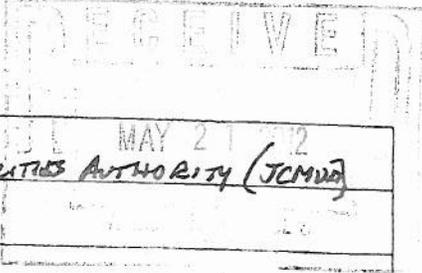


STATE OF NEW JERSEY
 NOTIFICATION OF ASBESTOS ABATEMENT
 (PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Check # 2669

Date of Notification (1) 05 / 17 / 12		Name of Building Owner / Operator (2) Kraft Foods					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Street Address 2211 Route 208 North					
Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		City, State, Zip Code Fairlawn, New Jersey, 07410					
		Name of Contact TOM FARMER					
		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Kraft Foods		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)					
Street Address 2211 Route 208		Square Feet 1,000,000					
City (5) Fairlawn		# Of Floors 3					
County (6) Bergen		Building Age 40 +					
County Code (7)		Current Use (Prior if being demolished) Bakery					
Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO \\ LVI Environmental Services Inc.					
Street Address 907 Doolittle Drive		Street Address 462 Getty Avenue					
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Clifton, NJ 07011					
Project Mngr. For Monitoring Firm Eric Houseknecht		Telephone Number 908-218-1108					
Schedul Start Date (10) 06 / 02 / 12		Sched. Completion Date (11) 06 / 04 / 12					
		Telephone Number 973-772-3660					
		License Number 00117					
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: __ SAT-SUN <input checked="" type="checkbox"/> Other - Describe: __ 3:00PM - 7:00AM		Name of OSHA Monitor LVI Environmental Services Inc.					
		Street Address 462 Getty Avenue					
		City, State, Zip Code Clifton, NJ 07011					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3sf or >3lf <input type="checkbox"/> >160 sf or >260 lf							
<input checked="" type="checkbox"/> Renovation <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 <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 N C L O S U R
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY BY FRIEGHT	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE INSULATION	65 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY WAREHOUSE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE INSULATION	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.			
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105				
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i>		Date 05/17/12		

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



Date of Notification (1) 5-8-12		Name of Building Owner/Operator (2) JERSEY CITY MUNICIPAL UTILITIES AUTHORITY (JCMUA)	
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 555 RT. 440	
		City, State, Zip Code JERSEY CITY, NJ. 07305	
		Name of Contact SAM SCATURRO	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JCMUA WATER TREATMENT FACILITY		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 640 GREENBANK RD.		Square Feet 5000±	# of Floors 2
City (5) BOONTON, NJ 07005		Bldg. Age 50+	
County (6) MORRIS	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) OFFICES, LABS, UTILITY.	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS, INC.	ASCM No. 0045	Name of Abatement Contractor (9) UNIPRO, INC.	
Street Address 64 BROAD ST.		Street Address 173 KARKUS AVE.	
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code WOODBIDGE, NJ 07095	
Project Manager for Monitoring Firm THOMAS P. GEIGER	Telephone No. 732-290-2217	Telephone No. 732-726-3111	License No. 00615
Start Date (10) 5-21-12	Scheduled Completion Date (11) 6-8-12	Name of OSHA Monitor ENVIRONMENTAL TACTICS, 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 64 BROAD ST.	
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		City, State, Zip Code MATAWAN, NJ 07747	
		<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
LAB #1, 1st. FL. + STORAGE AREA		X		VAT + MASTIC	900 ± SF.	X		
LAB #2, " + CORRIDOR + OFFICE		X		VAT + MASTIC	900 ± SF.	X		

Name of Registered Waste Hauler NEWARK CARTING, INC.	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 20	Name of Registered Landfill GROWS, INC.
City, State NEWARK, NJ.	Disposal Date 6.11.12	City, State MORRISVILLE, PA.	
Completed by DAVID T. TOLCHIN	Title PRES.	Signature David T. Tolchin	Date 5.8.12

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

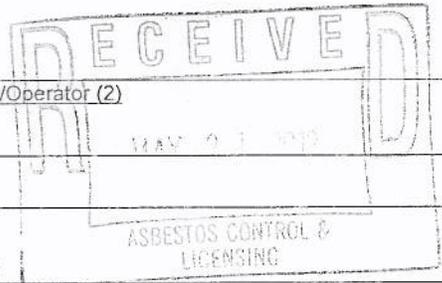
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

