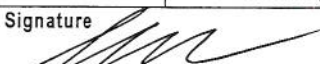


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12-120)

Check No. No Fee - PA Project

Date of Notification (1) <b>May 14, 2014</b>		Name of Building Owner/Operator (2) <b>PA of NY &amp; NJ, Newark Liberty International Airport</b>					
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10-2004</small> <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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>Building 125</b> City, State, Zip Code <b>Newark, NJ 07114</b> Name of Contact <b>Ralph Campione</b> Telephone Number <b>[REDACTED]</b>					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>Newark Liberty International Airport</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address <b>Terminal B</b>		Square Feet <b>320,000</b>					
City (5) <b>Newark</b>		# of Floors <b>6</b>	Bldg. Age <b>50 +</b>				
County (6) <b>Essex</b>		County Code (7) (STATE USE ONLY) <b>Terminal</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>PA of NY &amp; NJ</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>B&amp;N&amp;K Restoration Co., Inc.</b>				
Street Address <b>241 Erie Street, Room 236</b>		Street Address <b>223 Randolph Avenue</b>					
City, State, Zip Code <b>Jersey City, NJ 07310</b>		City, State, Zip Code <b>Clifton, NJ 07011</b>					
Project Manager for Monitoring Firm <b>Ralph Campione</b>		Telephone No. <b>973-624-6898</b>	License No. <b>00120</b>				
Start Date (10) <b>June 01, 2014</b>	Scheduled Completion Date (11) <b>September 01, 2014</b>		Name of OSHA Monitor <b>McCabe Environmental Services, L.L.C.</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 <input type="checkbox"/> Other - Describe:		Street Address <b>464 Valley Brook Avenue</b> City, State, Zip Code <b>Lyndhurst, NJ 07071-1998</b>					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	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) <b>975 sq ft</b>	Abatement Type		
	Yes	No			N/A	Removal	Repair
<b>Connector B-1 Exit Lobby, Level G</b>	<input checked="" type="checkbox"/>		<b>Fireproofing</b>		<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>Two Brothers Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>18743</b>	Cubic Yards of Waste <b>40 / 0 (Fri) / (Non-Fri)</b>	Name of Registered Landfill <b>Grows North Landfill / Grand Central Landfill (Friable) (Non-Friable)</b>			
City, State <b>250 Rutherford Boulevard, Clifton, NJ 07014-1312</b>		Disposal Date <b>06/05/14 - 09/15/14</b>		City, State <b>Morrisville, PA / Penn Argyl, PA</b>			
Completed by <b>G. Roger Woodman</b>	Title <b>Project Manager</b>		Signature 		Date <b>5/14/2014</b>		

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

*NC CK*

*Chen 12057*

Date of Notification (1) <b>5-14-14</b>		Name of Building Owner/Operator (2) Karen Labosco							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	104 Coles Avenue							
		City, State, Zip Code Hackensack, NJ 07601							
		Name of Contact Karen Labosco	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)							
Street Address 104 Coles 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) Hackensack		Square Feet 2200	# of Floors 2 Bldg. Age 56						
County (6) Bergen	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 PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-583-8500	License No. 703						
Start Date (10) <b>6-2-14</b>	Scheduled Completion Date (11) <b>6-19-14</b>	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ 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) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	60 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste 10	Name of Registered Landfill GROWS					
City, State Freehold NJ		Disposal Date TBD		City, State Morrisville, NJ					
Completed by Andrew Scott Higgins		Title President		Signature <i>[Signature]</i>			Date <b>5-14-14</b>		



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

NO CHECK

Date of Notification (1) <b>4/28/14</b>		Name of Building Owner / Operator (2) <b>Trenton Board of Education</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <b>R#1-5/14/14</b> <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>1490 Prospect Street</b> City, State & Zip Code <b>Trenton, NJ 08638</b> Name of Contact <b>Mr. Everett O. Collins</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Trenton Central HS West</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <b>NON SUB-CHAPTER 8</b> <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>1001 West State Street</b>		Square Feet <b>70,000</b>	# of Floors <b>3</b>						
City (5) <b>Trenton</b>	County (6) <b>Mercer</b>	County Code (7)	Bldg. Age <b>60+</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>							
Street Address <b>120 North Warren Street</b>		Street Address <b>1123 Beaver Street</b>							
City, State & Zip Code <b>Trenton, NJ 08010</b>		City, State & Zip Code <b>Bristol, PA 19007</b>							
Project Manager for Monitoring Firm <b>Dominick Dercole</b>		Telephone Number <b>609-392-4200</b>	License Number <b>00509</b>						
Scheduled Start Date (10) <b>5/8/14</b>	Scheduled Completion Date (11) <b>*** 5/16/14</b>	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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <b>4 PM to 1:30 AM</b> <input type="checkbox"/> Facility Occupied During Abatement		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"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
<b>Auditorium</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>VAT &amp; Mastic</b>	<b>1,300 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Bristol Environmental Inc</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>8 cu yd</b>	Name of Registered Landfill <b>GROWS Landfill</b>					
City, State <b>Bristol, PA</b>		Disposal Date <b>5/15/14</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>				Date <b>4/28/14</b>		



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

NO CHECK

Date of Notification (1) <b>4/28/14</b>		Name of Building Owner / Operator (2) <b>State of New Jersey Department of Human Services</b>	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#1-5/14/14 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	<b>P.O. Box 700, 222 South Warren Street</b> City, State & Zip Code <b>Trenton, NJ 08625</b>	
		Name of Contact	Telephone Number
		<b>Pam Harlan</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Trenton Psychiatric Hospital - Haines Bldg</b>			Type of Facility (4)		
Street Address <b>100 Sullivan Way PO Box 7500</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 Trenton</b>	County (6) <b>Mercer</b>	County Code (7)	Square Feet <b>75000</b>	# of Floors <b>3</b>	Bldg. Age <b>40+</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Collection</b>			Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>		
Street Address <b>120 North Warren Street</b>			Street Address <b>1123 Beaver Street</b>		
City, State & Zip Code <b>Trenton, New Jersey 08608</b>			City, State & Zip Code <b>Bristol, PA 19007</b>		
Project Manager for Monitoring Firm <b>Ryan Broadwater</b>			Telephone Number <b>609-392-4200</b>		License Number <b>00509</b>
Scheduled Start Date (10) <b>5/12/14</b>		Scheduled Completion Date (11) <b>ON HOLD</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>	
Occupancy Status During Abatement (Check only one)			Street Address <b>1123 Beaver Street</b>		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <b>4 PM – 12:30 AM</b> <input type="checkbox"/> Facility Occupied During Abatement			City, State & Zip Code <b>Bristol, PA 19007</b>		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (wrap & cut)	7 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	5 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	50 LF	<input type="checkbox"/>	<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"/>

Name of Registered Waste Hauler <b>Bristol Environmental Inc</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>1 Cu yd</b>	Name of Registered Landfill <b>GROWS Landfill</b>	
City, State <b>Bristol, PA</b>		Disposal Date <b>5/14/14</b>	City, State <b>Morrisville, PA</b>		
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>		Date <b>4/28/14</b>



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

*Check # 10577*

Date of Notification (1) <b>5-12-14</b>		Name of Building Owner/Operator (2) <b>Pennrose Properties, LLC</b>							
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1301 North 31st Street</b>							
		City, State, Zip Code <b>Philadelphia, PA 19121</b>							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>15 Washington Street</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>15 Washington Street</b>		Square Feet <b>150,000</b>	# of Floors <b>16</b>						
City (5) <b>Newark</b>		Bldg. Age <b>50yrs.</b>							
County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>vacant</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>EHS Environmental, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>						
Street Address <b>411 Southgate Court, Suite E</b>		Street Address <b>923 Haws Avenue</b>							
City, State, Zip Code <b>Mickleton, NJ 08056</b>		City, State, Zip Code <b>Norristown, PA 19401</b>							
Project Manager for Monitoring Firm <b>Jack Carney</b>		Telephone No. <b>856-224-0080</b>	Telephone No. <b>610-239-9920</b>						
Start Date (10) <b>4-15-14</b>		Scheduled Completion Date (11) <b>4-15-15</b>	License No. <b>00398</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: _____		Name of OSHA Monitor <b>EHS Environmental, Inc.</b>							
		Street Address <b>411 Southgate Court, Suite E</b>							
		City, State, Zip Code <b>Mickleton, NJ 08056</b>							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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	XNo	N/A			Removal	Repair	Encapsulate	Enclosure
5th Floor		X		floor mastic	7,600 SF	X			
throughout building		X		window glazing	980 each	X			
throughout building		X		VAT	2,000 SF	X			
throughout building		X		pipe insulation	600 LF	X			
throughout building		X		black mastic	1,000 SF	X			
3rd floor annex		X		plaster ceiling	4,000 SF	X			
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>100</b>	Name of Registered Landfill <b>IESI Bethlehem</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>4-15-15</b>		City, State <b>Bethlehem, PA</b>					
Completed by <b>James Kelly</b>		Title <b>President</b>		Signature <i>James Kelly</i>			Date <b>5-12-14</b>		



