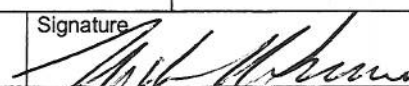
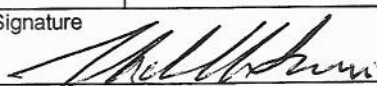


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

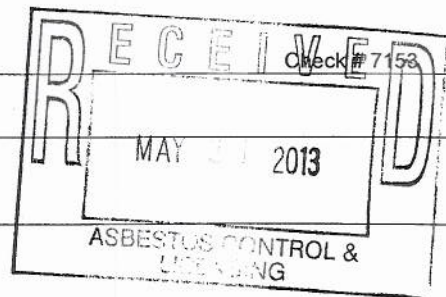
Date of Notification (1) <b>05 / 17 / 13</b>		Name of Building Owner/Operator (2) <b>Borough of Wanaque</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>579 Ringwood Ave</b> City, State, Zip Code <b>Wanaque, NJ 07465</b> Name of Contact <b>Mike Reef</b> Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>565 Ringwood Avenue - House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>565 Ringwood Avenue</b>		Square Feet <b>2</b> # of Floors <b>100</b> Bldg. Age <b>100</b>							
City (5) <b>Wanaque</b>		County Code (7) (STATE USE ONLY) <b>Passaic</b>							
County (6) <b>Passaic</b>		Current Use (Prior if being demolished) <b>Vacant</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services Inc</b>		ASCM No. <b>00117</b>	Name of Abatement Contractor (9) <b>Superior Abatement Inc</b>						
Street Address <b>318 12th Street</b>		Street Address <b>2 Henderson Drive</b>							
City, State, Zip Code <b>Hammonton NJ 08037</b>		City, State, Zip Code <b>West Caldwell, NJ 07006</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>(609) 704-8850</b>	License No. <b>00411</b>						
Start Date (10) <b>05 / 28 / 13</b>	Scheduled Completion Date (11) <b>05 / 31 / 13</b>	Name of OSHA Monitor <b>Superior Abatement Inc</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>2 Henderson Drive</b> City, State, Zip Code <b>West Caldwell, NJ 07006</b>							
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
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	470 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Covering, Fittings & Debris	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Laundry Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vinyl Flooring	210 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flue Pipe Cement	3 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport Group, Inc</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>New Castle, DE</b>		Disposal Date <b>5/31/13</b>		City, State <b>Waynesburgh, OH</b>					
Completed By (Print or Type) <b>Nick Petrovski</b>		Title <b>President</b>		Signature 			Date <b>5-17-13</b>		

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

Date of Notification (1) <b>05 / 16 / 13</b>		Name of Building Owner/Operator (2) <b>Borough of Wanaque</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>579 Ringwood Ave</b>							
		City, State, Zip Code <b>Wanaque, NJ 07465</b>							
		Name of Contact <b>Mike Reef</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>569 Ringwood Avenue - House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>569 Ringwood Avenue</b>									
City (5) <b>Wanaque</b>		Square Feet	# of Floors <b>2</b>						
		Bldg. Age <b>100</b>							
County (6) <b>Passaic</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>Health &amp; Safety Services Inc</b>		ASCM No. <b>00117</b>	Name of Abatement Contractor (9) <b>Superior Abatement Inc</b>						
Street Address <b>318 12th Street</b>		Street Address <b>2 Henderson Drive</b>							
City, State, Zip Code <b>Hammonton, NJ 08037</b>		City, State, Zip Code <b>West Caldwell, NJ 07006</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>(609) 704-8850</b>	Telephone No. <b>(973) 808-1616</b>						
		License No. <b>00411</b>							
Start Date (10) <b>05 / 28 / 13</b>	Scheduled Completion Date (11) <b>05 / 31 / 13</b>		Name of OSHA Monitor <b>Superior Abatement Inc</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>2 Henderson Drive</b>							
		City, State, Zip Code <b>West Caldwell, NJ 07006</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) <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>Kitchen</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor Tile</b>	<b>144 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"/>
Name of Registered Waste Hauler <b>Service Transport Group, Inc</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>		Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>Minerva Landfill</b>				
City, State <b>New Castle, DE</b>		Disposal Date <b>5/31/13</b>		City, State <b>Waynesburgh, OH</b>					
Completed By (Print or Type) <b>Nick Petrovski</b>		Title <b>President</b>		Signature 			Date <b>5-17-13</b>		



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



Date of Notification (1) <b>5/17/13</b>		Name of Building Owner/Operator (2) <b>Kean University</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address <b>1000 Morris Ave.</b>	
		City, State, Zip Code <b>Union, NJ 07083</b>	
		Name of Contact <b>Suzanne Kupiec</b>	Telephone Number <b>732-5400</b>

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Kean University – Vaughn-Eames Bldg.</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address <b>1000 Morris Ave.</b>			Square Feet <b>30000</b>	# of Floors <b>4</b>	Bldg. Age <b>~ 60</b>
City (5) <b>Union</b>	County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Office/lab/classroom</b>		
Name of Monitoring Firm Hired by Building Owner <b>TTI Environmental</b>		ASCM No. <b>0003</b>	Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc.</b>		
Street Address <b>9 East Stow Road</b>			Street Address <b>3 Lynn Court</b>		
City, State, Zip Code <b>Marlton, NJ 08053</b>			City, State, Zip Code <b>Lincoln Park, NJ 07035</b>		
Project Manager for Monitoring Firm <b>Jim Gerardi</b>		Telephone Number <b>856-985-8800</b>	Telephone Number <b>973-709-0200</b>		License Number <b>00852</b>
Scheduled Start Date (10) <b>5/29/13</b>	Sched. Completion Date (11) <b>12/31/13</b>		Name of OSHA Monitor <b>J &amp; S Environmental Laboratories, LLC</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacated</u>			Street Address <b>2333 Route 22 West</b>		
			City, State, Zip Code <b>Union, NJ 07083</b>		

