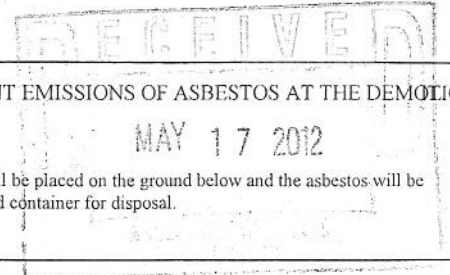
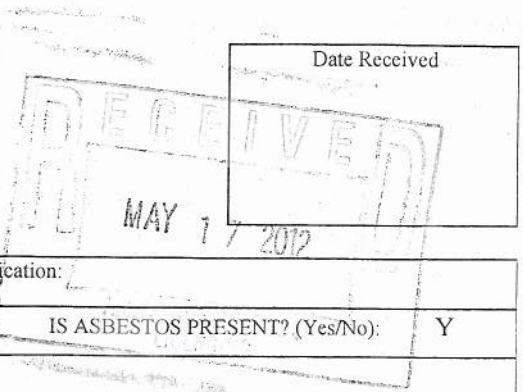


## NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

x.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED		
xii.	WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc. Address: 1889 Route 9, Unit 61 City: Toms River State: New Jersey Zip: 08755 Contact Person: Nicholas Fernicola		
xii.	WASTE TRANSPORTER #2 Name: Address: City: State: Zip: Contact Person:		
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F. Location: Bordentown Road City: Tullytown State: Pennsylvania Zip: 19007 Telephor Permit #: 101494		
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER Name: Title: Authority: Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):		
xv.	FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden		
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER		
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991) <u>Nicholas Fernicola / Project Manager</u> (Printed Name/Title) <u>Nicholas Fernicola</u> (Signature of Owner/Operator) <u>May 14, 2012</u> (Date)		
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. <u>Nicholas Fernicola / Project Manager</u> (Printed Name/Title) <u>Nicholas Fernicola</u> (Signature of Owner/Operator) <u>May 14, 2012</u> (Date)		



GUARDIAN CONTRACTING, INC.  
 1889 ROUTE 9  
 SUITE 61  
 TOMS RIVER, NEW JERSEY 08755



## DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:		Postmark:		Notification:			
I. TYPE OF NOTIFICATION (O- Original R- Revised C- Cancelled): O				II. IS ASBESTOS PRESENT? (Yes/No): Y			
III. FACILITY INFORMATION (identify owner, removal contractor and other operator)							
OWNER NAME: Disantis Contracting, LLC							
Address: 313 Halyard Road							
City: Ortley Beach		State: NJ		Zip: 08751			
Contact: Frank Disantis				Tel:			
REMOVAL CONTRACTOR: Guardian Contracting, Inc.				NJ License: 00624			
Address: 1889 Route 9, Unit 61							
City: Toms River		State: New Jersey		Zip: 08755			
Contact: Nicholas Fernicola				Tel: 732-349-9932			
OTHER OPERATOR (if different)				NJ License:			
Address:							
City:		State:		Zip:			
Contact:				Tel:			
IV. TYPE OF OPERATION (D- Demo O- Ordered Demo R- Renovation E- Emergency Renovation): D							
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)							
Building Name: Residence							
Address: 1504 Route 35 North							
City: Lavallette		State: New Jersey		County: Ocean			
Site Location: Exterior-house & garage							
Building Size: 1500 sf		# of Floors: 1		Age in Years: 60			
Present Use: Residence			Prior Use: Residence				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:							
IS MATERIAL ASSUMED TO BE ASBESTOS?							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed		LOCATION		Nonfriable Asbestos Material Not To Be Removed	
1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed						Cat I	Cat II
Pipes (Linear feet):							
Surface Area (Square Feet): 1200 sf		Asbestos siding		Exterior-house & garage			
RACM Off Facility Component (Cubic feet):							
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)		Start: 05/25/12		Complete: 05/29/12			

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

Date of Notification (1) <b>May 14, 2012</b>		Name of Building Owner/Operator (2) <b>Disantis Contracting, LLC</b> <span style="float: right;"><i>CH 20237</i></span>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>313 Halyard Road</b>	
		City, State, Zip Code <b>Ortley Beach, NJ 08751</b>	
		Name of Contact <b>Frank Disantis</b>	Telephone Number <b>MAY</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</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>1504 Route 35 North</b>			Square feet <b>1500 sf</b>		
City <b>Lavallette</b>	County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	# of Floors <b>1</b>	Bldg. Age <b>60</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>	
Street Address			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>732-349-9932</b>	License Number <b>00624</b>	
Scheduled Start Date (10) <b>05/25/12</b>		Scheduled Completion Date (11) <b>05/29/12</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</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>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</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 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			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	1200 sf	X			
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>				
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>05/30/12</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed by (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature <i>Nicholas Fernicola</i>			Date <b>5/14/2012</b>		

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

Check 8191

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

Date of Notification (1) <b>5-15-12</b>		Name of Building Owner/Operator (2) <b>Tunison Home Improvements</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 checked="" type="checkbox"/> Amended # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>719 Bound Brook Road</b>							
			City, State, Zip Code <b>Dunellen NJ 08812</b>							
		Name of Contact <b>Mr Tunison</b>	Telephone Number _____							
<b>FACILITY INFORMATION</b>										
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 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address <b>1813 Middle Road</b>		Square Feet	# of Floors <b>1</b>							
City (5) <b>Martinsville NJ</b>		Bldg. Age <b>55+-</b>								
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)								
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>	Telephone No. <b>609-758-3365</b>	License No. <b>00394</b>							
Start Date (10) <b>5-15-12</b>	Scheduled Completion Date (11) <b>6-1-12</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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) 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>Furnace Room</b>	<input checked="" type="checkbox"/>			<b>Transite Panels</b>	<b>150 SF</b>	<input checked="" type="checkbox"/>				
<b>Laundry Room</b>		<input checked="" type="checkbox"/>		<b>Floor Tiles</b>	<b>150 SF</b>	<input checked="" type="checkbox"/>				
<b>Bathroom</b>		<input checked="" type="checkbox"/>		<b>Linoleum Flooring</b>	<b>50 SF</b>	<input checked="" type="checkbox"/>				
<b>Garport</b>			<input checked="" type="checkbox"/>	<b>Transite Panels</b>	<b>500 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>6</b>	Name of Registered Landfill <b>Waste Management</b>						
City, State <b>NE NJ</b>		Disposal Date <b>6-1-12</b>	City, State <b>Morrisville PA</b>							
Completed by <b>Steve Schenker</b>	Title <b>President</b>	Signature <b>Steve Schenker</b>		Date <b>5-15-12</b>						