CK# 47-021345190

Print Form

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

RECEIVED

Date of Notification (1) 05/13/2014		Name of Building Owner/Operator (2) Nelly's Flower Shop							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 195 Greenbrook Road		City, State, Zip Code North Plainfield, NJ 07060							
Name of Contact Stylianios Xedous		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Nelly's Flower Shop		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 195 Greenbrook Road		Square Feet							
City (5) North Plainfield		# of Floors							
County (6) Somerset		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental		ASCM No.							
Street Address 140 Boulevard		Name of Abatement Contractor (9) BE CONSTRUCTION							
City, State, Zip Code Mountain Lakes, NJ 07046		Street Address 235 WATCHUNG AVE							
Project Manager for Monitoring Firm Leonid Shereshevsky		City, State, Zip Code WEST ORANGE NJ 07052							
Telephone No. 973-588-4821		Telephone No. 973-669-2900							
License No. 01231									
Start Date (10) 05/15/2014		Scheduled Completion Date (11) 05/21/2014							
Name of OSHA Monitor									
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>WORK PERFORMED IN NOT OCCUPIED SECTION</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BOILER ROOM	X			BOILER INSULATION#1	240SF	X			
BOILER ROOM	X			BOILER INSULATION#2	240SF	X			
BOILER ROOM	X			PIPE INSULATION	50LF	X			
Name of Registered Waste Hauler CIRCLE RUBBISH		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill TULLYTOWN RESOURCE FACILITY				
City, State LINDEN, NJ		Disposal Date		City, State TULLYTOWN, PA					
Completed by BARBARA REED		Title PRESIDENT		Signature <i>Barbara Reed</i>			Date 05/13/2014		



Emergency

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

CR 4096

Date of Notification (1) 5/14/15		Name of Building Owner/Operator (2) Maureen Sohmer Private Home							
Agencies Notified	Type Notification	Street Address 8 South Burgee Drive							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Egg Harbor NJ 08097							
		Name of Contact Maureen	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Maureen Sohmer Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 8 South Burgee Drive		Square Feet 1000 +	# of Floors 1						
City (5) Little Egg Harbor NJ 08097		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 5/15/14	Scheduled Completion Date (11) 5/16/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1000 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 5/16/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature			Date 5/14/14			



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

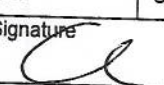
CK 4095

Date of Notification (1) 5/14/14		Name of Building Owner/Operator (2) City Of Atlantic City/ Dept. of LIC. & Inspection							
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 1301 Bacharach Boulevard Suite 306							
		City, State, Zip Code Atlantic City NJ 08401							
		Name of Contact Lois Anderson	Telephone Number 7:13						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Vacant 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 1519 Pacific Ave		Square Feet 1000+	# of Floors 3						
City (5) Atlantic City NJ 08401		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) apartments							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	License No. 00727						
Start Date (10) 5/26/14	Scheduled Completion Date (11) 5/30/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd floor			x	Floor Tile	1200 SF	x			
Name of Registered Waste Hauler Earth Tech		NJDEP Waste Hauler ID No. 16429	Cubic Yards of Waste 3	Name of Registered Landfill ACUA					
City, State Greenfield NJ			Disposal Date 5/30/14	City, State 6700 Delilah RD E. H. T. NJ 08234					
Completed by Anthony T Perna		Title President	Signature	Date 5/14/14					



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

CK 4094

Date of Notification (1) 5/14/14		Name of Building Owner/Operator (2) City Of Atlantic City/ Dept. of LIC. & Inspection							
Agencies Notified	Type Notification	Street Address 1301 Bacharach Boulevard Suite 306							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Atlantic City NJ 08401							
		Name of Contact Lois Anderson	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Vacant Building		Type of Facility (4)							
Street Address 127 South <i>Texas Av.</i>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Atlantic City NJ 08401		Square Feet 1000+	# of Floors 3						
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Bldg. Age 35+							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Current Use (Prior if being demolished) Town House							
Street Address		Name of Abatement Contractor (9) Pernaco Inc.							
City, State, Zip Code		Street Address PO Box 329							
Project Manager for Monitoring Firm		City, State, Zip Code West Berlin NJ 08091							
Telephone No.		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 5/27/14	Scheduled Completion Date (11) 5/30/14	Name of OSHA Monitor Same							
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 Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			X	Roofing top layer	1125 SF	X			
Name of Registered Waste Hauler Earth Tech		NJDEP Waste Hauler ID No. 16429	Cubic Yards of Waste 4	Name of Registered Landfill ACUA					
City, State Greenfield NJ		Disposal Date 5/30/14		City, State 6700 Delilah RD E. H. T. NJ 08234					
Completed by Anthony T Perna		Title President		Signature 			Date 5/14/14		

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

RECEIVED

Date of Notification (1) 05/13/14		Name of Building Owner/Operator (2) SUSAN JONES							
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 10 BELLECLAIRE PL		City, State, Zip Code VERONA NJ 07044							
Name of Contact SUSAN JONES		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 10 BELLECLAIRE PL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) VERONA		Square Feet 2000	# of Floors 2						
County (6) ESSEX		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 05/25/14	Scheduled Completion Date (11) 05/26/14	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
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 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	60 LF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 05/26/14		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date 05/13/14		



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

Check # 2325

Date of Notification (1) <b>5/12/14</b>		Name of Building Owner/Operator (2) <b>Norman Pilipczak</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <b>530 E. Riviera Ct</b>		City, State, Zip Code <b>Ocean Gate, New Jersey</b>							
Name of Contact <b>Mike</b>		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Pilipczak 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>530 E. Riviera Ct.</b>		Square Feet <b>1500</b>							
City (5) <b>Ocean Gate</b>		# of Floors <b>1</b>							
County (6) <b>Ocean</b>		Bldg. Age <b>64</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)		ASCM No.							
Street Address		Name of Abatement Contractor (9) <b>Ace Insulation Co., Inc.</b>							
City, State, Zip Code		Street Address <b>95 Montrose Road</b>							
Project Manager for Monitoring Firm		City, State, Zip Code <b>Colts Neck, N.J. 07722</b>							
Telephone No.		Telephone No. <b>732-294-1757</b>							
Start Date (10) <b>5/13/14</b>		License No. <b>00029</b>							
Scheduled Completion Date (11) <b>5/19/14</b>		Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>2AM-7PM</b>		Street Address							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13) <b>Outdoor</b>	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) <b>1500 sf</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
			<input checked="" type="checkbox"/>	<b>Siding</b>	<b>1500 sf</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Ace Insulation Co., Inc.</b>		NJDEP Waste Hauler ID No. <b>12086</b>		Cubic Yards of Waste <b>1</b>		Name of Registered Landfill <b>G.R.O.W.S.</b>			
City, State <b>Colts Neck, New Jersey</b>		Disposal Date <b>5/19/14</b>		City, State <b>Tullytown, PA</b>					
Completed by <b>Bree McGuire</b>		Title <b>Secretary Treasurer</b>		Signature <b>Bree McGuire</b>		Date <b>5/12/14</b>			

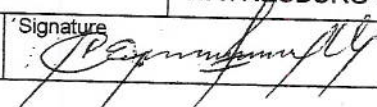
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Check # 0639

Date of Notification (1) 5/13/14		Name of Building Owner/Operator (2) Mahmoud Aburoumi							
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 861-863 Main St		City, State, Zip Code Paterson, NJ 07503							
Name of Contact Mahmoud Aburoumi		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Property		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 863 Main St		Square Feet 2,000							
City (5) Paterson		# of Floors 2							
County (6) Passaic		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a							
Street Address n/a		Name of Abatement Contractor (9) Loznica Management Corp							
City, State, Zip Code n/a		Street Address 22 Troy Ln							
Project Manager for Monitoring Firm n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Telephone No. n/a		Telephone No. 973-706-7950							
Start Date (10) 5/23/14		License No. 01193							
Scheduled Completion Date (11) 5/24/14		Name of OSHA Monitor Loznica Management Corp							
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 22 Troy Ln							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Lincoln Park, NJ 07035							
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe Insulation	5 LF	x			
Name of Registered Waste Hauler Loznica Management Corp		NJDEP Waste Hauler ID No. 0033137		Cubic Yards of Waste TBD		Name of Registered Landfill GROWS North			
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elizabeth Cirovic		Title Secretary		Signature E. Cirovic		Date 5/13/14			