## Scope of Work (Check all that apply)

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

☐ Renovation

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

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	R	E	E	N
Mechanical room		x		TSI	10 LF	X				
Various		x		TSI	150 LF		x			
Various		x		VAT	2500 SF	X				

Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>		NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>1</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>Lincoln Park, NJ</b>		Disposal Date <b>5/31/13</b>	City, State <b>Waynesburg, OH</b>		
Completed By (Print or Type) <b>Pane Repic</b>		Title <b>General Manager</b>	Signature 		Date <b>5/17/13</b>

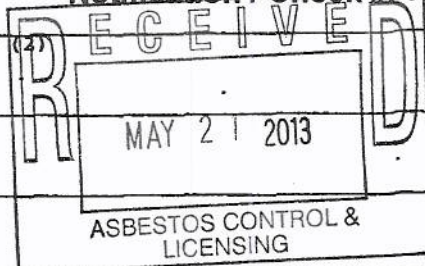
ASB-411

**Note:** Phased project. First phase is scheduled for start 5/29/13 and anticipated completion on 5/31/13. 10LF of TSI is scheduled for removal from mechanical room. Amended notifications will be sent for other phases.



NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)Initial Emergency Friable  
Notification / Check #: 5401

Date of Notification (1) 05/16/13		Name of Building Owner/Operator (2) Newark Public Schools	
Agencies Notified		Street Address 2 Cedar Street	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		City, State, Zip Code Newark, NJ 07102	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Douglas Bland, Bus. Admin.	
		Telephone Number	



## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Technology High School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 187-223 Broadway			Square Feet 60,000		
City (5) Newark, NJ 07104			# of Floors 3		
County (6) Essex			Bldg. Age 50		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Preschool		
Name of Monitoring Firm Hired by Building Owner (8) Whitman Companies			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
ASCM No. 00110			Street Address 180 Sargeant Avenue		
Street Address 116 Tices Lane, Unit B-1			City, State, Zip Code Clifton, NJ 07013-1935		
City, State, Zip Code East Brunswick, NJ 08816			Telephone Number 973-614-0377		
Project Manager for Monitoring Firm Kevin Lovely			License Number 00807		
Telephone Number 732-390-5858			Name of OSHA Monitor Four Strong Builders, Inc.		
Scheduled Start Date (10) 05/17/13			Street Address 180 Sargeant Avenue		
Sched. Completion Date (11) 05/17/13			City, State, Zip Code Clifton, NJ 07013		
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: <input type="checkbox"/> Other - Describe:					

## Scope of Work (Check all that apply)

☐ Demolition  
☒ >3 sf or >3 lf  
☐ >160 sf or >260 lf
☒ Renovation
☐ Full Containment with Negative Pressure  
☒ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) 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 T O S U R E	E
3rd Floor Corridor	X	Wall Board	14 SF	X				

Name of Registered Waste Hauler Four Strong Builders, Inc.		NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.	
City, State Clifton, NJ		Disposal Date		City, State Tullytown, PA	
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator		Signature 	
				Date 5/16/13	



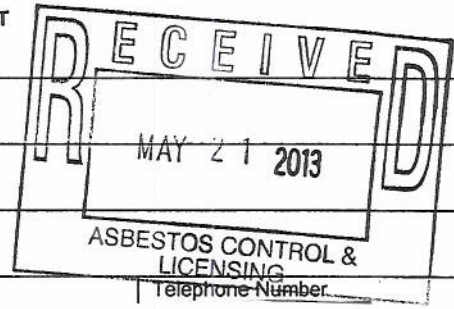
CR 4450

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

Date of Notification (1) <b>5-17-13</b>		Name of Building Owner/Operator (2) <b>E. KING</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED  MAY 21 2013  LICENSING </div>				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>742 AUDREY DRIVE</b>						
		City, State, Zip Code <b>RAHWAY NJ 07065</b>						
		Name of Contact <b>E KING</b>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>E. KING</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address <b>742 AUDREY DRIVE</b>				Square Feet <b>1800</b>	# of Floors <b>2</b>			
City (5) <b>RAHWAY</b>				Bldg. Age <b>75 YRS</b>				
County (6) <b>UNION</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.		Name of Abatement Contractor (9) <b>Best Removal Inc</b>				
Street Address				Street Address <b>450 S. River St</b>				
City, State, Zip Code				City, State, Zip Code <b>Hackensack, N.J. 07601</b>				
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>			
Start Date (10) <b>5-31-13</b>	Scheduled Completion Date (11) <b>6-1-13</b>		Name of OSHA Monitor <b>Omega Environmental Inc</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8 AM 5 PM</b>			Street Address <b>280 Huyler St</b>					
			City, State, Zip Code <b>South Hackensack, N.J. 07606</b>					
Scope of Work (Check all that apply)								
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 250$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Finable 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, VAV, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>1ST FLOOR</b>			<b>X</b>	<b>THERMAL INSULATION</b>	<b>30 LF</b>	<b>X</b>		
<b>BASEMENT</b>			<b>X</b>	<b>THERMAL INSULATION</b>	<b>90 LF</b>	<b>X</b>		
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>		Cubic Yards of Waste <b>1 yd</b>	Name of Registered Landfill <b>Minerva Enterprises</b>			
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>6-1-13</b>		City, State <b>Waynesburg, Oh</b>				
Completed by <b>R. VELDRAN</b>		Title <b>Estimator</b>		Signature <b>R. Veldran</b>		Date <b>5-17-13</b>		