1252

Date of Notification (1) 5-17-12		Name of Building Owner/Operator (2) JERSEY CITY MUNICIPAL UTILITIES AUTHORITY (JCMUA)								
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 555 RT. 440	City, State, Zip Code JERSEY CITY, NJ. 07305							
		Name of Contact SAM SCATURED	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) JCMUA WATER TREATMENT FACILITY		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 640 GREENBANK RD.		Square Feet 5000±	# of Floors 2							
City (5) BOONTON, NJ 07005		Bldg. Age 50+								
County (6) MORRIS	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) OFFICES, LABS, UTILITY.								
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS, INC.	ASCM No. 0045	Name of Abatement Contractor (9) UNIPRO, INC.								
Street Address 64 BROAD ST.		Street Address 173 KARKUS AVE.								
City, State, Zip Code MATAPAN, NJ 07747		City, State, Zip Code WOODBIDGE, NJ 07095								
Project Manager for Monitoring Firm THOMAS P. GEIGER	Telephone No. 732-290-2217	Telephone No. 732-726-3111	License No. 00615							
Start Date (10) 5-21-12	Scheduled Completion Date (11) 6-8-12	Name of OSHA Monitor ENVIRONMENTAL TACTICS, 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: BLDG. PARTIALLY OCCUPIED		Street Address 64 BROAD ST.								
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		City, State, Zip Code MATAPAN, NJ 07747								
		<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	
LAB #1, 1ST FL. + STORAGE AREA		X		VAT + MASTIC	900 ± SF.	X				
LAB #2, 2nd CORRIDOR + OFFICE		X		VAT + MASTIC	900 ± SF.	X				
Name of Registered Waste Hauler NEWARK CARTING, INC.		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 20	Name of Registered Landfill GROWS, INC.						
City, State NEWARK, NJ.		Disposal Date 6-11-12		City, State MORRISVILLE, PA.						
Completed by DAVID T. TOLCHIN		Title PRES.		Signature David T. Tolchin				Date 5.17.12		

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



no check

<u>Date of Notification (1)</u> 1/13/12		<u>Name of Building Owner/Operator (2)</u> BASF Corporation	
<u>Agencies Notified</u> (X) EPA (X) DOL (X) DOH () DCA	<u>Notification Type</u> () Initial Notification (X) Amended Certification Rev. 4 () Cancelled	<u>Street Address</u> 100 Campus Drive	
		<u>City, State, Zip Code</u> Florham Park, NJ 07932	
		<u>Name of Contact</u> Frank Piechoeta	<u>Tel. Number</u>

FACILITY INFORMATION

<u>Name of Facility Where Abatement is Taking Place (3)</u> BASF - Main Production Building		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 1 James Street		Sq. Feet <u>121700</u> # of Floors <u>2</u>	
<u>City (5)</u> Belvidere	<u>County (6)</u> Warren	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> <u>50 +/-</u> <u>Current Use (prior if being demolished)</u> <u>vacant manufacturing</u>

<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Environmental Health Investigations, Inc.	<u>ASCM No.</u> 00104	<u>Name of Contractor (9)</u> NCM Demolition and Remediation, LP
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<u>Street Address</u> 655 West Shore Trail	<u>Street Address</u> 404 N. Berry Street
<u>City, State, Zip Code</u> Sparta, NJ 07871	<u>City, State, Zip Code</u> Brea, CA 92821

<u>Project Manager for Monitoring Firm</u> William S. Kerbel, CIH	<u>Telephone Number</u> 973-79-5649	<u>Telephone Number</u> 484-480-8931	<u>License Number</u> 01066
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<u>Scheduled Start Date (10)</u> 1/30/2012	<u>Scheduled Completion Date (11)</u> 6/15/2012	<u>Name of OSHA Monitor</u> Testor Tech
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<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -	<u>Street Address</u> 10 59 Jackson Ave.
	<u>City, State, Zip Code</u> L.I.C. New York, 11101

Describe Vacant Bldg. To Be Demolished
121,701 sf building to be demolished in its entirety

Other - Describe

Source of Work (Check all that apply)

(X) Demolition () Renovation
 (X) Large Proj. (>160 SF or >260 LF ACM) () Small Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM)
 (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure (X) Non-Friable Outdoor Work

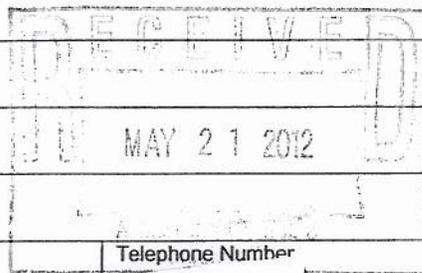
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u>			<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u>			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
Throughout see attached sheet	X			See attached sheet	See attached sheet	X			

<u>Name of Reg. Waste Hauler</u> Service Transport Group	<u>NJDEP Waste Hauler ID #</u> A901 #20990 / SW2117	<u>Cubic Yards of Waste</u> 80	<u>Name of Reg. Landfill</u> Minerva Enterprises
<u>City, State</u> 58 Pyles Lane - New Castle, DE	<u>Disp. Date</u> 4/20/12	<u>City, State</u> Waynesburg, OH	

<u>Completed by (Print or Type)</u> Joseph K. White	<u>Title</u> Project Coordinator	<u>Signature</u> <i>Joseph K. White</i>	<u>Date</u> 5/17/12
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