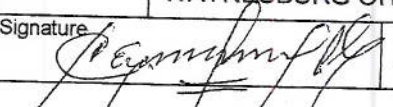


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 04/18/2014		Name of Building Owner/Operator (2) NJ. DEP							
Agencies Notified	Type Notification	Street Address 182 West. Grand Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Rahway N.J.							
		Name of Contact JAQUELINE. M. DURAN	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4)							
Street Address 182 West. Grand Ave.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Rahway N.J.		Square Feet 2,200	# of Floors 2						
County (6)		Bldg. Age 111							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) YES							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC						
Street Address		Street Address 22 VAN ORDEN PL.							
City, State, Zip Code		City, State, Zip Code HACKENSACK N.J. 07601							
Project Manager for Monitoring Firm		Telephone No. 201- 708-4270	License No. 01135						
Start Date (10) 04/28/2014	Scheduled Completion Date (11) 05/01/2014	Name of OSHA Monitor SAN AIR TECHNOLOGIES LAB							
Occupancy Status During Abatement (Check Only One)		Street Address 1551 OAKBRIDGE DR. SUITE B							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code POWHATAN VIRGINIA 23139							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe insulation	65 Lf.	x			
2nd. Floor Hallway & Rear Bedroom		x		Wall Plaster	320 Sqf.	x			
2nd. floor. Main Bedroom		x		Floor Linoleum	200 Sqf	x			
First Floor Living Room		x		Wall Plaster	280 Sqf.	x			
Name of Registered Waste Hauler SHARON QUALITY CONSTRUCTION		NJDEP Waste Hauler ID No. 0033967		Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC				
City, State HACKENSACK N.J.		Disposal Date TBD		City, State WAYNESBURG OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER		Signature 		Date 04/18/2014			



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

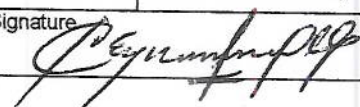
Date of Notification (1) 04/18/2014		Name of Building Owner/Operator (2) CITY OF JERSEY CITY, HUDSON COUNTY, N.J.							
Agencies Notified	Type Notification	Street Address 624 NEWARK AVE. BLOCK 8101. Lot 37							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code JERSEY CITY NJ, 07002							
		Name of Contact MICHAEL DE JESUS							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4)							
Street Address 624 NEWARK AVE. BLOCK 8101. Lot 37		<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) JERSEY CITY NJ, 07002		Square Feet 11,200	# of Floors 4						
County (6) Hudson		Bldg. Age 107							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) YES							
Name of Monitoring Firm Hired by Building Owner (8) A. SEINE LIGHTHOUSE SOLUTION LLC.		Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC.							
Street Address PO.BOX 354		Street Address 22 VAN ORDEN PL.							
City, State, Zip Code SOUTH ORANGE. NJ.07079		City, State, Zip Code HACKENSACK N.J. 07601							
Project Manager for Monitoring Firm SHARA		Telephone No. 201-349-2666	License No. 01135						
Start Date (10) 04/ 25 /2014		Scheduled Completion Date (11) 04/ 29 /2014							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor SAN - AIR TECHNOLOGIES LAB							
<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 1551 OAKBRIDGE DR. SUITE B							
		City, State, Zip Code POWHATAN VIRGINIA 23139							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOF		X		Roofing material	2,100 sf.	x			
4th. Floor North Bedroom		x		Linoleum	150 Sf.	x			
First & 2nd. Floor Hallways & Stairs		x		Red & Tan Vinyl Floor	500 Sf.	x			
Second Floor Bathroom		x		Red & Gold Linoleum	150 Sf.	x			
Name of Registered Waste Hauler TRI- STATE - ASSOC. INC.		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste 30. C/Y	Name of Registered Landfill MINERVA ENTERPRISE INC.				
City, State 1199 RANDALL AVE. BRONX. N.Y.		Disposal Date TBD		City, State WAYNESBURG OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETETY MANAGER		Signature 		Date 04/18/2014			



344 11

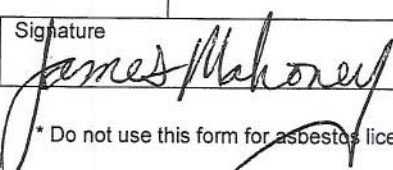
\* Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1) 05/10/2014		Name of Building Owner/Operator (2) BLAIR DEMOLITION							
Agencies Notified	Type Notification	Street Address 48 BRAINARD AVE.							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code MONMOUTH BEACH N.J.							
		Name of Contact JHON BLAIR	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 48 BRAINARD AVE.		Square Feet 1,600	# of Floors 2						
City (5) MONMOUTH BEACH N.J. 07750		Bldg. Age 65							
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) YES							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC.						
Street Address		Street Address 22 VAN ORDEN PL.							
City, State, Zip Code		City, State, Zip Code HACKENSACK N.J. 07601							
Project Manager for Monitoring Firm N/A		Telephone No. 201.708.4270	License No. 01135						
Start Date (10) 05/19/2014	Scheduled Completion Date (11) 05/19/2014	Name of OSHA Monitor SAN - AIR TECHNOLOGIES LAB.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1551 OAKBRIDGE DR. SUITE B							
		City, State, Zip Code POWHATAN VA. 32139							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR SIDING		X		TRANSITE SIDING	1,110 SF	X			
Name of Registered Waste Hauler SHARON QUALITY CONSTRUCTION LLC.		NJDEP Waste Hauler ID No. 0033967	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC.					
City, State HACKENSACK N.J.		Disposal Date TBD		City, State WAYNESBURG, OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 	Date 05/10/2014					



6State of New Jersey NOTIFICATION OF  
ASBESTOS ABATEMENT (Pursuant to NJAC  
8:60 and 12:120)

Date of Notification ( ) <b>5/15/14</b>		Name of Building Owner/Operator (2) <b>Township of South Orange Village</b>							
Agencies Notified  <input checked="" type="checkbox"/> EPA  <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH  <input checked="" type="checkbox"/> DCA	Type Notification  Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> Emergency (including justification) Cancellation	Street Address <b>Temp -76 South Orange Avenue</b>							
		City, State, Zip Code <b>South Orange ,N.J. 07079</b>							
		Name of Contact <b>Salvatore Renda</b>		Telephone Number					
<b>FACILITY INFORMATION</b>									
name of Facility Where Abatement is Taking Place (3) <b>South Orange Village Hall</b>			Type of Facility (4)  <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>101 South Orange Avenue</b>			Square Feet <b>40,000</b>						
City (5) <b>South Orange</b>			# of Floors <b>3</b>		Bldg. Age <b>100+</b>				
County (6) <b>Essex</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Town Hall</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Hatch Mott MacDonald</b>		ASCM No. <b>00140</b>		Name of Abatement Contractor (9) <b>Tricon Enterprises Inc</b>					
Street Address <b>27 Bleeker St.</b>		Street Address <b>322 Beers St</b>							
City, State, Zip Code <b>Milburn, N.J. 07041</b>		City, State, Zip Code <b>Keyport N.J. 07735</b>							
Project Manager for Monitoring Firm <b>Kevin Herrigthy</b>		Telephone No. <b>973 912 - 2480</b>		Telephone No. <b>732-739-1200</b>					
Start Date (10) <b>3/24/14</b>		Scheduled Completion Date (11) <b>6/30/14</b>		License No. <b>01095</b>					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____			Name of OSHA Monitor <b>Tricon Enterprises Inc</b>						
Scope of Work (Check All That Apply)  <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			Street Address <b>322 Beer St.</b>						
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			City, State, Zip Code <b>Keyport , N.J. 07735</b>						
<input checked="" type="checkbox"/> Containment with Negative Pressure Mini-Enclosure Glovebag Procedure 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 , First ,& Second ,Floors		<input checked="" type="checkbox"/>		Wall & Ceiling plaster	34,800 sf	<input checked="" type="checkbox"/>			
IT office		<input checked="" type="checkbox"/>		Light brown linoleum	260 sf	<input checked="" type="checkbox"/>			
Attic Staircase		<input checked="" type="checkbox"/>		Transite panels	150 sf	<input checked="" type="checkbox"/>			
crawlspace		<input checked="" type="checkbox"/>		Pipe insulation	300 sf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Atlantic Carting Inc</b>		NJDEP Waste Hauler ID No. <b>26085</b>		Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>GROWS North Landfill</b>				
City, State <b>1141 Rt 23 Wayne N.J. 07470</b>				Disposal Date <b>6/30/14</b>	City, State <b>Morrisville P.A.</b>				
Completed by <b>James Mahoney</b>		Title <b>Project manager</b>		Signature 		Date <b>5/15/14</b>			

Emergency \$

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

OK 4099

Date of Notification (1) 5/15/14		Name of Building Owner/Operator (2) Adele Purks Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 125 S Forecastle Dr							
		City, State, Zip Code Little Egg Harbor NJ 08097							
		Name of Contact Adela	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Adele Purks Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 125 S Forecastle Dr		Square Feet 1000+	# of Floors 1						
City (5) Little Egg Harbor NJ 08097		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 5/16/15	Scheduled Completion Date (11) 5/17/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior siding			X	Exterior siding	1400 SF	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ			Disposal Date 5/19/14	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature			Date 5/15/14			




Emergency

Print Form

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

CK 4098

Date of Notification (1) 5/15/14		Name of Building Owner/Operator (2) Cherry Hill public Schools							
Agencies Notified	Type Notification	Street Address 45 Ranoldo Terrace							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cherry Hill NJ 08034							
		Name of Contact Tom Charter	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Barclay Early Childhood Center		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1220 Winston Way		Square Feet 1000+	# of Floors 1						
City (5) Cherry Hill NJ 08034		Bldg. Age 35+							
County (6) camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address 1253 North Church Street		Street Address PO Box 329							
City, State, Zip Code Cherry Hill NJ 08002		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm James Guildardi		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 5/16/15	Scheduled Completion Date (11) 5/17/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: nights / weekend		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler room				Boiler Gasket	20	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 5/19/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 5/15/14		