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



Date of Notification (1) 5/16/13		Name of Building Owner/Operator (2) All Risk							
Agencies Notified	Type Notification	Street Address 501 Kennedy Blvd							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Somerdale NJ 08083							
		Name of Contact Lou							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Hoboken Housing Authority (Apt 1C)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 501 Marshall Drive		Square Feet 1000 +	# of Floors 1+						
City (5) Hoboken NJ 07030		Bldg. Age 35+							
County (6) Hudson	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) 5/17/13	Scheduled Completion Date (11) 5/20/13	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: Apt is Vacated		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) 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
Apartment 1C			x	Mastic	500 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 5/20/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 5/16/13			



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

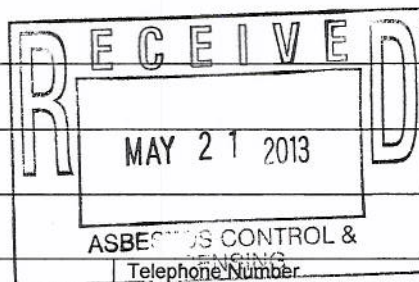


Date of Notification (1) <b>5/17/13</b>		Name of Building Owner/Operator (2) <b>Mr. Juan Cata</b>							
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>336 GRIER AVE</b> City, State, Zip Code <b>ELIZABETH, N.J.</b> Name of Contact <b>Mr. Juan Cata</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>336 GRIER AVE</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>ELIZABETH N.J.</b>		Square Feet <b>3,000</b>	# of Floors <b>2</b>						
City (5)		Bldg. Age <b>80</b>							
County (6) <b>UNPOW</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENT</b>							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <b>NOVATECH INC</b>							
Street Address		Street Address <b>P.O. Box 814</b>							
City, State, Zip Code		City, State, Zip Code <b>OLD BRIDGE N.J. 08857</b>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>732 238x1500</b>	License No. <b>00806</b>						
Start Date (10) <b>5/27/13</b>	Scheduled Completion Date (11) <b>6/27/13</b>	Name of OSHA Monitor <b>NOVATECH INC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>P.O. Box 814</b>							
		City, State, Zip Code <b>OLD BRIDGE N.J. 08857</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 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
<b>BASEMENT</b>			<b>X</b>	<b>PIPE INSULATION</b>	<b>4100 L/F</b>	<b>X</b>			
Name of Registered Waste Hauler <b>NOVATECH INC</b>		NJDEP Waste Hauler ID No. <b>18501</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>					
City, State <b>OLD BRIDGE N.J. 08857</b>		Disposal Date <b>6/28/13</b>	City, State <b>PORTSVILLE PA.</b>	Signature <i>[Signature]</i>		Date <b>5/17/13</b>			
Completed by <b>CARLOS AMEIDA</b>		Title <b>PRESIDENT</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) 5/17/2013		Check#2420		Name of Building Owner/Operator (2) Mrs. Eleanor Sadlowski					
Agencies Notified <input type="checkbox"/> EPA <input 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 225 Laurel Avenue City, State, Zip Code Kearny, NJ 07032 Name of Contact _____ Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mrs. Eleanor Sadlowski				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 225 Laurel Avenue				Square Feet 2,000					
City (5) Kearny, NJ 07032				# of Floors 2					
County (6) HUDSON				Bldg. Age 60+					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No. _____		Name of Abatement Contractor (9) EA Services Corporation				
Street Address			Street Address 426 69th Street						
City, State, Zip Code			City, State, Zip Code Guttenberg, NJ 07093						
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 201-295-1700					
License No. 01074									
Start Date (10) 6/1/2013		Scheduled Completion Date (11) 6/13/2013		Name of OSHA Monitor same as above					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 8:00 am				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input checked="" type="checkbox"/> Glovebag Procedure					
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Insulation	120 LF	x			
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste tbd		Name of Registered Landfill Waste Management			
City, State PO Box 5010		Disposal Date tbd		City, State Tullytown Landfill					
Completed by Gina Salvador		Title Office Manager		Signature <i>Gina Salvador</i>		Date 5/17/2013			



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

Date of Notification (1) <div style="text-align: center;">May 16, 2013</div>		Name of Building Owner/Operator (2) Mattia Building Contracting	
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 1702 A Grand Central Avenue City, State, Zip Code Lavallette, NJ 08735	
		Name of Contact Sal Mattia	Telephone Number ASBESTOS OPERATOR LICEN

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [ ] School (k-12) [ ] Subchapter 8 (other than k-12) [ x ] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 104 Albacore Drive			Square feet 900sf		
City Ortley Beach	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 5/16/13		Scheduled Completion Date (11) 5/17/13		Name of OSHA Monitor E.M.S.L. Analytical	
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 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
[ ] >3 sf or ≥3 lf		[ ] Renovation		[ ] Full Containment with Negative Pressure	
[ x ] ≥160 sf or ≥260 lf		[ x ] Demolition		[ ] Mini-Enclosure	
				[ ] Glovebag Procedure	
				[ x ] Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) 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	800 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 5/20/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 5/16/2013