Extended the Completion Date

5-15-12

Check # 8191

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

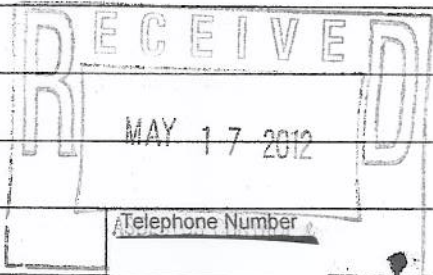
RECEIVED  
 MAY 17 2012

Date of Notification (1) 5-3-12		Name of Building Owner/Operator (2) Tunison Home Improvements						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 719 Bound Brook Road					
			City, State, Zip Code Dunellen, NJ 08812					
			Name of Contact Mr. Tunison	Telephone Number				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		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 1813 Middle Road		Square Feet	# of Floors 1					
City (5) Martinsville NJ		Bldg. Age 55+-						
County (6)		County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies, Inc					
Street Address P.O. Box 337		Street Address P.O. Box 337						
City, State, Zip Code New Egypt NJ 08533		City, State, Zip Code New Egypt NJ 08533						
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394					
Start Date (10) 5-15-12		Scheduled Completion Date (11) 5-16-12						
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 EPC Technologies, Inc						
		Street Address P.O. Box 337						
		City, State, Zip Code New Egypt NJ 08533						
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 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
Furnace Room	<input checked="" type="checkbox"/>			Transite Panels	150 SF	<input checked="" type="checkbox"/>		
Laundry Room		<input checked="" type="checkbox"/>		Floor Tiles	150 SF	<input checked="" type="checkbox"/>		
Bathroom		<input checked="" type="checkbox"/>		Linoleum Flooring	50 SF	<input checked="" type="checkbox"/>		
Car port			<input checked="" type="checkbox"/>	Transite Panels	500 SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 6	Name of Registered Landfill Waste Management				
City, State NE NJ		Disposal Date 5-17-12		City, State Morrisville PA				
Completed by Steve Schenker		Title President		Signature Steve Schenker			Date 5-3-12	

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

Date of Notification (1) May 08, 2012		Name of Building Owner/Operator (2) Marcia Schultz	
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 17 N. Swarthmore Dr.	
		City, State, Zip Code Ventnor, N.J. 08408	
		Name of Contact Marcia Schultz	Telephone Number



**FACILITY INFORMATION**

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 17 N. Swarthmore Dr.			Square Feet 1500 Sq. Ft.	# of Floors 2 Fl.	Bldg. Age 60 Yrs.
City (5) Ventnor		County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Resident	
Name of Monitoring Firm (8) Environmental Management International		ASCM No.	Name of Abatement Contractor (9) Graham-Tech Environmental Services LLC		
Street Address 204 E. Germantown Pike		Street Address 14 Read Drive			
City, State, Zip Code Norrifton, P.A. 19401		City, State, Zip Code Sicklerville, N.J. 08081			
Project Manager for Monitoring Firm Raymond J. Giordano		Telephone No. (856)229-5369	Telephone No. (856)318-1341	License No. 01158	
Start Date (10) May 18, 2012	Scheduled Completion Date (11) May 22, 2012		Name of OSHA Monitor Graham-Tech Environmental Services 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 14 Read Drive		
			City, State, Zip Code Sicklerville, N.J. 08081		

Scope of Work (Check All That Apply)

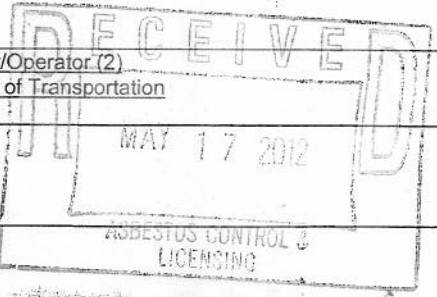
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
attic		x		Pip Insulation	100LF	x			

Name of Registered Waste Hauler American Disposal Systems		NJDEP Waste Hauler ID No. SW2069	Cubic Yards of Waste	Name of Registered Landfill JP Mascaro-Pioneer Crossing	
City, State P.O. Box 348, Lumberton		Disposal Date		City, State 727 Red Lane Rd. Birdsboro, P.A.	
Completed by Willis Graham	Title Owner	Signature 		Date 5/8/12	

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NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:26-2.12)



<b>Date of Notification (1)</b> Monday, May 14, 2012		<b>Name of Building Owner/Operator (2)</b> New Jersey Department of Transportation	
<b>Agencies Notified</b> (X) EPA (X) DEP ( ) DOL ( ) DOH ( ) DCA		<b>Notification Type</b> (X) Initial Notification ( ) Amended Certification ( ) Cancelled	
<b>Street Address</b> P.O.Box 607 1035 Parkway Avenue		<b>City, State, Zip Code</b> Trenton, NJ 08625-0607	
<b>Name of Contact</b> Sharon Pullen		<b>Tel. Number</b>	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> Single Family Residence - Abandoned		<b>Type of Facility (4)</b> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<b>Street Address</b> 401 Adams Lane		<b>Sq. Feet</b> 3000 <b># of Floors</b> 1	
<b>City (5)</b> North Brunswick	<b>County (6)</b> Middlesex	<b>County Code (7)</b> (State Use Only)	<b>Bldg. Age</b> Unknown <b>Current Use</b> (prior if being demolished)
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> ATC Associates Inc.		<b>ASCM No.</b> 00098	<b>Name of Contractor (9)</b> Neuber Env. Svcs., Inc.
<b>Street Address</b> 3 Terri Lane		<b>Street Address</b> 42 Ridge Road	
<b>City, State, Zip Code</b> Burlington, NJ 08016		<b>City State, ZipCode</b> Phoenixville, PA 19460	
<b>Project Manager for Monitoring Firm</b> John R. Lutz	<b>Telephone Number</b> 609-571-7522	<b>Telephone Number</b> 610-933-4332	<b>License Number</b> 00836
<b>Scheduled Start Date (10)</b> 5/29/2012	<b>Scheduled Completion Date (11)</b> 5/31/2012		<b>Name of OSHA Monitor</b>
<b>Occupancy Status During Abatement (Check only one)</b> (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -  Describe _____  Other - Describe _____		<b>Street Address</b>   <b>City, State, Zip Code</b>	
<b>Source of Work (Check all that apply)</b> (X) Demolition ( ) Renovation ( ) Large Proj. (>160 SF or >260 LF ACM) (X) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) ( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure			
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> _ YES NO NA	<b>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b>	<b>Amount (Specify SF or LF)</b>
			<b>Abatement Type</b> Rem. Rep. Encap Enclose
Window caulk	XXX	Window caulk	300 lf XXX
Chimney flashing	XXX	Flashing	25 sf XXX
<b>Name of Reg. Waste Hauler</b> Future Sanitation		<b>NJDEP Waste Hauler ID #</b> 22051	<b>Cubic Yards of Waste</b> 5
<b>City, State</b> Farmingdale, NJ		<b>Name of Reg. Landfill</b> GROWS Landfill	<b>City, State</b> Morrisville, PA
<b>Completed by (Print or Type)</b> Jeffrey A. LaRiviere		<b>Title</b> V.P.	<b>Signature</b> 
		<b>Date</b> 4/20/2012	