**BEST**

PAGE 04/04

EMERGENCY 10 DAY  
REQUEST FOR WAIVER

State of New Jersey  
NOTIFICATION OF ADMINISTRATIVE ABATEMENT  
(Pursuant to N.J.A.C. 17:27 and 17:28)

2014 MAY 19 PM 7:29

Date of Submission (1) 5-12-2014		Name of Building Owner/Owner (2) E. MURPHY		<div style="border: 1px solid black; padding: 2px;">             DOL - 10 DAY              RECEIVED              MAY 14 2014              APPROVED           </div>	
Agency (3) <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Work (4) <input type="checkbox"/> General <input type="checkbox"/> Asbestos <input type="checkbox"/> Abatement <input type="checkbox"/> Emergency Response <input type="checkbox"/> Investigation <input type="checkbox"/> Construction	Project Address 286 JOHNSON AVENUE City, State, Zip Code ENGLEWOOD, N.J. 07631 Name of Contact L. LOWEN		Telephone Number 201-929-7444	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (5) E. MURPHY Street Address 286 JOHNSON AVENUE City (6) ENGLEWOOD			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Childcare (K-12) <input type="checkbox"/> Other (e.g., private & commercial buildings, etc.) Square Feet 4500 # of Floors 3 Age 103 years		
County (7) BERGEN		County Code (7) (STATE USE ONLY)		Current Use (8) (if not listed above) RESIDENCE	
Name of Abatement Firm Hired by Building Owner (9)		ACGIH No.		Name of Abatement Contractor (4)	
Street Address				Best Removal Inc Street Address 450 S. River St City, State, Zip Code Hackensack, N.J. 07601	
City, State, Zip Code				Telephone No. 201-929-7444 License No. 00388	
Project Manager for Abatement Firm		Telephone No.		Name of OSHA Monitor Omega Environmental Inc Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606	
Start Date (10) 5-14-2014		Estimated Completion Date (11) 5-15-2014			
Company Status During Abatement (Check only one) <input type="checkbox"/> Fully Characterized During Status Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Duration: 8AM - 5PM					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Asbestos <input type="checkbox"/> Lead <input type="checkbox"/> PCBs <input type="checkbox"/> Other: _____				<input type="checkbox"/> Removal <input type="checkbox"/> Encapsulation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Hot Isolation <input type="checkbox"/> Other: _____	
Location of Abatement (Check all that apply) (12) 286 JOHNSON AVENUE ENGLEWOOD, N.J. 07631		Is Location Normally Used Daily by Maintenance Contractor (13) Yes No NA		Description of Abatement (Check all that apply) (14) (e.g., removal, encapsulation, etc.) Thermal Insulation	
Boiler Room		X		60 LF K	
Name of Registered Waste Handler Best Removal Inc		NJ DEP Waste Handler ID No. 17109		Date Work of Waste 5-15-14 Name of Registered Landfill Minerva Enterprises City, State Wynesburg, Oh	
City, State Hackensack, N.J. 07601					
Completed by R. Veldran		Estimator R. Veldran		Date 5-12-14	



Check#1897

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

Date of Notification (1) 05 / 15 / 14		Name of Building Owner/Operator (2) Mike Bocina							
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 12 Wyndmoor Drive City, State, Zip Code Morristown, NJ 07960 Name of Contact Mike Bocina							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 12 Wyndmoor Drive		Square Feet	# of Floors						
City (5) Morristown, NJ 07960		Bldg. Age							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Gr Tech LLC		Name of Abatement Contractor (9) Gr Tech LLC							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 05 / 25 / 14		Scheduled Completion Date (11) 05 / 26 / 14	Name of OSHA Monitor Envirovision Consultants, Inc						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM/ _____ PM/ _____ PM/ _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct insulation	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>N. Jevtic</i>	Date 05/15/2014					

ASB-41

MAY 11

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

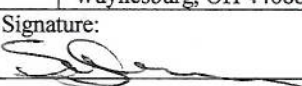
OK# 21800613077

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

RECEIVED

2014 MAY 19 PM 7:37

ASBESTOS CONTROL  
LICENSING

Date of Notification (1): 05/14/2014		Name of Building Owner/Operator (2) Newark Public School						
Agencies Notified  <input checked="" 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: 2 Cedar Street					
			City, State, Zip Code: Newark, NJ 07102					
			Name of Contact: Mr. Benjamin Olagadeyo		Telephone Number:			
<b>FACILITY INFORMATION</b>								
Name of Facility McKinley Elementary School			Type of Facility (4): <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
1 Colonnade Place								
City/ (5) Newark	County (6): Essex	County Code (7): 07104	Square Feet: 60,000 # of Floors: 3					
Name of Monitoring Firm Hired by Building Owner: WHITMAN			ASCM No.: 00110	Name of Abatement Contractor (9): <b>Apex Development, Inc.</b>				
Street Address: 7 Pleasant Hill Road			Street Address: <b>658 Rutgers Place</b>					
City, State, Zip Code: Cranbury, NJ 08512			City, State, Zip Code: <b>Paramus, NJ 07652</b>					
Project Manager for Monitoring Firm: Kevin T Lovely		Telephone No.: 732-390-5858	Telephone No.: <b>(973) 350-0101</b>	License No.: <b>01215</b>				
Start Date (10): 05/23/14	Scheduled Completion Date (11): 05/26/14		Name of OSHA Monitor: Metro Analytical Laboratories					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe:  <input type="checkbox"/> Other Describe:			Street Address: <b>255 West 36<sup>th</sup> Street, Suite 203</b>  City, State, Zip Code: <b>New York, New York, 10018</b>					
Scope of Work (Check all that apply):								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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	Encapsulat
Corridor leading to cafeteria		X	Pipe Insulation	25 LF	*			
Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC.			NJDEP Waste Hauler ID No.:	Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC, INC.			
City, State: Bronx, NY 10474		Disposal Date:		City, State: Waynesburg, OH 44688				
Completed By: Sylvester Oraegbunam		Title: President		Signature: 		Date: 05/14/2014		

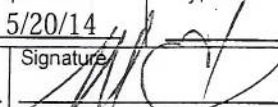


CK # 24515

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

RECEIVED

2014 MAY 19 PM 7:59

Date of Notification (1) <u>5/15/14</u>		Name of Building Owner/Operator (2) <u>JoAnne Construction</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>PO Box 4432</u>							
		City, State, Zip Code <u>Brick, NJ 08723</u>							
		Name of Contact <u>Jack Sult</u>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>34 Madison Ave.</u>		Square Feet <u>1100</u>	# of Floors <u>2</u>						
City (5) <u>Avenel, NJ</u>		Bldg. Age <u>60</u>							
County (6) <u>Midlesex</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>residence</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address _____		Street Address <u>PO Box 322</u>							
City, State, Zip Code _____		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm _____	Telephone No. _____	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>						
Start Date (10) <u>5/16/14</u>	Scheduled Completion Date (11) <u>5/20/14</u>	Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>8 AM-4:30 PM</u>		Street Address <u>PO Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition  <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Exterior House</u>			<input checked="" type="checkbox"/>	<u>transite siding clean up</u>	<u>800 sf</u>	<input checked="" type="checkbox"/>			
<u>Exterior Garage</u>			<input checked="" type="checkbox"/>	<u>Transite Siding</u>	<u>400 sf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>6 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>5/20/14</u>	City, State <u>Morrisville, PA</u>						
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>5/15/14</u>						