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



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

Date of Notification (1) <b>5-15-13</b>		Name of Building Owner/Operator (2) <b>P. PINA</b>											
Agency Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>189 WEST FOREST AVENUE</b>											
		City, State, Zip Code <b>TEANECK, NJ 07666</b>											
		Name of Contact <b>P. PINA</b>											
		Telephone Number											
<b>FACILITY INFORMATION</b>													
Name of Facility Where Abatement is Taking Place (3) <b>P. PINA</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)											
Street Address <b>189 WEST FOREST AVENUE</b>		Square Feet <b>2000</b>	# of Floors <b>2</b>										
City (5) <b>TEANECK</b>		Bldg. Age <b>66 YRS</b>											
County (6) <b>BERGEN</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>										
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>										
Street Address		Street Address <b>450 S. River St</b>											
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>											
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>										
Start Date (10) <b>5-28-13</b>	Scheduled Completion Date (11) <b>5-29-13</b>	Name of OSHA Monitor <b>Omega Environmental Inc</b>											
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8AM 5PM</b>		Street Address <b>280 Huyler St</b>											
		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>											
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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-Frangible Procedure													
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  <b>Basement</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="width: 100%; text-align: center;"> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> <tr> <td></td> <td></td> <td><b>X</b></td> </tr> </table>		Yes	No	N/A			<b>X</b>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  <b>Thermal Insulation</b>	Amount (Specify SF or LF)  <b>23 LF</b>	Abatement Type		
	Yes	No	N/A										
		<b>X</b>											
<table border="1" style="width: 100%; text-align: center;"> <tr> <th>Removal</th> <th>Repair</th> <th>Encapsulate</th> <th>Enclosure</th> </tr> <tr> <td><b>X</b></td> <td></td> <td></td> <td></td> </tr> </table>			Removal	Repair	Encapsulate	Enclosure	<b>X</b>						
Removal	Repair	Encapsulate	Enclosure										
<b>X</b>													
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>5-29-13</b>	Name of Registered Landfill <b>Minerva Enterprises</b>									
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>1/2 10</b>	City, State <b>Waynesburg, Oh</b>										
Completed by <b>R. VELDRAN</b>		Title <b>Estimator</b>	Signature <b>R. Veldran</b>		Date <b>5-15-13</b>								



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

CK 4447

Date of Notification (1) <b>5-16-13</b>		Name of Building Owner/Operator (2) <b>C BIANCO</b>							
Agency Notified  <input type="checkbox"/> EPA <input 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 <b>33 ORCHARD ST</b>							
		City, State, Zip Code <b>ELMWOOD PARK, NJ 07407</b>							
		Name of Contact <b>C. BIANCO</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>C BIANCO</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>33 ORCHARD ST</b>		Square Feet <b>1900</b>	# of Floors <b>2</b>						
City (6) <b>ELMWOOD PARK</b>		Bldg. Age <b>60 yrs</b>							
County (5) <b>BERGEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address <b>450 S. River St</b>							
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>							
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>						
Start Date (10) <b>5-29-13</b>	Scheduled Completion Date (11) <b>5-30-13</b>	Name of OSHA Monitor <b>Omega Environmental Inc</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8AM - 5PM</b>		Street Address <b>280 Huyler St</b>							
		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> $\geq 3$ of or $\geq 3$ IF <input type="checkbox"/> $\geq 160$ of or $\geq 250$ IF									
<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-Frangible Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>BASEMENT</b>			<b>X</b>	<b>THERMAL INSULATION</b>	<b>40 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>1/2 YD</b>	Name of Registered Landfill <b>Minerva Enterprises</b>					
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>5-30-13</b>		City, State <b>Waynesburg, Oh</b>					
Completed by <b>R. VELDRAU</b>		Title <b>Estimator</b>		Signature <b>R. Veldrau</b>		Date <b>5-16-13</b>			



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

Date of Notification (1) <b>5-16-13</b>		Name of Building Owner/Operator (2) <b>T. MORROW</b>							
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> SOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>15-01 GEORGE STREET</b> City, State, Zip Code <b>FAIRLAWN, NJ. 07410</b> Name of Contact <b>T. MORROW/DONNIE</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>T. MORROW</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>15-01 GEORGE STREET</b>		Square Feet <b>1700</b>	# of Floors <b>2</b>						
City (5) <b>FAIRLAWN</b>		Bldg. Age <b>65 YRS</b>							
County (6) <b>BERGEN</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>						
Street Address		Street Address <b>450 S. River St</b>							
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>							
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>						
Start Date (10) <b>6-3-13</b>	Scheduled Completion Date (11) <b>6-4-13</b>	Name of OSHA Monitor <b>Omega Environmental Inc</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8AM/5PM</b>		Street Address <b>280 Huyler St</b> City, State, Zip Code <b>South Hackensack, N.J. 07606</b>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 23 of or 23 IF <input checked="" type="checkbox"/> 2 160 of or 2 260 IF <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
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	NA			Removal	Repair	Encapsulate	Enclosure
<b>BASEMENT</b>				<b>THERMAL INSULATION</b>	<b>100 LF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Best Removal Inc</b>		N.J.EP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>3/4 yd</b>	Name of Registered Landfill <b>Minerva Enterprises</b>					
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>6-4-13</b>		City, State <b>Waynesburg, Oh</b>					
Completed by <b>R. VELDRAU</b>		Title <b>Estimator</b>		Signature <b>R. Veldrau</b>			Date <b>5-16-13</b>		



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ASB-41

\* Do not use this form for asbestos clearance exemption activities.