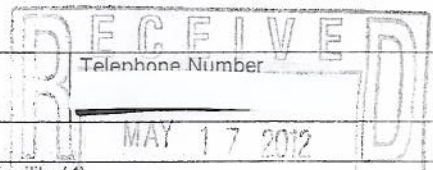
Mail to: NJDEP-DSHW-BRRTP  
401 E. State St., PO 414  
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS  
9/18/00

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

Date of Notification (1) <u>05</u> / <u>14</u> / <u>12</u>		Name of Building Owner/Operator (2) <b>Township of Maplewood</b> (Ck# 2072 \$200)							
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>574 Valley Street</b>							
		City, State, Zip Code <b>Maplewood, New Jersey 07040</b>							
		Name of Contact <b>Tom Malavasi</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Maplewood Memorial Library</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <b>TRC 9</b> <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>51 Baker Street</b>		Square Feet <b>12,900</b>	# of Floors <b>1</b>						
City (5) <b>Maplewood, New Jersey 07040</b>		Bldg. Age <b>55+</b>							
County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Library</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Matrix New World Engineering, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Lilich Corporation</b>						
Street Address <b>22 Columbia Turnpike</b>		Street Address <b>606 McBride Avenue</b>							
City, State, Zip Code <b>Florham Park, New Jersey 07932</b>		City, State, Zip Code <b>Woodland Park, New Jersey 07424</b>							
Project Manager for Monitoring Firm <b>Gavin Gilmore</b>		Telephone No. <b>973-240-1800</b>	Telephone No. <b>973-225-8400</b>						
		License No. <b>01104</b>							
Start Date (10) <u>06</u> / <u>01</u> / <u>12</u>	Scheduled Completion Date (11) <u>06</u> / <u>04</u> / <u>12</u>	Name of OSHA Monitor <b>J&amp;S Environmental Labs</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 Facility Hours - Describe Time of Abatement: <u>5</u> AM - <u>1</u> PM		Street Address <b>2333 Route 22 West</b>							
		City, State, Zip Code <b>Union, New Jersey 07083</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 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							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
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
1st Floor Staff Bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	58 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Staff Bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gypsum Board	126 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Staff Bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Staff Bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fitting Insulation	2 Units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Lilich Corporation</b>		NJDEP Waste Hauler ID No. <b>18724</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Woodland Park, New Jersey</b>			Disposal Date <b>06/05/12</b>	City, State <b>Morrisville, Pennsylvania</b>					
Completed By (Print or Type) <b>Tatiana Kalenikova</b>		Title <b>Vice President</b>	Signature <i>Tatiana Kalenikova</i>			Date			





State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



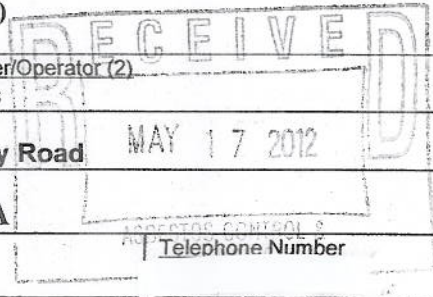
Date of Notification (1) May 14, 2012		Name of Building Owner/Operator (2) Jako Enterprises		APPROVED NJ Dept. of Health & Senior Services <i>[Signature]</i> Date: 5/14/12 Time: 9:00	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Types <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address 2030 East Byberry Road City, State, Zip Code Philadelphia, PA	
		Name of Contact George Deltzer		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown # of Floors: Bldg. Age: 80 years		
Street Address 225 Main Street			Current Use (prior if being demolished):		
City (5) Paterson	County (6) Passaic	County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) Criterion Laboratories, Inc.		ASCM No.	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		
Street Address 3370 Progress Drive, Suite J		Street Address 268 MAIN STREET			
City, State, Zip Code Bensalem, PA 10001		City, State, Zip Code Butler, NJ 07405			
Project Manager for Monitoring Firm Michael Panepresso	Telephone Number 215.244.1300	Telephone Number 973-492-0477	License Number 00840		
Scheduled Start Date (10) May 14, 2012	Scheduled Completion Date (11) May 17, 2012		Name of OSHA Monitor ENSL 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 - 5pm-1am Describe Other - Describe:			Street Address 1056 Stelton Road City, State, Zip Code Piscataway, NJ 08854		
Source of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		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) in Facility (13) Basement	Is Location Normally Used Solely by Maint/Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Duct Insulation TSI	Amount (Specify SF or LF) 670 SF 45 LF	Abatement Type <input checked="" type="checkbox"/> Remove Repair Encap. Enclose	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste 20	Name of Registered Landfill Meadowfill Landfill		
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Disposal Date May 17, 2012	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784		
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551					
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature Marin Graure	Date May 14, 2011		