# State of New Jersey - Notification of Asbestos Abatement

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

<b>Date of Notification (1)</b> May 14, 2014		<b>Name of Building Owner/Operator (2)</b> Drew University	
<b>Agencies Notified</b> X EPA X DCA X DOL X DEP X DOH		<b>Notification Type</b> <input checked="" type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Certification # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
<b>Street Address</b> 36 Madison Avenue		<b>City, State, Zip Code</b> Madison, NJ	
<b>Name of Contact</b> James Hall		<b>Telephone Number</b> 609.298.5520	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> Drew University- Hall of Sciences		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown # of Floors: Bldg. Age: 70 years	
<b>Street Address</b> 36 Madison Avenue		<b>Current Use (prior if being demolished):</b>	
<b>City (5)</b> Madison	<b>County (6)</b> Morris	<b>County Code (7)</b> (State Use Only)	
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> Briggs Associates, Inc.		<b>ASCM No.</b>	
<b>Street Address</b> 3 Crosswicks Street		<b>Name of Contractor (9)</b> GREENWOOD ABATEMENT CONSULTANTS, INC.	
<b>City, State, Zip Code</b> Bordentown, NJ		<b>Street Address</b> 268 MAIN STREET	
<b>Project Manager for Monitoring Firm</b> Michael Hoodak		<b>City, State, Zip Code</b> Butler, NJ 07405	
<b>Telephone Number</b> 609.298.5520		<b>Telephone Number</b> 973-492-0477	<b>License Number</b> 00840
<b>Scheduled Start Date (10)</b> May 27, 2014		<b>Scheduled Completion Date (11)</b> August 30, 2014	
<b>Occupancy Status During Abatement (Check only one)</b> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe - <b>Occupied</b> Other - Describe: Phase # 4- 05.272014 to 08.30.2014		<b>Name of OSHA Monitor</b> EMSL inc.	
		<b>Street Address</b> 1056 Stelton Road	
		<b>City, State, Zip Code</b> Piscataway, NJ 08854	
<b>Source of Work (Check all that apply)</b>  <div style="display: flex; justify-content: space-between;"> <div> <p>≥ 3 sf or ≥ 3 lf</p> <p><input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260</p> </div> <div> <p><input checked="" type="checkbox"/> Renovation</p> <p>Demolition</p> </div> <div> <p>x Full Containment with Negative Pressure</p> <p>Mini-Enclosure</p> <p>Glovebag Procedure</p> <p>Non-Exempted (*) and Non-Friable Procedure</p> </div> </div>			
<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 Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b>	<b>Amount (Specify SF or LF)</b>
HS -3 Hallway & Bathrooms Rms # S105&S106 1 <sup>st</sup> Fl. Area Adj	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Spray On Fireproofing Spray On Fireproofing VAT & Mastic TSI	1,100 sf 1,000 sf 2,300 sf 140 lf
<b>Name of Reg. Waste Hauler</b> See Hauler Below # 1 & 2		<b>NJDEP Waste Hauler ID #</b> See Below	<b>Cubic Yards of Waste:</b> 80
		<b>Name of Registered Landfill</b> Meadowfill Landfill G.R.O.W.S Minerva Ent. Ohio	
<b>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> NJ DEP # 12561 NY DEP #		<b>Disposal Date</b> August 30, 2014	<b>City, State</b> Route 2, Box 68 Bridgeport, WVA 304-842-2784 9000 Minerva Road Waynesburg, OH
<b>Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>			



# State of New Jersey - Notification of Asbestos Abatement

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

<u>Completed by (Print or Type)</u> <b>Marin Graure</b>	<u>Title</u> <b>SENIOR PROJECT MANAGER</b>	<u>Signature</u> <i>Marin Graure</i>	<u>Date</u> <b>May 14, 2014</b>
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GAC # 2013-414 Amendments- New start date and completion date for phase 4

2014 MAY 15 PM 7:50

# 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) <b>May 13 2014</b>		Name of Building Owner/Operator (2) <b>The Valley Hospital</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  Emergency (including justification)		Street Address <b>223 North Van Dien Avenue</b> City, State, Zip Code <b>Ridgewood, NJ 07450-2736</b> Name of Contact <b>William Stasiak</b>
3 FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>The Valley Hospital</b> <b>1<sup>st</sup> Floor- Locker Room</b> Street Address <b>223 North Van Dien Avenue</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.) Sq. Feet: <b>Unknown</b> # of Floors: <b>4</b> Bldg. Age: <b>50+ years</b>	
City (5) <b>Ridgewood</b>	County (6) <b>Bergen</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>Hospital</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Colden Corporation</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Street Address <b>28 Washington Street</b> City, State, Zip Code <b>Ballston Spa, NY 12020</b>		Street Address <b>268 MAIN STREET</b> City, State, Zip Code <b>Butler, NJ 07405</b>	
Project Manager for Monitoring Firm <b>Jim Miades</b>	Telephone Number <b>347.435.3561</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>May 29, 2014</b>	Scheduled Completion Date (11) <b>May 30, 2014</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 - 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)  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> <math>\geq 3</math> sf or <math>\geq 3</math> lf  <input type="checkbox"/> <math>\geq 160</math> sf or <math>\geq 260</math> </div> <div> Renovation Demolition </div> <div> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>1<sup>st</sup> Floor - Locker Room</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>VAT &amp; Mastic</b>	Amount (Specify SF or LF) <b>16 sf</b>
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>			
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>1</b>	Name of Registered Landfill <b>Meadowfill Landfill</b>
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> NJ DEP # <b>12561</b>		Disposal Date <b>May 30, 2014</b>	City, State <b>Route 2, Box 68</b> <b>Bridgeport, WVA</b> <b>304-842-2784</b>
Hauler #2) <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>			
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Marin Graure</i>	Date <b>May 13, 2014</b>

GAC # 2014-447



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

*Check # 2728*

GAC Project # 060-14

<b>Date of Notification (1)</b> <b>May 12, 2014</b>		<b>Name of Building Owner/Operator (2)</b> <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	<b>Notification Type</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		<b>Street Address</b> <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT.</b> <b>27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>
			<b>City, State, Zip Code</b> <b>PISCATAWAY, NJ 08854</b>
			<b>Name of Contact</b> <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> <b>CAMPBELL RESIDENCE HALL, BLDG# 3121</b>		<b>Type of Facility (4)</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.) <b>Sq. Feet: N/A      # of Floors: 2      Bldg. Age: 60+ years</b>	
<b>Street Address</b> <b>COLLEGE AVENUE CAMPUS</b>		<b>Current Use (prior if being demolished): ACADEMIC</b>	
<b>City (5)</b> <b>NEW BRUNSWICK</b>	<b>County (6)</b> <b>MIDDLESEX</b>	<b>County Code (7)</b> <b>(State Use Only)</b>	
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> <b>Cardno ATC</b>		<b>ASCM No.</b> <b>0098</b>	<b>Name of Contractor (9)</b> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
<b>Street Address</b> <b>3 TERRI LANE</b>		<b>Street Address</b> <b>268 MAIN STREET</b>	
<b>City, State, Zip Code</b> <b>BURLINGTON, NJ 08016</b>		<b>City, State, Zip Code</b> <b>BUTLER, NJ 07405</b>	
<b>Project Manager for Monitoring Firm</b> <b>BRIAN KEARNY</b>	<b>Telephone Number</b> <b>609-386-8800</b>	<b>Telephone Number</b> <b>973-492-0477</b>	<b>License Number</b> <b>00840</b>
<b>Scheduled Start Date (10)</b> <b>05/23/14</b>	<b>Scheduled Completion Date (11)</b> <b>06/09/14</b>	<b>Name of OSHA Monitor</b> <b>1</b> <b>ENVIROVISION, INC.</b>	
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>Shift Hours: 6:00 AM - 6:00 AM (24 hours as needed)</b>		<b>Street Address</b> <b>20-21 WARGARAW ROAD</b> <b>City, State, Zip Code</b> <b>FAIRLAWN, NJ</b>	
<b>Scope of Work (Check all that apply)</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf  <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <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         </div> </div>			
<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 Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b> <b>VAT</b>	<b>Amount (Specify SF or LF)</b> <b>12,000SF</b>
<b>Floors 1-6 (Corridors &amp; Lounges Only)</b>	<input checked="" type="checkbox"/>		<b>Abatement Type</b> Remove    Repair    Encap    Enclose <input checked="" type="checkbox"/>
<b>Name of Reg. Waste Hauler</b> <b>See Hauler Below #1 &amp; 2</b>		<b>NJDEP Waste Hauler ID #</b> <b>See Below</b>	<b>Cubic Yards of Waste:</b> <b>15 CY</b>
<b>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> <b>NJDEP # 12561</b>		<b>Disposal Date</b> <b>06/09/14</b>	<b>Name of Registered Landfill</b> <b>G.R.O.W.S. North Landfill</b>
<b>Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720</b> <b>NJ DEP # 20990</b>			<b>City, State</b> <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b> <b>215-736-1700</b>
<b>Completed by (Print or Type)</b> <b>RAYMOND C. PEDALINO</b>	<b>Title</b> <b>SENIOR PROJECT MANAGER</b>	<b>Signature</b> <i>Raymond C. Pedalino</i>	<b>Date</b> <b>May 12, 2014</b>

Copies To: Rutgers, REHS, Attn: Mike Smith    and    Cardno ATC, Attn: Brian Kearney

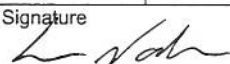
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 05/14/14		Name of Building Owner/Operator (2) Archdiocese of Newark							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 171 Clifton Ave.							
		City, State, Zip Code Newark, NJ 07104							
		Name of Contact Tom Mc Cue							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Queen of Angel's Church		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 44 Irvine Turner Blvd.									
City (5) Newark	Square Feet 6000sf.	# of Floors 1	Bldg. Age 54yrs.						
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Church							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address		Street Address 156 Maple Ave.							
City, State, Zip Code		City, State, Zip Code Wallington, NJ 07057							
Project Manager for Monitoring Firm		Telephone No. 973-406-7341	License No. 01107						
Start Date (10) 05/28/14	Scheduled Completion Date (11) 06/10/14	Name of OSHA Monitor Leslaw Nalodka							
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 156 Maple Ave.							
		City, State, Zip Code Wallington, NJ 07057							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> WRAP and cut <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
windows			*	caulk	870lf.	*			
crawl space			*	pipe insulation	200lf.	*			
hallway			*	plaster	200sf.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S					
City, State Newark, NJ		Disposal Date 06/11/14		City, State Morrisville, PA					
Completed by Leslaw Nalodka		Title President		Signature <i>L Nalodka</i>			Date 05/14/14		