1987000091



Date of Notification (1) 05/16/2012		Name of Building Owner/Operator (2) GEORGE SPINA	
Agencies Notified	Type Notification	Street Address 47 CARLOS DR.	
<input 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 FAIRFIELD N.J. 07704	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact GEORGE SPINA	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4)	
Street Address 47 CARLOS DR.		<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) FAIRFIELD N.J. 07704		Square Feet 1800	# of Floors 2 STORIES
County (6)		County Code (7) (STATE USE ONLY)	Bldg. Age 65 YEARS
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) 05/17/2012	Scheduled Completion Date (11) 05/17/2012	Name of OSHA Monitor J&SENVIRONMENTAL SERVICES	
Occupancy Status During Abatement (Check Only One)		Street Address 2333 ROUTE 22 WEST	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code UNION N.J. 07083	

Scope of Work (Check All That Apply)

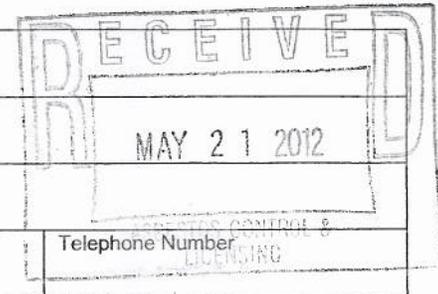
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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
BASEMANT		X		VAT FLOOR TILE REMOVAL	420 SF	X			

Name of Registered Waste Hauler SHARON QUALITY CONSTRUCTION LLC		NJDEP Waste Hauler ID No. 0033967	Cubic Yards of Waste 1	Name of Registered Landfill TRI-STATE TRANSFER SERVICES	
City, State HACKENSACK N.J. 07601		Disposal Date 05/22/2012		City, State BRONX N.Y. 10474	
Completed by Xiomara Gomez C.		Title PRESIDENT	Signature <i>Xiomara Gomez C.</i>		Date 05/16/2012

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

1361



Date of Notification (1) 5-18-2012		Name of Building Owner/Operator (2) Newark Housing Authority	
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 500 Broad St	
		City, State, Zip Code Newark, NJ 07102	
		Name of Contact Joe Giannetti	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) James Baxter Terrace - Unoccupied Bldg. # 13		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 57 Sussex Ave.		Square Feet 15,000	# of Floors 3
City (5) Newark, NJ 07102		Bldg. Age 50 +	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Unoccupied Bldg - Scheduled for Demo	
Name of Monitoring Firm Hired by Building Owner (8) Lewis Consulting Group		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting LLC
Street Address 40 Clinton Str., 6th Floor Suite 101		Street Address 22 Troy Lane	
City, State, Zip Code Newark, NJ 07102		City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm Leon		Telephone No. 973-706-7950	License No. 01088
Start Date (10) 5-29-2012	Scheduled Completion Date (11) 12-31-2012	Name of OSHA Monitor Jadar Contracting LLC	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Unoccupied Property Scheduled for Demo</u>		Street Address 22 Troy Ln	
		City, State, Zip Code Lincoln Park, NJ 07035	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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
Interior of Bldg.			x	VAT & Mastic	19,000 SF				
Roof			x	Built up Roofing	6750 SF				
Exterior Windows			x	Caulking	174 Windows				
Below Brick Veneer			x	Vapor Barrier Mastic	880 SF				

Name of Registered Waste Hauler Global Waste Services		NJDEP Waste Hauler ID No. 22171	Cubic Yards of Waste TBD	Name of Registered Landfill 110 Sand Co.	
City, State Hacketstown, NJ			Disposal Date TBD	City, State Mellville, NY 11704	
Completed by Lillie Lazarevich		Title Secretary	Signature <i>Lillie Lazarevich</i>	Date 5-18-2012	

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

1363



Date of Notification (1) 5-18-2012		Name of Building Owner/Operator (2) Newark Housing Authority	
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 500 Broad St	
		City, State, Zip Code Newark, NJ 07102	
		Name of Contact Joe Giannetti	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) James Baxter Terrace - Unoccupied Bldg. # 11		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 57 Sussex Ave.		Square Feet 15,000	# of Floors 3	Bldg. Age 50 +
City (5) Newark, NJ 07102	County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Unoccupied Bldg - Scheduled for Demo	
Name of Monitoring Firm Hired by Building Owner (8) Lewis Consulting Group		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting LLC	
Street Address 40 Clinton Str., 6th Floor Suite 101		Street Address 22 Troy Lane		
City, State, Zip Code Newark, NJ 07102		City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Leon		Telephone No. 973-706-7950	License No. 01088	
Start Date (10) 5-29-2012	Scheduled Completion Date (11) 12-31-2012	Name of OSHA Monitor Jadar Contracting LLC		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Unoccupied Property Scheduled for Demo</u>		Street Address 22 Troy Ln		
		City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (Check All That Apply)