APPROVED: PAUL HORNER, NJDOH

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

CR # 2435

Date of Notification (1) <b>5/15/13</b>		Name of Building Owner / Operator (2) <b>State of NJ Department of Corrections</b>	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	<b>PO Box 11401</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency	<b>Yardville, NJ 08620</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input type="checkbox"/> DCA		<b>Joseph E. May</b>	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Garden State Correctional</b>		Type of Facility (4)	
Street Address <b>Highbridge Rd. (off RT 130)</b>		<input type="checkbox"/> School (K-12)	
City (5) <b>Yardville, NJ</b>		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
County (6) <b>Mercer</b>	County Code (7)	<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
		Square Feet <b>100000</b>	# of Floors <b>1</b>
		Bldg. Age <b>30+</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		Current Use (Prior if being demolished) <b>Correctional</b>	
Street Address <b>120 N. Warren St</b>		Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>	
City, State & Zip Code <b>Trenton, NJ 08608</b>		Street Address <b>1123 Beaver Street</b>	
Project Manager for Monitoring Firm <b>Jim Frisbee</b>		City, State & Zip Code <b>Bristol, PA 19007</b>	
Telephone Number <b>609-392-4200</b>		Telephone Number <b>(215)788-6040</b>	License Number <b>00509</b>
Scheduled Start Date (10) <b>5/15/13</b>	Scheduled Completion Date (11) <b>5/16/13</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		City, State & Zip Code <b>Bristol, PA 19007</b>	
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm			
Describe: <b>4:00 PM to 1:30 AM</b>			
<input type="checkbox"/> Facility Occupied During Abatement			

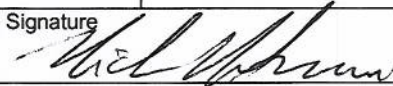
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
<b>Electrical Education Classroom</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe fittings</b>	<b>9 ea</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Bristol Environmental, Inc.</b>	NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>1/4 Cu yd</b>	Name of Registered Landfill <b>GROWS Landfill</b>
City, State <b>Bristol, PA</b>	Disposal Date <b>5/16/13</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 / jk</i>	Date <b>5/15/13</b>



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

Date of Notification (1) <b>05 / 15 / 13</b>		Name of Building Owner/Operator (2) <b>Sussex County Community College</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>One College Hill Road</b>							
		City, State, Zip Code <b>Newton, NJ 07860</b>							
		Name of Contact <b>Ken Evans</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Sussex County Community College - Building B</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>One College Hill Road</b>									
City (5) <b>Newton</b>	Square Feet <b>40,000</b>	# of Floors <b>4</b>	Bldg. Age <b>43</b>						
County (6) <b>Sussex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>College</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Health Investigations</b>		ASCM No. <b>00104</b>	Name of Abatement Contractor (9) <b>Superior Abatement Inc</b>						
Street Address <b>655 West Shore Trail</b>		Street Address <b>2 Henderson Drive</b>							
City, State, Zip Code <b>Sparta, NJ 07114</b>		City, State, Zip Code <b>West Caldwell, NJ 07006</b>							
Project Manager for Monitoring Firm <b>Laura Wiecezszak</b>	Telephone No. <b>(973) 729-5649</b>	Telephone No. <b>(973) 808-1616</b>	License No. <b>00411</b>						
Start Date (10) <b>05 / 28 / 13</b>	Scheduled Completion Date (11) <b>06 / 11 / 13</b>	Name of OSHA Monitor <b>Superior Abatement 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 Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>2 Henderson Drive</b>							
		City, State, Zip Code <b>West Caldwell, NJ 07006</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
<b>Boiler Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Boiler Packing, Boiler Insulation</b>	<b>30 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Boiler Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Fire Brick</b>	<b>100 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Boiler Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Caulking &amp; Rope Gasket</b>	<b>160 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
Name of Registered Waste Hauler <b>Service Transport Group, Inc</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>New Castle, DE</b>		Disposal Date <b>6/04/13</b>		City, State <b>Waynesburgh, OH</b>					
Completed By (Print or Type) <b>Nick Petrovski</b>		Title <b>President</b>		Signature 			Date <b>5-15-13</b>		



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

Check # 7710

Date of Notification (1) Amended May 16, 2013 April 24, 2013		Name of Building Owner / Operator (2) Bank of America	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Cancellation	560 Valley Road	
		City, State & Zip Code Upper Montclair, NJ 07043	
		Name of Contact Dino Nappi	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Bank of America		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 560 Valley Road		Square Feet 6,500	# of Floors 2
City (5) Upper Montclair		Bldg. Age 50	
County (6) Essex		Current Use (Prior if being demolished) Bank	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC		Name of Abatement Contractor (9) Synatech, Inc.	
Street Address One Mall Drive, Suite 404		Street Address 829 Radio Road	
City, State & Zip Code Cherry Hill, NJ 08002		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Howard Zenobi		Telephone Number 856-482-1311	License Number 00817
Scheduled Start Date (10) May 18, 2013	Scheduled Completion Date (11) May 31, 2013	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		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 checked="" type="checkbox"/> Renovation (Re-Roof) | <input type="checkbox"/> Full Containment with Negative Pressure              |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition                      | <input type="checkbox"/> Mini-Enclosure                                       |
|  |  | <input type="checkbox"/> 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 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
Rooftop Perimeter			X	Rooftop Flashing	600 LF	X			
Roof Parapet			X	Roof Expansion Joint Caulk	80 LF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 6	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087		Disposal Date June 3, 2013	City, State Morrisville, PA
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date May 16, 2013 April 24, 2013

\*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) 05/16/13 Ck#2637 \$200		Name of Building Owner/Operator (2) Larry Ross							
Agencies Notified	Type Notification	Street Address 53 Fairview Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Madison, New Jersey 07940							
		Name of Contact Larry Ross							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address 53 Fairview 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) Madison, New Jersey 07940		Square Feet 2,500	# of Floors 2						
		Bldg. Age 55+							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address		Street Address 606 McBride Avenue							
City, State, Zip Code		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-225-8400						
		License No. 01104							
Start Date (10) 05/31/13	Scheduled Completion Date (11) 06/01/13	Name of OSHA Monitor J&S Environmental Labs LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:30 AM Start		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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		Duct Air Insulation	8 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1/4	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, NJ 07424		Disposal Date 06/03/13		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>		Date 05/16/13			