State of New Jersey - Notification of Asbestos Abatement

Check # 9599

9599

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



Date of Notification (1) <b>May 14, 2012</b>		Name of Building Owner/Operator (2) <b>Jako Enterprises</b>	
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>2030 East Byberry Road</b>
			City, State, Zip Code <b>Philadelphia, PA</b>
		Name of Contact <b>George Deitzer</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Private</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>225 Main Street</b>		Sq. Feet: <b>Unknown</b> # of Floors: <b>Bldg. Age: 80 years</b>	
City (5) <b>Paterson</b>	County (6) <b>Passaic</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished):
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Criterion Laboratories, Inc.</b>		ASCM No.	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>3370 Progress Drive, Suite J</b>		Street Address <b>268 MAIN STREET</b>	
City, State, Zip Code <b>Bensalem, PA 10001</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Project Manager for Monitoring Firm <b>Michael Panepresso</b>	Telephone Number <b>215.244.1300</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>May 14, 2012</b>	Scheduled Completion Date (11) <b>May 17, 2012</b>	Name of OSHA Monitor <b>EMSL inc.</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - 5pm-1am Describe Other - Describe:		Street Address <b>1056 Stelton Road</b>	
		City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$		Renovation Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Basement</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>Duct Insulation TSI</b>	Amount (Specify SF or LF) <b>670 SF 45 LF</b>
		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>20</b>	Name of Registered Landfill <b>Meadowfill Landfill</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Disposal Date <b>May 17, 2012</b>	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Marin Graure</i>	Date <b>May 14, 2011</b>

16994

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

**RECEIVED**  
MAY 17 2012

Date of Notification (1) 5/8/12		Name of Building Owner/Operator (2) Richard Nicholas	
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 37 E 40th St	
		City, State, Zip Code Bayonne NJ	
		Name of Contact Frank Grisz	Telephone Number

**FACILITY INFORMATION**

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 37 E 40th St		Square Feet	# of Floors
City (5) Bayonne		Bldg. Age	
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) F. Grisz & Son Inc	
Street Address		Street Address 513 E 32nd St	
City, State, Zip Code		City, State, Zip Code Paterson, NJ	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-2222	License No. #00021
Start Date (10) 5/18/12	Scheduled Completion Date (11) 5/19/12	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 checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Base ment			X	Pipe Insul	62 LF	X			
2nd floor Closet			X	Pipe Insul	6 LF	X			

Name of Registered Waste Hauler Eastern Waste	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 2	Name of Registered Landfill TRRF Landfill
City, State Freehold, NJ	Disposal Date 5/21/12	City, State Tullytown PA	
Completed by Frank Grisz	Title Pres.	Signature 	Date 5/8/12

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

3750

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



Date of Notification (1) <b>5/15/12</b>		Name of Building Owner/Operator (2) <b>P.S.E. &amp; G</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2000 FRANK E. RODGERS BLVE.</b>	
		City, State, Zip Code <b>HARRISON, NJ 07029</b>	
		Name of Contact <b>JOHN FILLMAN</b>	
		Telephone Number _____	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>P.S.E. &amp; G</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>410 SILVERLAKE AVE.</b>		Square Feet <b>APPX. 600</b>	# of Floors <b>1</b>
City (5) <b>EDISON</b>		Bldg. Age <b>APPX 60 YRS.</b>	
County (6) <b>MIDDLESEX</b>	County Code (7) <i>(STATE USE ONLY)</i> _____	Current Use (Prior if being demolished) <b>M &amp; R FRINGE BLDG.</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA INC.</b>	
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>		
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>		
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-290-2217</b>	Telephone No. <b>732-432-8350</b>	License No. <b>01111</b>

Start Date (10) <b>5/30/2012</b>	Scheduled Completion Date (11) <b>6/1/2012</b>	Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA 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>396 WHITEHEAD AVE.</b>		
		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>		

Scope of Work (Check All That Apply)

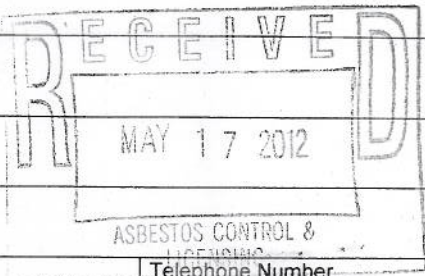
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (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>OUTSIDE WALLS</b>		X		<b>TRANSITE PANELS</b>	<b>1740 SF</b>	X			

Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>GROWS</b>	
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>6/1/2012</b>	City, State <b>MORRISVILLE, PA</b>		
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR.</b>	Signature <i>Carol Raimo</i>	Date <b>5/15/12</b>	

no check

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



Date of Notification (1) <u>4</u> / <u>24</u> / <u>12</u>		Name of Building Owner/Operator (2) <b>Rutgers University</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1-5/14/12</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>#27 Road 1 Bldg 4086</b>
			City, State, Zip Code <b>Piscataway, NJ 08854</b>
			Name of Contact <b>Mike Smith</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Miller House</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>857 Hoes Lane</b>		Square Feet <b>5000</b>	# of Floors <b>3</b>
City (5) <b>Piscataway</b>		Bldg. Age <b>80+</b>	
County (6) <b>Middlesex</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residential</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>ATC</b>	ASCM No. <b>00098</b>	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address <b>3 Terri Lane</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code <b>Burlington Township, NJ 08016</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>Brian Kearney</b>	Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>

Start Date (10) <u>5</u> / <u>7</u> / <u>12</u>	Scheduled Completion Date (11) <u>5</u> / <u>16</u> / <u>12</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, 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 - Describe Time of Abatement: <b>7:00AM-5:00PM</b> / ___ PM- ___ AM		Street Address <b>1123 BEAVER STREET</b>	
		City, State, Zip Code <b>BRISTOL, PA 19007</b>	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement/Crawlspace	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation, Furnace Insulation	575 LF, 48 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite	432 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roofing	64 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen & Bathrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sinks	4 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>5 Cu Yds</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>5/11/12</b>	City, State <b>WAYNESBURG, OH 44688</b>
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>General Manager</b>	Signature <i>Gino Pizzigoni</i>	Date <b>5/14/12</b>

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

*CL # 2279*

Date of Notification (1) <u>5</u> / <u>1</u> / <u>12</u>		Name of Building Owner/Operator (2) <b>OXYCHEM</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1-5/14/12</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>651 TONNELE AVENUE</b>							
		City, State, Zip Code <b>JERSEY CITY, NJ 07307</b>							
		Name of Contact <b>OWNER'S REP: CLINT YINGLING</b>	Telephone Number <b>8</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>OXYCHEM</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>621 TONNELE AVENUE</b>		Square Feet <b>120,000</b>	# of Floors <b>2</b>						
City (5) <b>JERSEY CITY, NJ</b>		Bldg. Age <b>40+</b>							
County (6) <b>HUDSON</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>COMMERCIAL</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>LANGEN ENGINEERING</b>	ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Street Address <b>619 RIVER DRIVE CENTER 1</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>ELMWOOD PARK, NJ 07407</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>JAKE SUROWIECKI</b>	Telephone No. <b>201-794-6900</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>						
Start Date (10) <u>5</u> / <u>21</u> / <u>12</u>	Scheduled Completion Date (11) <u>5</u> / <u>25</u> / <u>12</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, 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 - Describe Time of Abatement: <u>7:00AM</u> - <u>PM</u> <u>3:30PM</u> - <u>AM</u>		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Renovation Area-Offices/Bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT & Mastic	1050 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mirror Mastic	16 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Coping Stone Caulk	15 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 <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste <b>7 CY</b>	Name of Registered Landfill <b>GROWS Landfill</b>					
City, State <b>BRISTOL, PA</b>		Disposal Date <b>5/22/12</b>		City, State <b>Morrisville, PA 19067</b>					
Completed By (Print or Type) <b>GINO PIZZIGONI</b>	Title <b>Estimator</b>	Signature <i>Gino Pizzigoni</i>			Date <b>5/14/12</b>				



