siding	1000 SF	X			

Name of Registered Waste Hauler

J.R. Contracting & Environmental Consulting, Inc.

City, State

Wayne NJ 07470

Completed by (Print or Type)

Jerry Bijelonic

NJDEP Waste

Hauler ID No.

17819

Cubic Yards of Waste

Disposal Date

Signature

Name of Registered Landfill

G.R.O.W.S

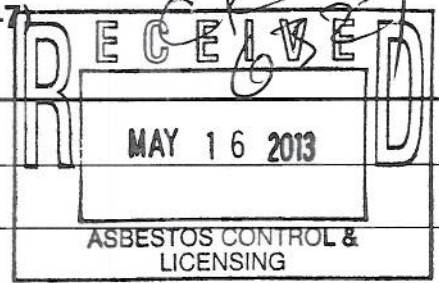
City, State

Morrisville PA

Date

5/10/2013

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



Date of Notice 5/6/13 Type Notification		Name of Building Owner / Operator (2) <b>Hartz Meadow Plaza Inc.</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address <b>400 Plaza Drive</b>	
		City, State & Zip Code <b>Secaucus, NJ 07096</b>	
		Name of Contact <b>John C Omer</b>	
		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Commercial Building</b>		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
<b>600 Plaza Drive</b>			
City (5) <b>Secaucus</b>	County (6) <b>Hudson</b>	County Code (7)	
		Square Feet <b>20,000</b>	# of Floors <b>1</b>
		Bldg. Age <b>28</b>	
		Current Use (Prior if being demolished) <b>Office</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Omega Environmental Service</b>		ASCM No.	
Street Address <b>280 Huyler Street</b>		Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>	
City, State & Zip Code <b>S. Hackensack, NJ 07606</b>		Street Address <b>443 Schoolhouse Road</b>	
Project Manager for Monitoring Firm <b>Geiser Fajardo</b>		City, State & Zip Code <b>Monroe Township, NJ 08831</b>	
Telephone Number <b>201-489-8700</b>		Telephone Number <b>732-605-9062</b>	License Number <b>00714</b>
Scheduled Start Date (10) <b>5/8/13</b>	Scheduled Completion Date (11) <b>5/10/13</b>	Name of OSHA Monitor <b>Global Abatement Services, LLC</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: <b>Area Isolated During Abatement</b> Other - Describe:		Street Address <b>443 Schoolhouse Road</b>	
		City, State & Zip Code <b>Monroe Township, NJ 08831</b>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> Demolition                      Renovation <input checked="" type="checkbox"/> Large Project Quantity is $\geq 3$ SF or $\geq 3$ LF ACM <input checked="" type="checkbox"/> Quantity is $\geq 160$ SF or $\geq 260$ LF ACM			
Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Other: <b>Non-Friable</b>			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)
<b>Exterior Site</b>	<b>N/A</b>	<b>Roof Flashing/Debris</b>	<b>1,000 LF</b>
			<b>Clean up</b>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>500 CY</b>
City, State <b>Freehold, NJ</b>		Disposal Date <b>5/10/13</b>	Name of Registered Landfill <b>TRRF</b>
Completed By (Print or Type) <b>Dominick Tringali</b>		Title <b>Pres.</b>	Signature <i>Dominick Tringali</i>
			Date <b>5/6/13</b>



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

Date of Notification (1) <b>5-10-2013</b>		Name of Building Owner/Operator (2) <b>Estate of Dorothea Huber</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>MAY 16 2013</b>  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>
Agencies Notified	Type Notification	Street Address <b>31 Overlook Terrace</b>		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Maplewood, NJ, 07040</b>		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Estate of Dorothea Huber</b>		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation			
<input type="checkbox"/> DCA				

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Same as above</b>			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			Square Feet <b>1700</b>		
City (5)			County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors <b>2</b>
			<b>ESSEX</b>		Bldg. Age <b>75</b>
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address		Street Address <b>86 Christopher St.</b>		
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm	Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>	
Scheduled Start Date (10) <b>5-20-2013</b>	Sched. Completion Date (11) <b>5-22-2013</b>	Name of OSHA Monitor <b>N/A</b>		
Month Day Year <b>5-20-2013</b>		Month Day Year <b>5-22-2013</b>		
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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

## 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-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	E	N	E	
Basement			<input checked="" type="checkbox"/>	Pipe Insulation	100 lf	<input checked="" type="checkbox"/>				
				VAT Tiles	530 sf					

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>5-23-13</b>	City, State <b>Morrisville, PA 19067</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature <i>Constantine Vivian</i>	Date <b>5-10-2013</b>		



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

Date of Notification (1) <u>May 13, 2013</u>		Name of Building Owner/Operator (2) <u>City of Atlantic City</u>					
Agency 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>1301 BACKLICK BLVD</u>					
		City, State, Zip Code <u>AC NJ</u>					
		Name of Contact <u>Lois Anderson</u>					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <u>Old Apartment Bldg.</u>		Type of Facility (4)					
Street Address <u>34 South Pennsylvania Ave</u>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) <u>Atlantic City</u>		Square Feet	# of Floors				
County (6) <u>Atlantic</u>	County Code (7) (STATE USE ONLY)	Bldg. Age					
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished)					
Street Address		Name of Abatement Contractor (9)					
City, State, Zip Code		Street Address					
Project Manager for Monitoring Firm		City, State, Zip Code					
Telephone No.		Telephone No.	License No.				
Start Date (10) <u>May 24th</u>	Scheduled Completion Date (11) <u>June 10 - 2013</u>	Name of OSHA Monitor <u>Self</u>					
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 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
					Removal	Repair	Encapsulation
<u>Outside</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<u>ACM Siding</u>	<u>9000 SF</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <u>J Robinson Waste</u>			NJDEP Waste Hauler ID No. <u>25876</u>	Cubic Yards of Waste <u>20</u>	Name of Registered Landfill <u>WM of PA</u>		
City, State <u>Bellmawr</u>			Disposal Date <u>TBD</u>	City, State <u>Philadelphia</u>			
Completed by <u>J Hill</u>		Title <u>VP</u>	Signature <u>DH</u>	Date			



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

Date of Notification (1) 4 -25-13		Name of Building Owner/Operator (2) Larry Hiershon							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4861 West Ave City, State, Zip Code Ocean City , NJ 08622 Name of Contact phil Greseler Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Resident			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 4861 West Ave			Square Feet 3800	# of Floors 1	Bldg. Age 65				
City (5) Ocean City		County (6) Atlantic		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8)			ASCN No.		Name of Abatement Contractor (9) Ani & Joe LLC				
Street Address			Street Address 1212 Burlington Ave						
City, State, Zip Code			City, State, Zip Code Delanco .NJ . 08075						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-824-0971	License No. 07010				
Start Date (10) 5-14-13		Scheduled Completion Date (11) 5-20-13		Name of OSHA Monitor self					
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>Demo</u>				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) 160yards	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Complete House			x	(ACM) Dabri		x			
			x						
Name of Registered Waste Hauler Earth Tec		NJDEP Waste Hauler ID No. 16429		Cubic Yards of Waste 120	Name of Registered Landfill A.C.U.A				
City, State Ocean View.NJ				Disposal Date TBD	City, State Egg Harbor , NJ				
Completed by Joseph T Hill		Title VP		Signature			Date 4--25-13		