CK  
# 8604

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

Date of Notification (1) <b>5-18-13</b>		Name of Building Owner/Operator (2) <b>Raymond Kim</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>239 Canterbury Lane</b>							
		City, State, Zip Code <b>Westfield NJ 07090</b>							
		Name of Contact <b>Raymond Kim</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Single Family Dwelling</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>239 Canterbury Lane</b>		Square Feet	# of Floors <b>2</b>						
City (5) <b>Westfield NJ 07090</b>		Bldg. Age <b>75+</b>							
County (6) <b>Union</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Single Family Dwelling</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>						
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>							
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>						
Start Date (10) <b>5-30-13</b>		Scheduled Completion Date (11) <b>5-31-13</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>EPC Technologies Inc</b>							
		Street Address <b>P.O. Box 337</b>							
		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 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) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input checked="" type="checkbox"/>			<b>Floor Tile</b>	<b>800 SF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>Waste Management of PA</b>					
City, State <b>New Egypt NJ</b>		Disposal Date <b>5-31-13</b>		City, State <b>Morrisville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>			Date <b>5-18-13</b>			



Emergency

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

Check

# 8597 2013 MAY 21

Date of Notification (1) <b>5-13-13</b>		Name of Building Owner/Operator (2) <b>Scott Simmons</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>307 Trenton</b> City, State, Zip Code <b>Point Pleasant Beach, NJ 08742</b> Name of Contact <b>Southview Homes</b>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Single Family Dwelling</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>307 Trenton AVE</b>		Square Feet	# of Floors <b>1</b>						
City (5) <b>Point Pleasant Beach, NJ 08742</b>		Bldg. Age <b>60 +</b>							
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Single Family Dwelling</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>						
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>							
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>						
Start Date (10) <b>5-14-13</b>	Scheduled Completion Date (11) <b>5-14-13</b>		Name of OSHA Monitor <b>EPC Technologies Inc</b>						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>P.O. Box 337</b> City, State, Zip Code <b>New Egypt NJ 08533</b>							
Scope of Work (Check All That Apply) <input type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 2180 sf or 2280 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
extension Walls			X	Siding Shingles	1100 SF	X			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>6</b>	Name of Registered Landfill <b>Waste Management of PA</b>					
City, State <b>New Egypt NJ</b>		Disposal Date <b>5-15-13</b>	City, State <b>Morrisville PA</b>						
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>		Date <b>5-13-13</b>				



499 Emergency  
8

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

Date of Notification (1) <b>5-15-13</b>		Name of Building Owner/Operator (2) <b>R. Reese Construction LLC</b>		DOL 10 DAY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DCH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation		Street Address <b>10 River Road</b> City, State, Zip Code <b>Montville NJ 08055</b>	
Name of Facility Where Abatement is Taking Place (3) <b>Vacant Lot</b>		Name of Abatement Contractor (9) <b>EPC Technologies Inc</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>2701 Route 130 South</b>		ASCM No. <b>N/A</b>		Square Feet <b>1</b>	
City (5) <b>Cinnaminson NJ</b>		County Code (7) <b>Camden</b>		# of Floors <b>1</b>	
County (6) <b>Camden</b>		Current Use (Prior if being demolished) <b>Car Dealership</b>		Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>		License No. <b>00394</b>	
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>	
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>		Telephone No. <b>609 758-3365</b>	
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>		License No. <b>00394</b>	
Start Date (10) <b>5-20-13</b>		Scheduled Completion Date (11) <b>5-23-13</b>		Name of OSHA Monitor <b>EPC Technologies Inc</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe		Street Address <b>P.O. Box 337</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>	
Scope of Work (Check All That Apply) <input type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 2160 sf or 2260 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)	
On the Ground		X		Roofing Material	
Name of Registered Waste Hauler <b>American Disposal</b>		NJDEP Waste Hauler ID No.		Cubic Yards of Waste <b>90</b>	
City, State <b>Lumberton NJ</b>		Disposal Date <b>5/20-5/23/13</b>		Name of Registered Landfill	
Completed by <b>Steve Schenker</b>		Title <b>President</b>		Signature <b>Steve Schenker</b>	
				Date <b>5-15-13</b>	



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

MO#20613926970

Date of Notification (1) 05 / 17 / 13		Name of Building Owner/Operator (2) James Foran		<div style="border: 1px solid black; padding: 5px; text-align: center;"> APPROVED  NJ Dept. of Health &amp; Senior Services  _____  (signature)  Date: 5/17/13 Time: 9:41 </div>					
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 30 Mountain Road City, State, Zip Code Verona, NJ 07044 Name of Contact James Foran			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address 30 Mountain Road City (5) Verona, NJ 07044 County (6) Essex				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet _____ # of Floors _____ Bldg. Age _____ County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) _____					
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. _____ Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470		Telephone No. _____ License No. _____ 973-638-1777 01127					
Start Date (10) 05 / 20 / 13		Scheduled Completion Date (11) 05 / 21 / 13		Name of OSHA Monitor Envirovision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg. # 35 E City, State, Zip Code Fair Lawn, NJ 07410					
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									
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 If <input type="checkbox"/> > 160 sf or >260 If				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination <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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Utility room-basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility room-basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler insulation	36 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"/>
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA				
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>Nate Jevtic</i>		Date 05/17/2013			

ASB-41

MAY 11

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



OK 8/64

May 17 2013 08:19am

P001/001

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

CHECK # 8164  
Date: 5/17/13  
Signature: [Signature]  
Time: 7:00  
Dept. of Health & Senior Services