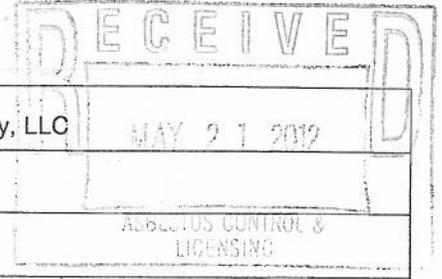
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input 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	Built up Roofing	6,200 SF				
Exterior Windows			x	Caulking	203 Windows				
Below Brick Veneer			x	Vapor Barrier Mastic	900 SF				

Name of Registered Waste Hauler Global Waste Services		NJDEP Waste Hauler ID No. 22171	Cubic Yards of Waste TBD	Name of Registered Landfill 110 Sand Co.	
City, State Hacketstown, NJ			Disposal Date TBD	City, State Mellville, NY 11704	
Completed by Lillie Lazarevich		Title Secretary	Signature <i>Lillie Lazarevich</i>	Date 5-18-2012	

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

no check



Date of Notification (1) 05-18-12		Name of Building Owner/Operator (2) BR Beacon Urban Renewal Company, LLC	
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 # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Washington Blvd., Suite 200	
		City, State, Zip Code Stamford, CT 06902	
		Name of Contact John Dolan	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Beacon Powerhouse		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 Beacon Place		Square Feet 21,000	# of Floors 3
City (5) Jersey City		Bldg. Age 50+-	
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) vacant	
Name of Monitoring Firm Hired by Building Owner (8) Lis Consulting Services, LLC		ASCM No.	Name of Abatement Contractor (9) Stanmark Contractors, LLC
Street Address 134 Bennington Pkwy		Street Address 27 Edsall Drive	
City, State, Zip Code Franklin Park, NJ 08823		City, State, Zip Code Sussex, NJ 07461	
Project Manager for Monitoring Firm Kris Lis		Telephone No. 732-940-6207	Telephone No. 973-864-2022
Start Date (10) 04-17-12		Scheduled Completion Date (11) 05-27-12	License No. 01137
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 AmeriSci	
		Street Address 117 East 30th Street	
		City, State, Zip Code New York, NY 10016	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout Powerhouse		X		Pipe Insulation	4,050 L.F.	X			
Throughout Powerhouse		X		Boiler & Breaching Insulation	16,000 S.F.	X			
3rd Floor North Rooms		X		Floor Tiles	550 S.F.	X			
Roof		X		Roofing & Flashing	3,000 S.F.	X			

Name of Registered Waste Hauler Pro-Tech, LLC		NJDEP Waste Hauler ID No. 190713	Cubic Yards of Waste 200	Name of Registered Landfill Minerva Landfill	
City, State New Haven, CT		Disposal Date on completion		City, State Waynesburg, OH	
Completed by Marko Stankovic		Title President	Signature <i>Marko Stankovic</i>	Date 05-18-12	

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

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ASBESTOS CONTROL & REMEDIATION

Date of Notification (1) 5/17/12		Name of Building Owner/Operator (2) Robinson	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 239-241 East 25th Street	
		City, State, Zip Code Paterson, NJ	
		Name of Contact Mr. Robinson	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)	
Street Address 239-241 East 25th Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Paterson	Square Feet 2500	# of Floors 2	Bldg. Age 50
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC	
Street Address		Street Address 4 E Gate Drive, PO Box 483	
City, State, Zip Code		City, State, Zip Code Glenwood NJ 07418	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-764-227	License No. 703

Start Date (10) 5-19-12	Scheduled Completion Date (11) 5-26-12	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code	

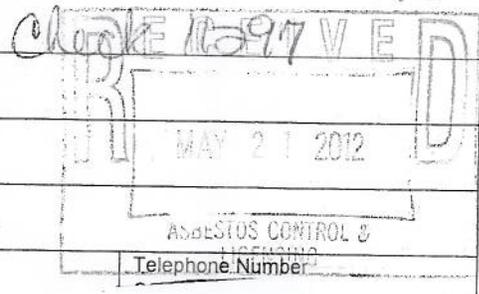
Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
Living room/bedroom			x	floor tile	300 SF	x			

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS N Landfill
City, State Freehold, NJ	Disposal Date TBD	City, State Morrisville PA	
Completed by Andrew Scott Higgins	Title President	Signature 	Date 5/17/12

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



Date of Notification (1) 5/17/12		Name of Building Owner/Operator (2) Sean	
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 201 St. Paul's Avenue City, State, Zip Code Jersey City, NJ 07631 Name of Contact Sean
			Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 225 St. Paul's Avenue		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) Jersey City		Square Feet 1000	# of Floors 1	Bldg. Age 50
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC	
Street Address		Street Address 4 E Gate Drive, PO Box 483		
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276	License No. 703
Start Date (10) 5/9/12	Scheduled Completion Date (11) 6/9/12	Name of OSHA Monitor		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address		
		City, State, Zip Code		