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

*Ch # 2281*



Date of Notification (1) <u>5</u> / <u>14</u> / <u>12</u>		Name of Building Owner/Operator (2) <b>SIMON GROUP PROPERTY</b>	
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 <b>225 WEST WASHINGTON STREET</b>	
		City, State, Zip Code <b>INDIANAPOLIS, INDIANA 46204</b>	
		Name of Contact <b>MATTHEW ELICKER - OWNERS REP.</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>QUAKERBRIDGE MALL - OLD NAVY</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>150 QUAKER BRIDGE MALL</b>		Square Feet	# of Floors
City (5) <b>LAWRENCEVILLE, NJ</b>		Bldg. Age	
County (6) <b>MERCER</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) <b>VERTEX</b>	ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address <b>1102 BALTIMORE PIKE</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code <b>GLEN MILLS, PA 19342</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>DON HEIM</b>	Telephone No.	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>

Start Date (10) <u>5</u> / <u>24</u> / <u>12</u>	Scheduled Completion Date (11) <u>5</u> / <u>29</u> / <u>15</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, 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 Time of Abatement: <u>7:00AM-3:30PM</u> / <u>      </u> PM - <u>      </u> AM		Street Address <b>1123 BEAVER STREET</b>	
		City, State, Zip Code <b>BRISTOL, PA 19007</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 checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure	<input type="checkbox"/> Mini-Enclosure	<input type="checkbox"/> Glovebag Procedure	<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SPACE 2102 - REAR STORAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RESIDUAL MASTIC	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPACE 2101 - CENTER STORAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Residual Mastic below Ceramic Tile	1200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPACE 2105 - REAR STORAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPACE 2114 - MISC.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RESIDUAL MASTIC	1600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL INC</b>	NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste	Name of Registered Landfill <b>GROWS LANDFILL</b>
City, State <b>BRISTOL, PA</b>		Disposal Date	City, State <b>MORRISVILLE, PA</b>

Completed By (Print or Type) <b>PATRICK T. DeCARO</b>	Title <b>Estimator</b>	Signature <i>Patrick T DeCaro</i>	Date <b>5/14/12</b>
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ASB-41  
MAY 11 *PD 12031*

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

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

CHECK 11089

Date of Notification (1) 5/14/12		Name of Building Owner/Operator (2) Willie (daughter Asli Kalkan)	
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 625 Seventh Street	
		City, State, Zip Code Lyndhurst, NJ 07071	
		Name of Contact Willie	Telephone Number



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)	
Street Address 754 Pennsylvania Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Lyndhurst		Square Feet 2500	# of Floors 2
County (6) Bergen		Bldg. Age 50	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

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

Start Date (10) 5/23/12	Scheduled Completion Date (11) 5/30/12	Name of OSHA Monitor	
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Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code	

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			X	floor tile	150 SF	X			
basement			X	pipe insulation	60 LF	X			
garage			X	trancite wall	170 SF	X			
garage roof			X	roof material	300 SF	X			

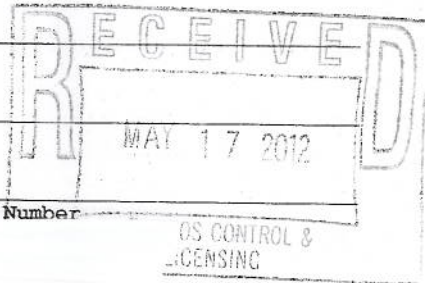
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 10	Name of Registered Landfill ISEI	
City, State Newark NJ		Disposal Date TBD	City, State Bethlehem PA		
Completed by Andrew Scott Higgins		Title President	Signature 		Date 5/14/12

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



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

Date of Notification (1) <b>5/14/12</b>		Name of Building Owner/Operator (2) <b>Estate of Anthony J. Pace</b>	
Agenies Notified	Type Notification	Street Address <b>12 Fremont St.</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>West Orange, NJ 07052</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>Anthony J. Pace Jr.</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>Private</b>			Type of Facility (4)		
Street Address <b>12 Fremont St.</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>West Orange</b>	County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Square Feet <b>2400</b>	# of Floors <b>2</b>	Bldg. Age <b>75</b>
Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>		
Street Address			Street Address		
City, State, Zip Code			City, State, Zip Code		
Project Manager for Monitoring Firm			Telephone Number		License Number
<b>N/A</b>			<b>(973) 744-8800</b>		<b>00371</b>
Scheduled Start Date (10) <b>5/24/12</b>		Sched. Completion Date (11) <b>5/25/12</b>		Name of OSHA Monitor <b>N/A</b>	
Month Day Year		Month Day Year			
Occupancy Status During Abatement (Check only one)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»			City, State, Zip Code		

Scope of Work (Check all that apply)

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> >160 sf or >260 lf        | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure                          |
|  |  | <input checked="" type="checkbox"/> Glovebag Procedure           |
|  |  | <input type="checkbox"/> Non-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 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
Basement			X	Pipe Insulation	40 lf	X			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>0.75</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>5/28/12</b>	City, State <b>Morrisville, PA 19067</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 		Date <b>5/14/12</b>	