Date of Notification (1) <b>5/16/13</b>		Name of Building Owner/Operator (2) <b>JERSEY CENTRAL MANAGEMENT</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	
Street Address <b>911 E. COUNTY ROAD</b>		City, State, Zip Code <b>LAKEWOOD N.J 07081</b>	
Name of Contact <b>SCHOOL ROCH WATSON</b>		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>CURTIS WEIGHT</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>1 PASSAIC ST</b>		Square Feet <b>160,000</b>	
City (5) <b>WOOD LIDGE</b>		# of Floors <b>1</b>	
County (6) <b>BELLEVILLE</b>		Bldg. Age <b>60</b>	
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) <b>COMMERCIAL</b>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) <b>A. MAC Contracting Inc</b>	
City, State, Zip Code		Street Address <b>105 Lowell Road</b>	
Project Manager for Monitoring Firm		City, State, Zip Code <b>Glen Rock, NJ 07452</b>	
Telephone No.		Telephone No. <b>201-262-5841</b>	
Start Date (10) <b>5/17/13</b>		License No. <b>00166</b>	
Scheduled Completion Date (11) <b>8/17/13</b>		Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>280 Huyer Street</b>	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 2160 sf or 2260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code <b>Hackensack, NJ 07605</b>	
Location of Asbestos-Containing Material TO BE ABATED In Facility (13)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Used Solely by Maintenance/Janitorial Staff? (14) Yes No N/A		Amount (Specify SF or LF)	
Warehouse		PIPE INSULATION	
Warehouse		PIPE INSULATION	
Name of Registered Waste Hauler <b>Rovic Transport</b>		NJDEP Waste Hauler ID No. <b>20785</b>	
City, State, Zip Code <b>Riverdale, NJ 07457</b>		Cubic Yards of Waste <b>5</b>	
Completed by <b>Joseph Vocaturo</b>		Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>	
Title <b>Operations</b>		City, State, Zip Code <b>Bethlehem, PA 18015</b>	
Signature <b>J. Vocaturo</b>		Date <b>5/17/13</b>	

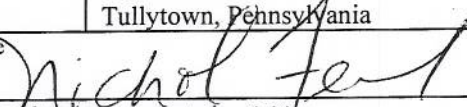


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <div style="text-align: center;">5/17/2013</div>		Name of Building Owner/Operator (2) Sakoutis Brothers Disposal	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	P O Box 84	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Colts Neck, NJ 07722	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	John Sakoutis	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 489 Ellison Drive			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K12)		
City Brick.			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
			Square feet 2000 sf		
County (6) Ocean		County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		
Street Address			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number		Telephone Number 732-349-9932		License Number 00624	
Scheduled Start Date (10) 5/20/13		Scheduled Completion Date (11) 5/21/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)  YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	2000 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 5/22/13		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 5/17/2013		

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



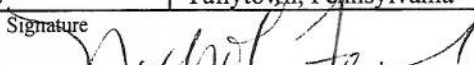
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>May 17, 2013</b>		Name of Building Owner/Operator (2) <b>Michael Vidal</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>4 Pheasant Way</b>	
		City, State, Zip Code <b>Manalapan, NJ 07726</b>	
		Name of Contact <b>Michael Vidal</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>15 Bay Point Drive</b>			Square feet <b>1500 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>60</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>
Scheduled Start Date (10) <b>5/17/13</b>		Scheduled Completion Date (11) <b>5/20/13</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 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			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	1350 sf	X			

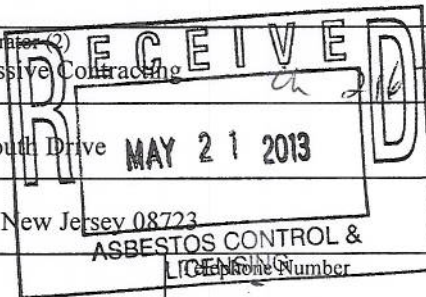
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>	
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>5/21/13</b>	City, State <b>Tullytown, Pennsylvania</b>		
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 		Date <b>5/17/2013</b>	

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



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

Date of Notification (1) May 16, 2013		Name of Building Owner/Operator (2) Aggressive Contracting	
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 763 South Drive	
		City, State, Zip Code Brick, New Jersey 08723	
		Name of Contact Jim	



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 2405 Mallow Street			Square feet 1000 sf		
City Point Pleasant	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 5/16/13		Scheduled Completion Date (11) 5/17/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other— Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

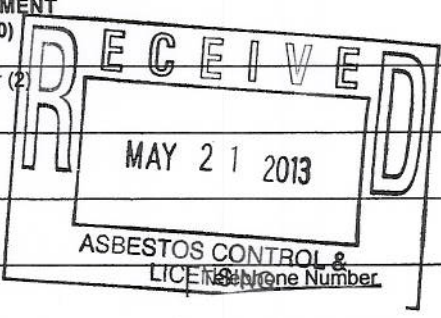
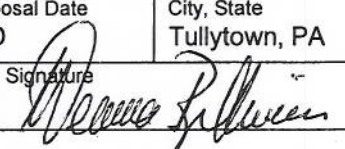
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V 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	900 sf	x			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 5/20/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 5/16/2013

\*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) 5/08/13		Name of Building Owner/Operator (2) Dianna Vila							
Agencies Notified	Type Notification	Street Address 272 Maplehill Drive							
<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 Hackensack, NJ 07601							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Dianna Vila							
<div style="text-align: right;">  </div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 272 Maplehill Drive		Square Feet N/A	# of Floors N/A						
City (5) Hackensack		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 5/30/13	Scheduled Completion Date (11) 5/31/13	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
garage		X		pipe insulation	66 LF	X			
basement		X		pipe insulation	89 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 Brkusani		Title Project Manager		Signature 			Date 5/08/13		