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<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-various storage areas			x	pipe insulation	600 LF	x			
laundry room			x	pipe insulation	200 LF	x			
main hall			x	pipe insulation	560 LF	x			

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste	Name of Registered Landfill GROWS N Landfill	
City, State Freehold NJ		Disposal Date TBD	City, State Morrisville PA		
Completed by Andrew Scott Higgins		Title President	Signature 	Date 5/17/12	

* 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)

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Date of Notification (1) 5-17-12		Name of Building Owner/Operator (2) Curran - Morris	
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 81 Edgemont Road	
		City, State, Zip Code Watchung, NJ	
		Name of Contact Janice Peters (Paul Davis Restor/agent)	Telephone Number

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 81 Edgemont Road		Square Feet 2500	# of Floors 2
City (5) Watchung		Bldg. Age 50	
County (6) Somerset	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. 973-764-227	License No. 703
Start Date (10) 5-25-12	Scheduled Completion Date (11) 6-2-12	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

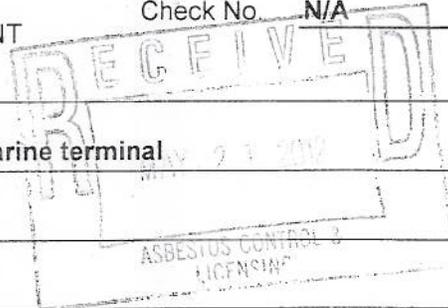
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	floor tile	680 SF	x			

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS N Landfill
City, State Freehold, NJ		Disposal Date TBD	City, State Morrisville PA
Completed by Andrew Scott Higgins	Title President	Signature 	Date 5/17/12

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

Check No. N/A

no check



Date of Notification (1) May 16, 2012		Name of Building Owner/Operator (2) PA of NY & NJ, Port Newark Marine terminal	
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>(Not subject to State Reg. 17:27)</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 Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 274 Kellogg Street	
		City, State, Zip Code Port Newark, NJ 07114	
		Name of Contact Uday Mehta	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Port Elizabeth		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 Manhole in Parking Lot west of 138 Corbin Street		Square Feet N/A	# of Floors N/A
City (5) Newark, NJ 07114		Bldg. Age n/a	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandon meter pit	
Name of Monitoring Firm Hired by Building Owner (8) PA of NY & NJ	ASCM No. N/A	Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.	
Street Address 241 Erie Street, Room 236		Street Address 223 Randolph Avenue	
City, State, Zip Code Jersey City, NJ 07310		City, State, Zip Code Clifton, NJ 07011	
Project Manager for Monitoring Firm Uday Mehta	Telephone No. 201-595-4881	Telephone No. 973-478-4681	License No. 00120
Start Date (1 0) May 29, 2012	Scheduled Completion Date (1 1) June 03, 2012	Name of OSHA Monitor McCabe Environmental Services, L.L.C.	
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 464 Valley Brook Avenue	
		City, State, Zip Code Lyndhurst, NJ 07071-1998	
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
Manhole/trench in Parking Lot west of 138 Corbin Street			X	pipe lagging	8 In fl	X		

Name of Registered Waste Hauler Jimmy Byrne Trucking	NJDEP Waste Hauler ID No. 19555	Cubic Yards of Waste 3	Name of Registered Landfill Minerva Enterprises, Inc.
City, State Bronx, NY	Disposal Date 6/1/12	City, State Waynesburg, OH	
Completed by G. Roger Woodman	Title Office Manager	Signature 	Date 5/16/2012

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) May 10th, 2012		Name of Building Owner/Operator (2) CYNTHIA STEWART RESIDENCE	
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 351 CLAREMONT AVE.	
		City, State, Zip Code JERSEY CTIY, NEW JERSEY	
		Name of Contact CYNTHIA STEWART	Telephone Number

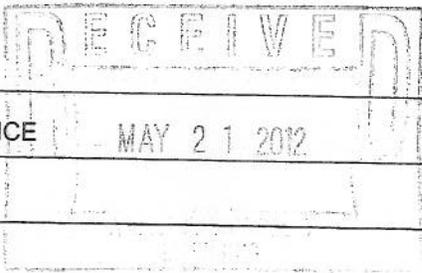
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) CYNTHIA STEWART		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 351 Claremont Ave		Square Feet 1800	# of Floors 2
City (5) Jersey City,		Bldg. Age 50+ yrs.	
County (6) Hudson	County Code (7) <i>(STATE USE ONLY)</i> _____	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) Enviro Vision Consultants		ASCM No.	Name of Abatement Contractor (9) SLAVCO CONTRUCTION INC.
Street Address 20-21 Wagaraw Road Bldg.#34A		Street Address 164 GETTY AVE.	
City, State, Zip Code Fair Lawn, New Jersey 07410		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802	
Project Manager for Monitoring Firm Guillermo Morales	Telephone No. 973-636-9145	Telephone No. 973-478-4848	License No. 00724
Start Date (10) May 21, 2012	Scheduled Completion Date (11) May 25, 2012	Name of OSHA Monitor SLAVCO CONSTRUCTION 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 checked="" type="checkbox"/> Other - Describe: 7:00am-3:30pm		Street Address 164 GETTY AVE.	
		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) 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
Pile of Building Debris			x	Other Misc.	120cy	x			