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

(K)  
747

Date of Notification (1) 05/14/14		Name of Building Owner/Operator (2) Archdiocese of Newark							
Agencies Notified	Type Notification	Street Address 171 Clifton Ave.							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07104							
		Name of Contact Rev. Joe Ferrara	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Holy Family Church		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 28 Brookline Ave.		Square Feet 4500sf.	# of Floors 2						
City (5) Nutley		Bldg. Age 100yrs.							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Church							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address		Street Address 156 Maple Ave.							
City, State, Zip Code		City, State, Zip Code Wallinton, NJ 07057							
Project Manager for Monitoring Firm		Telephone No. 973-406-7341	License No. 01107						
Start Date (10) 05/26/14	Scheduled Completion Date (11) 05/28/14	Name of OSHA Monitor Leslaw Nalodka							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 156 Maple Ave.							
		City, State, Zip Code wallington, NJ 07057							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
dining room	*			pipe insulation	8lf.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S					
City, State Newark, NJ		Disposal Date 05/29/14		City, State Morrisville, PA					
Completed by Leslaw Nalodka		Title President		Signature 			Date 05/14/14		

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

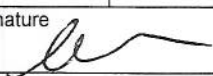
*Check 12896*

Date of Notification (1) 5/14/14		Name of Building Owner/Operator (2) Karen Carmean							
Agencies Notified	Type Notification	Street Address 16 Hillside Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newton, NJ 07860							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Karen Carmean	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 16 Hillside Avenue		Square Feet 2200	# of Floors 2						
City (5) Newton		Bldg. Age 50							
County (6) Sussex	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. 973-583-8500						
			License No. 703						
Start Date (10) 5/26/14	Scheduled Completion Date (11) 6/9/14	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe insulation	20 LF	x			
				Boiler insulation	20 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS					
City, State Freehold NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Andrew Scott Higgins		Title President		Signature 			Date 5/14/14		



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

*Check 12897*

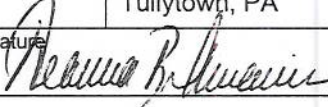
Date of Notification (1) 5/14/14		Name of Building Owner/Operator (2) Mark Neumann							
Agencies Notified	Type Notification	Street Address 6 Overhill Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Verona NJ 07044							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Mark Neumann	Telephone Number 1 _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 6 Overhill Road		Square Feet 2200	# of Floors 2						
City (5) Verona		Bldg. Age 50							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		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. 973-583-8500	License No. 703						
Start Date (10) 5/29/14	Scheduled Completion Date (11) 6/9/14	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe insulation	80 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS					
City, State Freehold NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Andrew Scott Higgins		Title President		Signature 			Date 5/14/14		

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

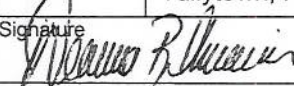
Date of Notification (1) 05-08-14		Name of Building Owner/Operator (2) Wayne Pohida							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 632 S. Broad St.							
		City, State, Zip Code Elizabeth NJ 07202							
		Name of Contact David Pohida	Telephone Number 						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private 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 624 Spring Ave.		Square Feet	# of Floors						
City (5) Elizabeth		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC						
Street Address		Street Address 522 7th Street							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No. 201 216-9603	License No. 01206						
Start Date (10) 05-08-14	Scheduled Completion Date (11) 05-10-14	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 522 7th Street							
		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		pipe insulation	80 Lf	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City NJ 07087		Disposal Date 05-15-14		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager		Signature 		Date 05-08-14			



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

Date of Notification (1) 5/07/14		Name of Building Owner/Operator (2) Hal Benz							
Agencies Notified	Type Notification	Street Address 114 Hyslip Ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Westfield, NJ 07090							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Hal Benz	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 30 Central Ave		Square Feet N/A	# of Floors N/A						
City (5) Morris Plains		Bldg. Age N/A							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 5/28/14	Scheduled Completion Date (11) 5/29/14	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	150 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature 		Date 5/07/14			

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


Date of Notification (1) 5/07/14		Name of Building Owner/Operator (2) James Esposito							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	131 Roseland Avenue							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Caldwell, NJ 07006							
		Name of Contact James Esposito	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address 6 Hatfield Place		<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) Caldwell		Square Feet N/A	# of Floors N/A						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 5/21/14	Scheduled Completion Date (11) 5/22/14	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	185 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature 				Date 5/07/14	



Emergency

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

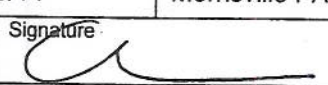
CK 4093

Date of Notification (1) 5/13/14		Name of Building Owner/Operator (2) Lori Clark Private Home							
Agencies Notified	Type Notification	Street Address 52 Albert Dr							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Lori	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Lori Clark Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 52 Albert Dr		Square Feet 1000 +	# of Floors 1						
City (5) Manahawkin NJ 08050		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 5/14/14	Scheduled Completion Date (11) 5/16/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 SF	x			
Through - out			X	Floor Tile	600 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 5/16/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 5/13/14		

Emergency

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

CK 4097

Date of Notification (1) 5/14/14		Name of Building Owner/Operator (2) Theresa Crowley Private home							
Agencies Notified	Type Notification	Street Address 205 Elkins Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cherry Hill NJ 08034							
		Name of Contact Theresa	Telephone No. 609-683-1002						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Theresa Crowley Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 205 Elkins Road		Square Feet 1000+	# of Floors 2						
City (5) Cherry Hill NJ 08034		Bldg. Age 35+							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 5/15/14	Scheduled Completion Date (11) 5/17/14	Name of OSHA Monitor Same							
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: Home owner will be home		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Tv room			x	Floor tile / mastic	150 SF	x			
Laundry Room			x	Floor tile / mastic	150 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 5/19/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 5/14/14		



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

Date of Notification (1) 5-15-14		Name of Building Owner/Operator (2) Rowan University							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 201 Mullica Hill Rd						
			City, State, Zip Code Glassboro NJ 08028						
		Name of Contact Tony Kula	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Robinson Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 201 Mullica Hill RD		Square Feet 1500	# of Floors 1						
City (5) Glassboro , NJ		Bldg. Age 65							
County (6) Gloucester		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) Ani & Joe LLC						
Street Address		Street Address 1212 Burlington Ave							
City, State, Zip Code		City, State, Zip Code Delanco .NJ . 08075							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-824-0971						
License No. 01070									
Start Date (10) 5-29-14	Scheduled Completion Date (11) 6-30-14		Name of OSHA Monitor self						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Rm 201			x	transite walls and counter tops	2250sqft	x			
Name of Registered Waste Hauler Ani & Joe LLC		NJDEP Waste Hauler ID No. 28386	Cubic Yards of Waste 40cy	Name of Registered Landfill Wm Of Pa					
City, State Delanco NJ		Disposal Date TBD		City, State Tullytown NJ					
Completed by Joseph T Hill		Title VP		Signature		Date 10-10-13			

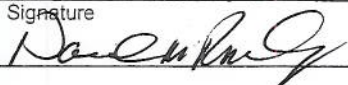
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 10-10-13		Name of Building Owner/Operator (2) Rowan University							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 201 Mullica Hill Rd						
			City, State, Zip Code Glassboro NJ 08028						
		Name of Contact Tony Kula	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Willson Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 201 Mullica Hill RD		Square Feet 1500	# of Floors 1						
City (5) Glassboro, NJ		Bldg. Age 65							
County (6) Gloucester	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) Ani & Joe LLC						
Street Address		Street Address 1212 Burlington Ave							
City, State, Zip Code		City, State, Zip Code Delanco NJ . 08075							
Project Manager for Monitoring Firm		Telephone No. 856-824-0971	License No. 01070						
Start Date (10) 5-29-14	Scheduled Completion Date (11) 6-30-14	Name of OSHA Monitor self							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
concert hall			x	(ACM) floor tile	2250sqft	x			
Name of Registered Waste Hauler Ani & Joe LLC		NJDEP Waste Hauler ID No. 28386	Cubic Yards of Waste 40cy	Name of Registered Landfill Wm Of Pa					
City, State Delanco NJ		Disposal Date TBD		City, State Tullytown NJ					
Completed by Joseph T Hill		Title VP	Signature			Date 10-10-13			

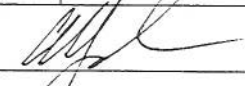


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Check # 10580

Date of Notification (1) 5-14-14		Name of Building Owner/Operator (2) Levin Management Corp.							
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 975 US Hwy. 22 West							
		City, State, Zip Code North Plainfield, NJ 07060							
		Name of Contact Gerald O'Brien							
		Telephone Number 9							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Blue Star Shopping Center Space 19		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 Route 22 & Bonnie Burn Road		Square Feet 3,120	# of Floors 1						
City (5) Watchung		Bldg. Age 20+yrs.							
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) retail store							
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address 411 Southgate Court, Suite E		Street Address 923 Haws Avenue							
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080	Telephone No. 610-239-9920						
		License No. 00398							
Start Date (10) 5-28-14	Scheduled Completion Date (11) 6-4-14	Name of OSHA Monitor EHS Environmental, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 411 Southgate Court, Suite E							
		City, State, Zip Code Mickleton, NJ 08056							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Former main gym		x		black mastic	1,100 SF	x			
Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 5	Name of Registered Landfill GROWS					
City, State Voorhees, NJ			Disposal Date 6-4-14	City, State Morrisville, PA					
Completed by David Rowley		Title Project Manager	Signature 	Date 5-14-14					