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

Date of Notification (1) <b>5/14/12</b>		Name of Building Owner/Operator (2) <b>Carl Prestien</b>	
Agencies Notified [ ] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification [X] Initial Notification	Street Address <b>142 Everett Pl.</b>	
	[ ] Amended Notification	City, State, Zip Code <b>Englewood NJ 07631</b>	
	[ ] EMERGENCY [ ] Cancellation	Name of Contact <b>Carl Prestien</b>	Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Private</b>			Type of Facility (4) [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>142 Everett Pl.</b>			Square Feet <b>2400</b>	# of Floors <b>2</b>	Bldg. Age <b>70</b>
City (5) <b>Englewood</b>	County (6) <b>Bergen</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No. <b>67</b>	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>5/24/12</b> Month Day Year	Sched. Completion Date (11) <b>5/25/12</b> Month Day Year	Name of OSHA Monitor <b>N/A</b>			
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» [ ] Other - Describe: «Other Occupancy Descript»		Street Address			
		City, State, Zip Code			

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-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 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
Basement			X	Pipe Insulation	16 lf	X			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>0.50</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>5/28/12</b>	City, State <b>Morrisville, PA 19067</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 	Date <b>5/14/12</b>		

no check

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



Date of Notification (1) May 15, 2012		Name of Building Owner/Operator (2) National Securities Corporation	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 120 Broadway, 27th Floor	
		City, State, Zip Code New York, NY 10271	
		Name of Contact Stephen Jones	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) 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 800 South Ave.		Square Feet	# of Floors
City (5) Plainfield, NJ		Bldg. Age	
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Building	
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	License No. 00781
Start Date (10) 5-17-12	Scheduled Completion Date (11) 5-25-12	Name of OSHA Monitor The MACK Group, 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 Other - Describe: _____		Street Address 1500 Kings HWY N, STE 209	
		City, State, Zip Code Cherry Hill, NJ 08034	

Scope of Work (Check All That Apply)

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

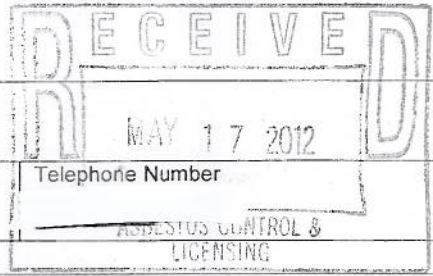
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
mezzanine / office		<input checked="" type="checkbox"/>		Vat/Mastic	2500 s/f	<input checked="" type="checkbox"/>			
"-"		<input checked="" type="checkbox"/>		sheetrock compound	2250 s/f	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Newark Carting	NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 47.5	Name of Registered Landfill Cumberland County Landfill
City, State Newark, NJ	Disposal Date 5-25-12	City, State Newburg, PA	
Completed by Mike Cooper	Title President	Signature 	Date 5/15/12

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

Check # 6747

Date of Notification (1) <b>5/14/12</b>		Name of Building Owner/Operator (2) <b>Union Township Public Schools</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 of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address <b>2369 Morris Ave.</b>	
		City, State, Zip Code <b>Union, NJ 07083</b>	
		Name of Contact <b>Thomas Wiggins</b>	Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Battle Hill ES</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address <b>2600 Killian Place</b>			Square Feet <b>60000</b>	# of Floors <b>2</b>	Bldg. Age <b>~ 60</b>
City (5) <b>Union</b>	County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Offices</b>		

Name of Monitoring Firm Hired by Building Owner <b>Birdsall Services Group, Inc</b>		ASCM No. <b>00017</b>	Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc.</b>		
Street Address <b>65 Jackson Drive</b>		Street Address <b>3 Lynn Court</b>			
City, State, Zip Code <b>Cranford, NJ 07016</b>		City, State, Zip Code <b>Lincoln Park, NJ 07035</b>			
Project Manager for Monitoring Firm <b>Michael Krupa</b>	Telephone Number <b>908-497-8900</b>		Telephone Number <b>973-709-0200</b>	License Number <b>00852</b>	
Scheduled Start Date (10) <b>5/25/12</b>	Sched. Completion Date (11) <b>5/31/12</b>		Name of OSHA Monitor <b>J &amp; S Environmental Laboratories, LLC</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 Facility Hours – Describe: <u>evenings and weekend</u> <input type="checkbox"/> Other – Describe:			Street Address <b>2333 Route 22 W</b>		
			City, State, Zip Code <b>Union, NJ 07083</b>		

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"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Mini – Enclosure
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non – Friable Procedure

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	R	E	E	
Various			x	Pipe insulation & debris cleanup (if any)	40 LF		x			

Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>		NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>1</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>Lincoln Park, NJ</b>		Disposal Date <b>5/30/12</b>		City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>Pane Repic</b>		Title <b>General Manager</b>	Signature 		Date <b>5/14/12</b>

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

Check # 6746

Date of Notification (1) <b>5/14/12</b>		Name of Building Owner/Operator (2) <b>Union Township Public Schools</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 of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address <b>2369 Morris Ave.</b>	
		City, State, Zip Code <b>Union, NJ 07083</b>	
		Name of Contact <b>Thomas Wiggins</b>	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Union BOE Administration Bldg.</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address <b>2369 Morris Ave.</b>			Square Feet <b>40000</b>	# of Floors <b>1</b>	Bldg. Age <b>~ 60</b>
City (5) <b>Union</b>	County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Offices</b>		
Name of Monitoring Firm Hired by Building Owner <b>Birdsall Services Group, Inc</b>		ASCM No. <b>00017</b>	Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc.</b>		
Street Address <b>65 Jackson Drive</b>		Street Address <b>3 Lynn Court</b>			
City, State, Zip Code <b>Cranford, NJ 07016</b>		City, State, Zip Code <b>Lincoln Park, NJ 07035</b>			
Project Manager for Monitoring Firm <b>Michael Krupa</b>		Telephone Number <b>908-497-8900</b>	Telephone Number <b>973-709-0200</b>		License Number <b>00852</b>
Scheduled Start Date (10) <b>5/25/12</b>	Sched. Completion Date (11) <b>5/31/12</b>		Name of OSHA Monitor <b>J &amp; S Environmental Laboratories, LLC</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 Facility Hours – Describe: <u>evenings and weekend</u> <input type="checkbox"/> Other – Describe:			Street Address <b>2333 Route 22 W</b>		
			City, State, Zip Code <b>Union, NJ 07083</b>		

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"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Mini – Enclosure
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non – Friable Procedure

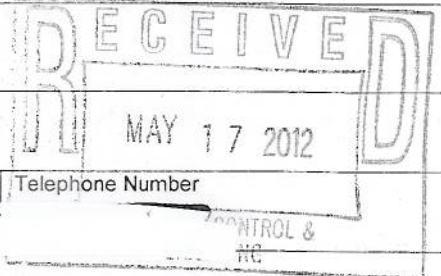
Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	R	E	E
Various			x	Pipe insulation & debris cleanup (if any)	15 LF	x			

Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>		NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>1</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>Lincoln Park, NJ</b>		Disposal Date <b>5/30/12</b>		City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>Pane Repic</b>		Title <b>General Manager</b>	Signature 		Date <b>5/14/12</b>

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

Check # 6748

Date of Notification (1) <b>5/14/12</b>		Name of Building Owner/Operator (2) <b>Union Township Public Schools</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 of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address <b>2369 Morris Ave.</b>	
		City, State, Zip Code <b>Union, NJ 07083</b>	
		Name of Contact <b>Thomas Wiggins</b>	Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Burnett MS</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address <b>1000 Caldwell Ave.</b>			Square Feet <b>60000</b>	# of Floors <b>2</b>	Bldg. Age <b>~ 60</b>
City (5) <b>Union</b>	County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Offices</b>		

Name of Monitoring Firm Hired by Building Owner <b>Birdsall Services Group, Inc</b>		ASCM No. <b>00017</b>	Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc.</b>		
Street Address <b>65 Jackson Drive</b>		Street Address <b>3 Lynn Court</b>			
City, State, Zip Code <b>Cranford, NJ 07016</b>		City, State, Zip Code <b>Lincoln Park, NJ 07035</b>			
Project Manager for Monitoring Firm <b>Michael Krupa</b>		Telephone Number <b>908-497-8900</b>	Telephone Number <b>973-709-0200</b>		License Number <b>00852</b>
Scheduled Start Date (10) <b>5/25/12</b>	Sched. Completion Date (11) <b>5/31/12</b>		Name of OSHA Monitor <b>J &amp; S Environmental Laboratories, LLC</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 Facility Hours – Describe: <u>evenings and weekend</u> <input type="checkbox"/> Other – Describe:			Street Address <b>2333 Route 22 W</b>		
			City, State, Zip Code <b>Union, NJ 07083</b>		

Scope of Work (Check all that apply)

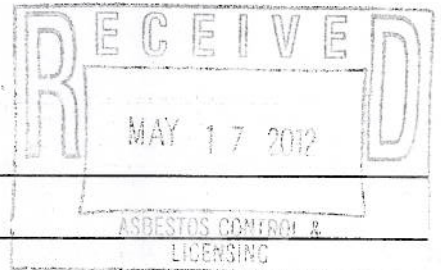
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Mini – Enclosure
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input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

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	R	E	E	
Above auditorium			x	duct insulation & debris cleanup (if any)	30 SF		x			

Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>		NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>1</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>Lincoln Park, NJ</b>		Disposal Date <b>5/30/12</b>		City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>Pane Repic</b>		Title <b>General Manager</b>	Signature 		Date <b>5/14/12</b>

023169

State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT



Date of Notification (1)  
 05 / 11 / 12

(Pursuant to NJAC 8: 60 and 12: 120-)  
 Name of Building Owner/Operator (2)  
 Thomas J. O'Beirne

Agencies Notified  
 EPA  
 DEP  
 DOL  
 DOH  
 DCA

Type of Notification  
 Initial  
 Amended  
 Emergency (including Justification)  
 Cancellation

Street Address  
 37 Woodland Road

City, State, Zip Code  
 Roseland NJ 07068

Name of Contact  
 Thomas J. O'Beirne

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
 Commercial Building  
 Street Address  
 1265 McBride Avenue  
 City (5)  
 Woodland Park

County (6)  
 Passaic

County Code (7)  
 (STATE USE ONLY)

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

Square Feet  
 # of Floors  
 Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)  
 Street Address  
 Project Manager for Monitoring Firm  
 Telephone Number

Name of Abatement Contractor (9)  
 J.R. Contracting & Environmental Consulting, Inc.  
 Street Address  
 1141 Route 23  
 City, State, Zip Code  
 Wayne NJ 07470  
 Telephone Number  
 License No.

Scheduled State Date (10)  
 05 / 14 / 12  
 Scheduled Completion Date (11)  
 05 / 29 / 12

Name of OSHA Monitor  
 Enviro Vision Consultants, Inc.

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

Street Address  
 20-21 Wagaraw Road, Bldg. #34A  
 City, State, Zip Code  
 Fairlawn NJ 07410

Scope of Work (Check all that apply)

$\geq 3$  sf or  $\geq 3$  lf  
  $\geq 160$  sf or  $\geq 260$  lf

Renovation  
 Demolition

Full Containment With Negative Pressure  
 Mini-Enclosure  
 Glovebag Procedure  
 Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance / Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type								
	Yes	No	N/A			R	R	N	E	N	E			
Roof			X	Transite	1,400 SF	X								
Outside			X	Debris	80 C.Y.	X								

Name of Registered Waste Hauler  
 J.R. Contracting & Environmental Consulting, Inc.  
 City, State  
 Wayne NJ 07470

NJDEP Waste Hauler ID No.  
 17819

Cubic Yards of Waste

Name of Registered Landfill  
 G.R.O.W.S  
 City, State  
 Morrisville PA

Disposal Date

Completed by (Print or Type)  
 Jerry Bijelonic  
 Title  
 Project Manager

Signature

Date  
 5/11/2012

City of Trenton  
no check

Fax:

May 7 2012 04:26pm P001/001

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

APPROVED  
NJ Dept of Health & Senior Services  
Paul C. [Signature]  
Date: 5/7/12 Time: 4:26pm

Date of Notification (1) 5, 7, 12		Name of Building Owner/Operator (2) Anthony Sannazaro							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 6:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 43 Glenwood Avenue							
		City, State, Zip Code Lake Hiawatha, NJ 07834							
		Name of Contact Anthony Sannazaro							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 43 Glenwood Avenue		Square Feet	# of Floors						
City (5) Lake Hiawatha		Bldg. Age							
County (6) Morris		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) CSA Consulting Services		Name of Abatement Contractor (9) Global Safety Contracting							
Street Address 26 Lorenzo Court		Street Address 151 Forest Ave							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Lynchhurst, NJ 07071							
Project Manager for Monitoring Firm Michael Chain		Telephone No. (732) 921-9223	Telephone No. (973) 685-16625						
Start Date (10) 5, 8, 12		Scheduled Completion Date (11) 5, 9, 12							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___ AM-___ PM/___ PM-___ AM		Name of OSHA Monitor							
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 type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Front crawl space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSI	80 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 Global Safety Contracting		NJDEP Waste Hauler ID No. 321004		Cubic Yards of Waste		Name of Registered Landfill T.R.R.F			
City, State Lynchhurst, NJ		Disposal Date		City, State Millsboro, PA					
Completed By (Print or Type) Piero Kusijanovic Clerical		Title		Signature		Date 5/7/12			