Name of Registered Waste Hauler Slavco Construction Inc.	NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL
City, State CLIFTON , NEW JERSEY 07011-1802		Disposal Date TBD	City, State MORRISVILLE, PA
Completed by VIVIAN D.JURCEVIC	Title General Mgr.	Signature <i>Vivian D Jurcevic</i>	Date May 10th, 2012

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



Date of Notification (1) May 16th, 2012		Name of Building Owner/Operator (2) CYNTHIA STEWART RESIDENCE								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 351 Claremont Ave.							
			City, State, Zip Code Jersey City, New Jersey							
			Name of Contact Cynthia Stewart	Telephone Number						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Cynthia Stewart		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 351 Claremont Ave.		Square Feet 1800	# of Floors 2							
City (5) Jersey City		Bldg. Age 50+								
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential								
Name of Monitoring Firm Hired by Building Owner (8) Enviro Vision Consultants		ASCM No.	Name of Abatement Contractor (9) SLAVCO CONSTRUCTION INC.							
Street Address 20-21 Wagaraw Road Bldg.#34A		Street Address 164 GETTY AVE.								
City, State, Zip Code Fair Lawn, New Jersey 07410		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802								
Project Manager for Monitoring Firm Guillermo Morales		Telephone No. 973-636-9145	Telephone No. 973-478-4848							
		License No. 00724								
Start Date (10) May 22nd, 2012	Scheduled Completion Date (11) May 25th, 2012	Name of OSHA Monitor SLAVCO CONSTRUCTION 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: 7:00am-3:30pm		Street Address 164 GETTY AVE.								
		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Pile of Building Debris			x	Other Misc.	120cy	x				
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL						
City, State CLIFTON, NEW JERSEY 07011-1802			Disposal Date TBD	City, State MORRISVILLE, PA						
Completed by VIVIAN D.JURCEVIC		Title General Mgr.	Signature <i>Vivian D. Jurcevic</i>				Date May 16th, 2012			

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

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Date of Notification (1) May 10th, 2012		Name of Building Owner/Operator (2) HENRY SKIPPER RESIDENCE	
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 349 CLAREMONT AVE.	
		City, State, Zip Code JERSEY CTY, NEW JERSEY	
		Name of Contact HENRY SKIPPER	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) HENRY SKIPPER		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 349 Claremont Ave		Square Feet 1800	# of Floors 2
City (5) Jersey City,		Bldg. Age 50+ yrs.	
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) Enviro Vision Consultants		ASCM No.	Name of Abatement Contractor (9) SLAVCO CONTRUCTION INC.
Street Address 20-21 Wagaraw Road Bldg.#34A		Street Address 164 GETTY AVE.	
City, State, Zip Code Fair Lawn, New Jersey 07410		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802	
Project Manager for Monitoring Firm Guillermo Morales		Telephone No. 973-636-9145	Telephone No. 973-478-4848
Start Date (10) May 21, 2012		Scheduled Completion Date (11) May 25, 2012	License No. 00724
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 checked="" type="checkbox"/> Other - Describe: 7:00am-3:30pm		Name of OSHA Monitor SLAVCO CONSTRUCTION INC.	
		Street Address 164 GETTY AVE.	
		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802	

Scope of Work (Check All That Apply)

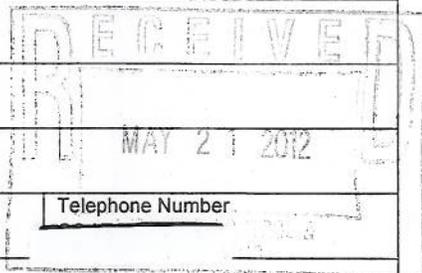
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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
Pile of Building Debris			x	Other Misc.	120cy	x			

Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL	
City, State CLIFTON, NEW JERSEY 07011-1802			Disposal Date TBD	City, State MORRISVILLE, PA	
Completed by VIVIAN D. JURCEVIC		Title General Mgr.	Signature <i>Vivian D. Jurcevic</i>	Date May 10th, 2012	