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

Date of Notification (1) 05/13/2014		Name of Building Owner/Operator (2) 202 Route 130 LLC							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	202 Route 130 N							
		City, State, Zip Code Cinnaminson, NJ 08077							
		Name of Contact Michael Menz	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Dollar Emporium		Type of Facility (4)							
Street Address 202 Rt 130 N		<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) Cinnaminson		Square Feet 50,000	# of Floors 1						
		Bldg. Age 45+							
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) vacant							
Name of Monitoring Firm Hired by Building Owner (8) Indoor Environmental Concepts		ASCM No.	Name of Abatement Contractor (9) ELCON Environmental Inc.						
Street Address 286 Sunset Road		Street Address 150 Glenwood Drive							
City, State, Zip Code Barrington, NJ 08007		City, State, Zip Code Washington Crossing, PA 18977							
Project Manager for Monitoring Firm Michael Menz		Telephone No. 856-628-6020	Telephone No. 267-240-6356						
		License No. 01225							
Start Date (10) 05/28/2014	Scheduled Completion Date (11) 06/06/2014	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Entire store area			X	Floor tile/mastic	2400 SF	X			
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Enterprises					
City, State New Castle, DE 19720		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Elizabeth Gosek		Title President	Signature 			Date 05/13/2014			



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

Date of Notification (1) 5/12/2014		Name of Building Owner/Operator (2) SOPHIA MARRONE						
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 type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 450 COLLINS AVENUE						
		City, State, Zip Code HASBROUCK HEIGHTS, NJ 07604						
		Name of Contact WILL ALFARO						
		Telephone Number 4						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 450 COLLINS AVENUE		Square Feet	# of Floors					
City (5) HASBROUCK HEIGHTS		Bldg. Age						
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.					
Street Address		Street Address 250 RUTHERFORD BLVD.						
City, State, Zip Code		City, State, Zip Code CLIFTON, NJ 07014						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-956-8700	License No. 00494					
Start Date (10) 5/17/2014	Scheduled Completion Date (11) 5/22/2014	Name of OSHA Monitor SAME AS (9) ABOVE						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: VACANT		Street Address						
		City, State, Zip Code						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf								
		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
BASEMENT		X	PIPE INSULATION	110 LF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 2	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.				
City, State CLIFTON, NJ		Disposal Date 5/22/2014		City, State MORRISVILLE, PA				
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 5/12/2014				

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

Date of Notification (1) <b>5/12/2014</b>		Name of Building Owner/Operator (2) <b>EILEEN RAGO</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <b>454 COLLINS AVENUE</b>		City, State, Zip Code <b>HASBROUCK HEIGHTS, NJ 07604</b>							
Name of Contact <b>WILL ALFARO</b>		Telephone Number							
<b>FACILITY INFORMATION</b>									
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>454 COLLINS AVENUE</b>		Square Feet      # of Floors      Bldg. Age							
City (5) <b>HASBROUCK HEIGHTS</b>		Current Use (Prior if being demolished)							
County (6) <b>BERGEN</b>		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.							
Street Address		Name of Abatement Contractor (9) <b>TWO BROTHERS CONTRACTING, INC.</b>							
City, State, Zip Code		Street Address <b>250 RUTHERFORD BLVD.</b>							
Project Manager for Monitoring Firm		City, State, Zip Code <b>CLIFTON, NJ 07014</b>							
Telephone No.		Telephone No. <b>973-956-8700</b>							
Start Date (10) <b>5/17/2014</b>		License No. <b>00494</b>							
Scheduled Completion Date (11) <b>5/22/2014</b>		Name of OSHA Monitor <b>SAME AS (9) ABOVE</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							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>BASEMENT</b>		<b>X</b>		<b>PIPE INSULATION</b>	<b>12 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>TWO BROTHERS CONTRACTING</b>		NJDEP Waste Hauler ID No. <b>18743</b>		Cubic Yards of Waste <b>1</b>		Name of Registered Landfill <b>WASTE MANAGEMENT G.R.O.W.S.</b>			
City, State <b>CLIFTON, NJ</b>		Disposal Date <b>5/22/2014</b>		City, State <b>MORRISVILLE, PA</b>					
Completed by <b>VIVECA RAMOS</b>		Title <b>PROJECT COORDINATOR</b>		Signature <i>Viveca Ramos</i>		Date <b>5/12/2014</b>			



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

Date of Notification (1) <b>May 13, 2014</b>		Name of Building Owner/Operator (2) <b>Seminole Construction</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>128 Barlett Avenue</b>	
		City, State, Zip Code <b>West Creek, NJ 08092</b>	
		Name of Contact <b>Joyce Corliss</b>	Telephone Number

**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 K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>39 West Raritan Drive</b>			Square feet <b>750 sf</b>		
City <b>Little Egg Harbor</b>	County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	# of Floors <b>1</b>	Bldg. Age <b>45</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			ASCM No.		
Street Address			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
City, State, Zip Code			Street Address <b>1889 Route 9, Unit 61</b>		
Project Manager for Monitoring Firm			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Telephone Number			Telephone Number <b>732-349-9932</b>		
Scheduled Start Date (10) <b>05/14/2014</b>			License Number <b>00624</b>		
Scheduled Completion Date (11) <b>05/15/2014</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) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R	R	E			E			
Exterior		X		Asbestos siding	1000 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>2</b>	Name of Registered Landfill <b>T.R.R.F.</b>	
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>05/19/2014</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>5/13/2014</b>

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

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

21075  
Ch# 24276

Date of Notification (1) <b>May 13, 2014</b>		Name of Building Owner/Operator (2) <b>Seminole Construction</b>	
Agencies Notified [ x ] EPA [ ] DEP [ x ] DOL  [ x ] DOH [ ] DCA	Type of Notification [ ] Initial Notification [ ] Amended Notification Amendment # _____ [ x ] Emergency (including justification) [ ] Cancellation	Street Address <b>128 Bartlett Avenue</b>  City, State, Zip Code <b>West Creek, NJ 08092</b>	
		Name of Contact <b>Joyce Corliss</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</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>117 W. Cormorant Way</b>			Square feet <b>500 sf</b>		
City <b>Toms River</b>	County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	# of Floors <b>1</b>	Bldg. Age <b>58</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			Current Use (Prior if being demolished) <b>Residence</b>		
Street Address			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
City, State, Zip Code			Street Address <b>1889 Route 9, Unit 61</b>		
Project Manager for Monitoring Firm			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Telephone Number			Telephone Number <b>732-349-9932</b>		
Scheduled Start Date (10) <b>05/13/2014</b>			License Number <b>00624</b>		
Scheduled Completion Date (11) <b>05/14/2014</b>			Name of OSHA Monitor <b>E.M.S.L. Analytical</b>		
Occupancy Status During Abatement (Check only one) [ x ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other - Describe _____			Street Address <b>1056 Stelton Road</b>		
Scope of Work (Check all that apply) [ ] >3 sf or ≥3 lf [ x ] ≥160 sf or ≥260 lf			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
[ ] Renovation [ x ] Demolition			[ ] Full Containment with Negative Pressure [ ] Mini-Enclosure [ ] Glovebag Procedure [ x ] Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Exterior		X		Asbestos siding	700 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>2</b>	Name of Registered Landfill <b>T.R.R.F.</b>	
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>05/15/2014</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>5/13/2014</b>

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



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

Ch# 24306

Date of Notification (1) <b>May 15, 2014</b>		Name of Building Owner/Operator (2) <b>Marie Brex</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2214 WALSH DRIVE</b> City, State, Zip Code <b>Mahwah, NJ 07430</b>	
		Name of Contact <b>Marie Brex</b>	Telephone Number

**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 K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>68 Vanard Drive.</b>			Square feet <b>950 sf</b>		
City <b>Brick</b>	County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	# of Floors <b>1</b>	Bldg. Age <b>74</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			Current Use (Prior if being demolished) <b>Residence</b>		
Street Address			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
City, State, Zip Code			Street Address <b>1889 Route 9, Unit 61</b>		
Project Manager for Monitoring Firm			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Telephone Number			Telephone Number <b>732-349-9932</b>		
Scheduled Start Date (10) <b>05/16/2014</b>			License Number <b>00624</b>		
Scheduled Completion Date (11) <b>05/19/2014</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) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1000 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>2</b>	Name of Registered Landfill <b>T.R.R.F.</b>	
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>05/20/2014</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>5/15/2014</b>	

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

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

Date of Notification (1) <b>May 15, 2014</b>		Name of Building Owner/Operator (2) <b>DnA Demolition</b> <span style="float: right;">24307</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 type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2156 Camplain Road</b> <span style="float: right;">2014 MAY 19 PM 7:32</span>	
		City, State, Zip Code <b>Hillsborough, NJ 08844</b>	
		Name of Contact <b>Antonio Dimuzio</b>	Telephone Number _____