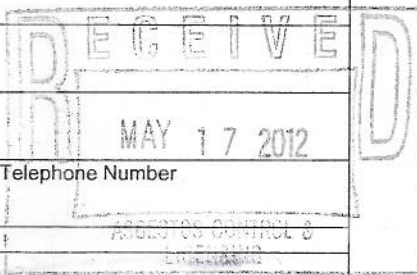


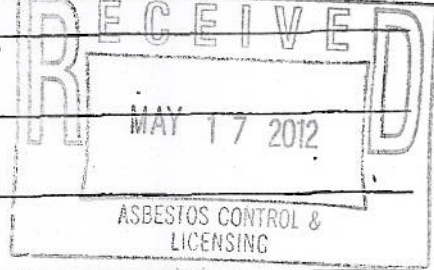
294

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

CR# 1294

Date of Notification (1) 5-14-2012		Name of Building Owner/Operator (2) Hands, Inc.								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 15 South Essex Ave. City, State, Zip Code Orange, NJ 07050 Name of Contact Andrew Telephone Number							
	<b>FACILITY INFORMATION</b>									
	Name of Facility Where Abatement is Taking Place (3) Abandoned Bldg. for Demolition Street Address 555 Nassau Street City (5) Orange		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 2000 # of Floors 2 Bldg. Age 50+							
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned Bldg. for Demo							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting, LLC Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-709-7950 License No. 01088							
Start Date (10) 5-25-2012		Scheduled Completion Date (11) 6-1-2012	Name of OSHA Monitor Jadar Contracting, LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9am - 5pm		Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035								
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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Outside Bldg.			X	one 30 & one 20 yard dumpster	acm debris	X				
Boiler Room Basement Areas			X	ACM Debris	200 SF	X				
Name of Registered Waste Hauler Global Waste Services		NJDEP Waste Hauler ID No. 22171	Cubic Yards of Waste TBD	Name of Registered Landfill 110 Sand Company						
City, State Hacketstown, NJ 07840			Disposal Date TBD	City, State Melville NY						
Completed by Lillie Lazarevich		Title Secretary	Signature <i>Lillie Lazarevich</i>			Date 5-14-2012				





Date of Notification (1)  
 | 0 | 5 | / | 1 | 0 | / | 1 | 2 |

Agencies Notified Type Notification

]EPA  
 ]DEP  
 ]DOL  
 ]DOH  
 ]DCA

]Initial Notification  
 ]Amended Notification  
 ]Cancellation

Name of Building Owner/Operator (2)  
 New Jersey Institute of Technology

Street Address  
 323 Dr. Martin Luther King, Jr. Boulevard  
 City, State, Zip Code  
 Newark, NJ 07102

Name of Contact  
 Michael Thompson

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
 New Jersey Institute of Technology - Central King Building

Street Address  
 345-361 Dr. Martin Luther King Jr. Boulevard

City (5) Newark, NJ 07102

County (6) Essex

County Code (7) (STATE USE ONLY)

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

Square Feet 50,000 # of Floors 4 Bldg. Age 45

Current Use (Prior if being demolished)  
 School

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

Street Address

City, State, Zip Code

Name of Abatement Contractor (9)  
 Four Strong Builders, Inc.

Street Address  
 180 Sargeant Avenue

City, State, Zip Code  
 Clifton, NJ 07013-1935

Project Manager for Monitoring Firm

Telephone Number

Telephone Number 973-614-0377

License Number 00807

Scheduled Start Date (10) | 0 | 5 | / | 1 | 1 | / | 1 | 2 |

Sched. Completion Date (11) | 0 | 5 | / | 2 | 1 | / | 1 | 2 |

Month / Day / Year Month / Day / Year

Name of OSHA Monitor  
 Four Strong Builders, Inc.

Street Address  
 180 Sargeant Avenue

City, State, Zip Code  
 Clifton, NJ 07013

Occupancy Status During Abatement (Check only one)

]Facility Closed/Vacated During Entire Period of Abatement

]Abatement Performed Outside of Normal Facility  
 Hours - Describe: \_\_\_\_\_

]Other - Describe: \_\_\_\_\_

Scope of Work (Check all that apply)

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

]Renovation

]Full Containment with Negative Pressure  
 ]Mini-Enclosure  
 ]Glovebag Procedure  
 ]Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type							
	Yes	No	N/A			R	E	N	E	E			
Exterior Front of Building			<input checked="" type="checkbox"/>	Exterior Window Caulk	850 LF	<input checked="" type="checkbox"/>							

Name of Registered Waste Hauler  
 Four Strong Builders, Inc.  
 City, State  
 Clifton, NJ

NJDEP Waste Hauler ID No.  
 12609

Cubic Yards of Waste  
 30

Name of Registered Landfill  
 G.R.O.W.S., Inc.  
 City, State  
 Tullytown, PA

Disposal Date  
 TBD

Completed By (Print or Type)  
 Bilyana Kulakovska

Title  
 Office Administrator

Signature

Date  
 5/10/12

1293

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



Date of Notification (1) 5-14-2012		Name of Building Owner/Operator (2) Duncan Alexander	
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 1734 Sleepy Hollow Lane	
		City, State, Zip Code Plainfield, NJ 07060	
		Name of Contact David	
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 1734 Sleepy Hollow Lane		Square Feet 2000	# of Floors 2	Bldg. Age 50+
City (5) Plainfield	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. n/a	Name of Abatement Contractor (9) Jadar Contracting, LLC	
Street Address n/a		Street Address 22 Troy Lane		
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950	License No. 01088
Start Date (10) 5-23-2012	Scheduled Completion Date (11) 5-24-2012	Name of OSHA Monitor Jadar Contracting, LLC		

Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9am - 5pm		Street Address 22 Troy Lane	
		City, State, Zip Code Lincoln Park, NJ 07035	

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement, Furnace Room & Garage			X	Asbestos Pipe Insulation	150 LF	X			

Name of Registered Waste Hauler Jadar Contracting, LLC		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill	
City, State Lincoln Park, NJ		Disposal Date TBD		City, State Morrisville PA 19067	
Completed by Lillie Lazarevich		Title Secretary	Signature <i>Lillie Lazarevich</i>		Date 5-14-2012