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

Date of Notification (1) May 16th, 2012		Name of Building Owner/Operator (2) Henry Skipper Residence								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 349 Claremont Ave.								
		City, State, Zip Code Jersey City, New Jersey								
		Name of Contact Henry Skipper	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Henry Skipper		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 349 Claremont Ave.		Square Feet 1800	# of Floors 2							
City (5) Jersey City		Bldg. Age 50+								
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential								
Name of Monitoring Firm Hired by Building Owner (8) Enviro Vision Consultants		ASCM No.	Name of Abatement Contractor (9) SLAVCO CONTRUCTION INC.							
Street Address 20-21 Wagaraw Road Bldg.#34A		Street Address 164 GETTY AVE.								
City, State, Zip Code Fair Lawn, New Jersey 07410		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802								
Project Manager for Monitoring Firm Guillermo Morales		Telephone No. 973-636-9145	Telephone No. 973-478-4848							
License No. 00724										
Start Date (10) May 22nd, 2012	Scheduled Completion Date (11) May 25th, 2012	Name of OSHA Monitor SLAVCO CONSTRUCTION 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: 7:00am-3:30pm		Street Address 164 GETTY AVE.								
		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Pile of Building Debris			x	Other Misc.	120cy	x				
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL						
City, State CLIFTON, NEW JERSEY 07011-1802			Disposal Date TBD	City, State MORRISVILLE, PA						
Completed by VIVIAN D. JURCEVIC		Title General Mgr.	Signature <i>Vivian D. Jurcevic</i>				Date May 16th, 2012			

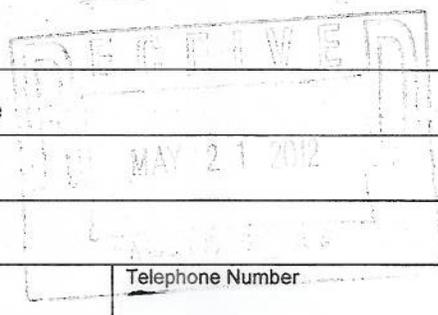


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED 3807
 Cl # 12-044

Date of Notification (1) May 10th, 2012		Name of Building Owner/Operator (2) PARMESHAR RAMNAUTH RESIDENCE								
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 347 CLAREMONT AVE.							
			City, State, Zip Code JERSEY CTIY, NEW JERSEY							
			Name of Contact PARMESHAR RAMNAUTH							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) PARMESHAR RAMNAUTH		Type of Facility (4)								
Street Address 347 Claremont 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) Jersey City,		Square Feet 1800	# of Floors 2							
County (6) Hudson		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+ yrs.							
Name of Monitoring Firm Hired by Building Owner (8) Enviro Vision Consultants		ASCM No. _____	Name of Abatement Contractor (9) SLAVCO CONTRUCTION INC.							
Street Address 20-21 Wagaraw Road Bldg.#34A		Street Address 164 GETTY AVE.								
City, State, Zip Code Fair Lawn, New Jersey 07410		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802								
Project Manager for Monitoring Firm Guillermo Morales		Telephone No. 973-636-9145	Telephone No. 973-478-4848							
Start Date (10) May 21, 2012		Scheduled Completion Date (11) May 25, 2012	License No. 00724							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor SLAVCO CONSTRUCTION INC.								
<input checked="" 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: 7:00am-3:30pm		Street Address 164 GETTY AVE.								
		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802								
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	
Pile of Building Debris			X	Other Misc.	120cy	X				
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL						
City, State CLIFTON, NEW JERSEY 07011-1802			Disposal Date TBD	City, State MORRISVILLE, PA						
Completed by VIVIAN D.JURCEVIC		Title General Mgr.	Signature <i>Vivian D Jurcevic</i>				Date May 10th, 2012			

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



Date of Notification (1) May 16th, 2012		Name of Building Owner/Operator (2) Parmeshar Ramnauth Residence	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 347 Claremont Ave.
			City, State, Zip Code Jersey City, New Jersey
			Name of Contact Parmeshar Ramnauth

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Parmeshar Ramnauth		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 347 Claremont Ave.		Square Feet 1800	# of Floors 2	Bldg. Age 50+
City (5) Jersey City		Current Use (Prior if being demolished) Residential		
County (6) Hudson	County Code (7) (STATE USE ONLY) _____			

Name of Monitoring Firm Hired by Building Owner (8) Enviro Vision Consultants		ASCM No.	Name of Abatement Contractor (9) SLAVCO CONSTRUCTION INC.	
Street Address 20-21 Wagaraw Road Bldg.#34A		Street Address 164 GETTY AVE.		
City, State, Zip Code Fair Lawn, New Jersey 07410		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802		
Project Manager for Monitoring Firm Guillermo Morales		Telephone No. 973-636-9145	Telephone No. 973-478-4848	License No. 00724

Start Date (10) May 22nd, 2012	Scheduled Completion Date (11) May 25th, 2012	Name of OSHA Monitor SLAVCO CONSTRUCTION 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: 7:00am-3:30pm		Street Address 164 GETTY AVE.		
		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Pile of Building Debris			x	Other Misc.	120cy	x			

Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL	
City, State CLIFTON, NEW JERSEY 07011-1802			Disposal Date TBD	City, State MORRISVILLE, PA	
Completed by VIVIAN D.JURCEVIC		Title General Mgr.	Signature <i>Vivian D. Jurcevic</i>	Date May 16th, 2012	

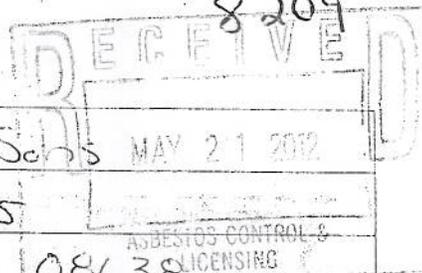
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

141

Date of Notification (1) May 18, 2012		Name of Building Owner/Operator (2) Bridgewater Site		RECEIVED					
Agencies Notified		Street Address							
Type Notification		City, State, Zip Code							
Name of Contact		Telephone Number							
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	10 Finderne Avenue							
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended	Bridgewater, NJ 08807							
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Fred Giovannucci							
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)								
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation								
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building 9			Type of Facility (4)						
Street Address 10 Finderne 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) Bridgewater, NJ 08807			Square Feet	# of Floors	Bldg. Age				
County (6) SOMERSET		County Code (7) <i>(STATE USE ONLY)</i> _____		Current Use (Prior if being demolished) business					
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC						
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	Telephone No. (973) 759 - 5000	License No. 00781					
Start Date (10) 6/4/12	Scheduled Completion Date (11) 12/31/12		Name of OSHA Monitor The MACK Group, LLC.						
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: _____			1500 Kings HWY N, STE 209						
			City, State, Zip Code Cherry Hill, NJ 08034						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
see attached		<input checked="" type="checkbox"/>		see attached	see attached	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland County Landfill					
City, State Newark, NJ		Disposal Date 12/31/12		City, State Newburg, PA					
Completed by Mike Cooper		Title President	Signature 		Date 5/18/12				

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

Check # 8209

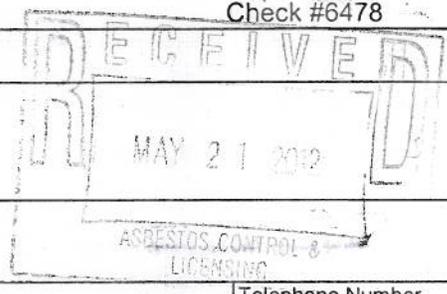


Date of Notification (1) 5-18-12		Name of Building Owner/Operator (2) J. Vinch + Sons							
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box 5465							
		City, State, Zip Code Trenton NJ 08638							
		Name of Contact Gary Vinch	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 129 Glendale Drive		Square Feet	# of Floors 2						
City (5) Ewing Twp NJ		Bldg. Age 55+							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Single Family Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies	ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies, Inc							
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker	Telephone No. 609-758-3365	Telephone No. 609-758-3365	License No. 00-394						
Start Date (10) 5-30-12	Scheduled Completion Date (11) 5-31-12	Name of OSHA Monitor EPC Technologies, 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 P.O. Box 337							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code New Egypt NJ 08533							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Walls			X	Siding Shingles	1900 SF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 10	Name of Registered Landfill Waste Management					
City, State NE NJ		Disposal Date 5-31-12	City, State Moaristown PA						
Completed by Steve Schenker	Title President	Signature Steve Schenker	Date 5-18-12						

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

Check #6478

Date of Notification (1) May 18, 2012		Name of Building Owner / Operator (2) Westminster Heights Urban Renewal, LLC	
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"/> Cancellation	Street Address 1970 Brunswick Avenue, Suite 100	
		City, State & Zip Code Lawrenceville, NJ 08648	
		Name of Contact Bob Kahan (Community Investment Builders)	Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Westminster Heights Urban Renewal		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 400 Irvington Avenue		Square Feet 55,000	# of Floors 5 + Basement
City (5) Elizabeth		Bldg. Age 50	
County (6) Union		Current Use (Prior if being demolished) Housing	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.
Street Address 1415 Wyckoff Road		Street Address 829 Radio Road	
City, State & Zip Code Farmingdale, NJ 07727		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Brian Nemitz		Telephone Number 732-751-8079	Telephone Number 609-296-6916
Scheduled Start Date (10) May 29, 2012		Scheduled Completion Date (11) July 13, 2012	License Number 00817
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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor Synatech, Inc.	
		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance 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
Apartment Units			X	Floor Tile	5,400 SF	X			
Roof			X	Roof Felt Layers	15,000 SF	X			
Roof			X	Coping Stone Caulk	500 LF	X			

Name of Registered Waste Hauler Newark Carting, Inc.	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 150	Name of Registered Landfill Grows Landfill
City, State Newark, NJ 07105		Disposal Date July 16, 2012	City, State Morrisville, PA
Completed By Diane Aloia	Title Executive Administrator	Signature 	Date May 18, 2012

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