**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>17 3<sup>rd</sup> Avenue</b>					
City <b>Piscataway</b>	County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Square feet <b>2000 sf</b>	# of Floors <b>1</b>	Bldg. Age <b>65</b>
			Current Use (Prior if being demolished) <b>Residence</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting Inc.</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address <b>1889 Route 9, Unit 61</b>			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code <b>Toms River, NJ 08755</b>			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>		Telephone Number <b>732-349-9932</b>	Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>
Scheduled Start Date (10) <b>5/15/14</b>		Scheduled Completion Date (11) <b>5/16/14</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 _____			Name of OSHA Monitor <b>E.M.S.L. Analytical</b>		
			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 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	

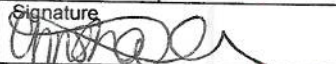
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)  YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V E M E N T	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		Asbestos pipe insulation	160 lf	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>5/19/14</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>5/15/2014</b>

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



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

Date of Notification (1) <b>May 14, 2014</b>		Name of Building Owner/Operator (2) <b>Saint Gregory the Great School</b>		Check # <b>1142</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>4620 Nottingham Way</b>					
		City, State, Zip Code <b>Hamilton Square, NJ 08690</b>		Name of Contact <b>Maureen</b>					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Saint Gregory's School</b>				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address <b>4620 Nottingham Way</b>				Square Feet <b>10,000</b>					
City (5) <b>Hamilton Square, NJ 08690</b>				# of Floors <b>2</b>					
County (6) <b>Mercer</b>				Bldg. Age <b>100</b>					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) <b>School</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Pars Environmental</b>			ASCM No.		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>				
Street Address <b>500 Horizon Drive, Suite 540</b>			Street Address <b>623 Cutler Ave.</b>						
City, State, Zip Code <b>Robbinsville, NJ 08691</b>			City, State, Zip Code <b>Maple Shade, NJ 08052</b>						
Project Manager for Monitoring Firm <b>Firoz Jan</b>			Telephone No. <b>609-890-7277</b>		Telephone No. <b>856-755-0099</b>				
Start Date (10) <b>June 14, 2014</b>			Scheduled Completion Date (11) <b>June 16, 2014</b>		License No. <b>00842</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:				Name of OSHA Monitor <b>EMSL</b>					
				Street Address <b>107 Haddon Ave</b>					
				City, State, Zip Code <b>Westmont, New Jersey 08108</b>					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Rooms 1A, 1B and Hallway		X		Abestos Window Sills	45 SF	xxx			
Name of Registered Waste Hauler <b>Freehold</b>			NJDEP Waste Hauler ID No. <b>22253</b>		Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Grows Landfill</b>			
City, State <b>Mount Holly, New Jersey 08060</b>			Disposal Date <b>6/16/2014</b>		City, State <b>Tullytown, PA</b>				
Completed by <b>Christina Lynch</b>			Title <b>Operations Manager</b>		Signature 		Date <b>May 14, 2014</b>		

85/14/2014 14:12

NO 580-0000  
DOL - 10 DAYState of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:120)

MAY 14 2014

WAIVER APPROVED

Date of Notification (1) May 15, 2014		Name of Building Owner/Operator (2) NJ Div. Property Mgmt & Construction	
Agencies Notified	Type Notification	Street Address 50 Barrack Street	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625	
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOA		Name of Contact Georgelle Burch	Telephone Number
Name of Facility Where Abatement is Taking Place (3) Taxation Building			
Street Address 50 Barrack Street		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City (5) Trenton		Square Feet 10,000	# of Floors 3
County (6) Mercer		County Code (7) (STATE USE ONLY)	Bldg. Age 100
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connections, Inc.		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC
Street Address 120 N. Warren Street		Street Address 823 Cutler Ave.	
City, State, Zip Code Trenton, NJ 08628		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Jim Frisbee		Telephone No. 609-392-4200	Telephone No. (856)735-0089
Start Date (10) May 16, 2013		Scheduled Completion Date (11) May 17, 2013	License No. 00842
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:		Name of OSHA Monitor EMSL	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or less <input type="checkbox"/> 100 sf or 2280 lf		Street Address 107 Haddon Ave	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Westmont, New Jersey 08108	
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) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
Taxation Bldg. 4th Fl. Mach. Room	XXX	Asbestos Pipe Insulation	4 LF
Name of Registered Waste Hauler Freehold	NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste 1	Name of Registered Landfill Grows Landfill
City, State Mount Holly, New Jersey 08060		Disposal Date 5/17/2014	City, State Tullytown, PA
Completed by Christine Lynch		Title Office Manager	Date May 15, 2013



05/14/2014 11:38

NO. 578 0002

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

DOL - 10 DAY

Check # 1140

WAIVER APPROVED

Date of Notification (1) May 14, 2014		Name of Building Owner/Operator (2) Cherry Hill Public Schools							
Agencies Notified		Type Notification							
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	Street Address 45 Renaldo Terrace							
<input checked="" type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	City, State, Zip Code Cherry Hill, NJ 08034							
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Amendment #	Name of Contact Tom Carter							
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Telephone Number 202							
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Cancellation								
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Cooper Elementary School		Type of Facility (4)							
Street Address 1800 Greentree Road		<input checked="" type="checkbox"/> School (K-12)							
City (5) Cherry Hill, NJ 08034		<input type="checkbox"/> Subchapter S (Other than K-12)							
County (6) Camden		<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
County Code (7) (STATE USE ONLY)		Square Feet 20,000	# of Floors 1						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		Bldg. Age 50							
Street Address 1253 N. Church St.		Current Use (Prior if being demolished) School							
City, State, Zip Code Moorestown, NJ 08067		Name of Abatement Contractor (9) Shade Environmental, LLC							
Project Manager for Monitoring Firm Jim Gullard		Street Address 823 Outler Ave.							
Telephone No. 856-840-8800		City, State, Zip Code Maple Shade, NJ 08052							
Start Date (10) May 17, 2014		Telephone No. (856)756-0099							
Scheduled Completion Date (11) May 19, 2014		License No. 00842							
Name of OSHA Monitor EMBL									
Occupancy Status During Abatement (Check Only One)		Street Address 107 Haddon Ave.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Westmont, New Jersey 08108							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours									
<input type="checkbox"/> Other - Describe: Weekend work									
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> 10 sq ft or less		<input checked="" type="checkbox"/> Renovation							
<input type="checkbox"/> 101 sq ft or less		<input type="checkbox"/> Demolition							
<input type="checkbox"/> 102 sq ft or less		<input type="checkbox"/> Full Containment with Negative Pressure							
<input type="checkbox"/> 103 sq ft or less		<input type="checkbox"/> Mini-Enclosure							
<input type="checkbox"/> 104 sq ft or less		<input type="checkbox"/> Glovebag Procedure							
<input type="checkbox"/> 105 sq ft or less		<input type="checkbox"/> Non-Exempted ("") and Non-Exempt 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	Encapsulation	Provision
Boiler Room	X			Boiler Door Refractory Material	20 SF	X			
Name of Registered Waste Hauler Freshhold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S. North Landfill					
City, State Mount Holly, New Jersey 08060		Disposal Date 5/19/14	City, State Morrisville, PA						
Completed by Christina Lynch		Title Operations Manager	Signature 		Date 5/14/2014				

ABB-41 (R-03-08)

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



CHERIC #  
3306

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

Date of Notification (1) <u>5/15/14</u>		Name of Building Owner/Operator (2) <u>TRANSFORMATION ENTERPRISES</u>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>601 W. CLARK LANDING ROAD</u> City, State, Zip Code <u>EGG HARBOR, N.J. 08218</u> Name of Contact <u>BARRERA</u> Telephone Number _____					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>221 N. WYOMING AVE.</u>		Square Feet <u>1500</u> # of Floors <u>1</u> Bldg. Age <u>40+</u>					
City (5) <u>VENTNOR</u>		Current Use (Prior if being demolished) <u>VACANT</u>					
County (6) <u>ATLANTIC</u>	County Code (7) (STATE USE ONLY)	Name of Monitoring Firm hired by Building Owner (8) <u>N/A</u>					
Street Address		ASCM No.					
City, State, Zip Code		Name of Abatement Contractor (9) <u>ILCOMCO INC.</u>					
Project Manager for Monitoring Firm <u>N/A</u>		Street Address <u>369 S. SPRUCE AVE.</u>					
Telephone No.		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Start Date (10) <u>5/15/14</u>		Telephone No. <u>856-779-0472</u>					
Scheduled Completion Date (11) <u>6/1/14</u>		License No. <u>06444</u>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <u>N/A</u>					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address _____ City, State, Zip Code _____					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u> <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>2000#</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler <u>ILCOMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>15</u>	Name of Registered Landfill <u>ASBUN</u>			
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date		City, State <u>ALBANYVILLE, N.J.</u>			
Completed By <u>JOSEPH ILCOM</u>		Title <u>OWNER</u>	Signature <u>Joseph Ilcom</u>		Date <u>5/15/14</u>		