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

D&S Proj. #: 2013

Date of Notification (1) 10/15/16		Name of Building Owner/Operator (2) DAVID ROCHER	
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 2 STONERIDGE ROAD		City, State, Zip Code MONTCLAIR, NJ 07042	
Name of Contact DAVID ROCHER		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) DAVID ROCHER			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 2 STONERIDGE ROAD			Square Feet		
City (5) MONTCLAIR			County (6) ESSEX		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		

Street Address		Street Address 20 California Ave.	
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Telephone Number 973-345-8020	
Phone Number		License Number 01169	
Start Date (10) 05/28/13		Sched. Completion Date (11) 06/20/13	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			
Name of OSHA Monitor D & S Restoration, Inc.		Street Address 20 California Avenue	
City, State, Zip Code Paterson, NJ 07503		City, State, Zip Code	

Scope of Work (check all that apply)

<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		PIPE INSULATION	730 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement crawl space		<input checked="" type="checkbox"/>		PIPE INSULATION	100 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTIC		<input checked="" type="checkbox"/>		PIPE INSULATION	480 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GARAGE		<input checked="" type="checkbox"/>		PIPE INSULATION	160 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 12 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/03/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/15/13

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



EDS13-042

Page 1 of 1

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

Check #1580

Date of Notification (1) 5-13-2013		Name of Building Owner/Operator (2) Ft. LEE SCHOOL DISTRICT							
Agencies Notified	Type Notification	Street Address 2175 Lemoine 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 # _____	City, State, Zip Code Fort Lee, NJ							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Jack DeNichilo	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) FORT LEE HIGH SCHOOL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 3000 LEMOINE AVENUE		Square Feet 60,000 +	# of Floors 2						
City (5) FORT LEE		Bldg. Age 40+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No. _____	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 307 North Walnut Street		Street Address 140 Hamburg Tpke							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Paul F. McCaa		Telephone No. 610-431-7545	Telephone No. (201)710-9725						
Start Date (10) 5-24-2013 after 3:30pm		Scheduled Completion Date (11) 5-27-2013	License No. 01084						
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 GL Group, Inc							
		Street Address 140 Hamburg Tpke							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Phase I: ROOMS 232/234		X		SHEETROCK WALLS ,SOFFITS	1,000 SF	X			
ROOMS 232/234		X		VAT TILE & MASTIC	2,250 SF	X			
ROOMS 232/234		X		Sinks	3	X			
ROOMS 232/234		X		LAB BENCH TOPS	110 SF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS					
City, State Bloomingdale, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 5/14/2013			



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

Date of Notification (1) <b>5 / 16 / 13</b>		Name of Building Owner/Operator (2) <b>600 Route 38 LLC</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>  MAY 21 2013  ASBESTOS L &amp; </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>10 Gwen Street</b>							
		City, State, Zip Code <b>Cherry Hill NJ. 08003</b>							
		Name of Contact <b>Tom Hessert</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Classic Chevrolet</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>600 Route 38</b>				Square Feet <b>10,000</b>	# of Floors <b>2</b>				
City (5) <b>Maple Shade</b>				Bldg. Age <b>50</b>					
County (6) <b>Burlington County</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Former Car Dealership</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services Inc.</b>		ASCM No.		Name of Abatement Contractor (9) <b>Luzon Inc.</b>					
Street Address <b>318 12<sup>th</sup> St.</b>		Street Address <b>8451 Executive Ave.</b>							
City, State, Zip Code <b>Hammonton NJ. 08037</b>		City, State, Zip Code <b>Philadelphia, Pa. 19153</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>609-704-8850</b>		Telephone No. <b>267-284-1050</b>	License No. <b>01109</b>				
Start Date (10) <b>5 / 27 / 13</b>		Scheduled Completion Date (11) <b>5 / 28 / 13</b>		Name of OSHA Monitor <b>Joseph Maronski</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-5:00PM</b> / ____ PM- ____ AM				Street Address <b>8451 Executive Avenue</b>					
				City, State, Zip Code <b>Philadelphia, Pa. 19153</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Asbestos Heat Shield</b>	<b>400 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"/>
Name of Registered Waste Hauler <b>Service Transport Inc.</b>		NJDEP Waste Hauler ID No.		Cubic Yards of Waste <b>2 CYS.</b>	Name of Registered Landfill <b>Minerva Landfill</b>				
City, State <b>New Castle, DE.</b>				Disposal Date <b>5/29/13</b>	City, State <b>Waynesburg, OH</b>				
Completed By (Print or Type) <b>Piush Patel</b>		Title <b>Program Manager</b>		Signature <i>Piush Patel</i>		Date <b>5/16/13</b>			



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

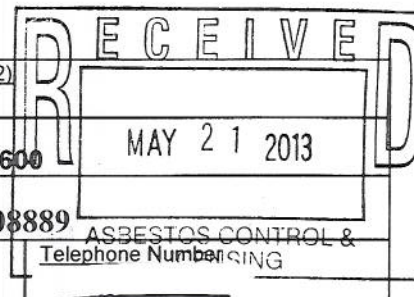
<u>Date of Notification (1)</u> <b>May 15, 2013</b>		<u>Name of Building Owner/Operator</u> <b>SIKA Corp.</b>	
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH	<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	<u>Street Address</u> <b>875 Valleybrook Avenue</b> <u>City, State, Zip Code</u> <b>Lyndhurst, NJ 07071</b> <u>Name of Contact</u> <b>Don Weatherbee</b>	
<u>Name of Facility Where Abatement is Taking Place (3)</u> <b>SIKA Corp.</b>		<u>Type of Facility (4)</u> <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.) <u>Sq. Feet:</u> Unknown <u># of Floors:</u> 1 <u>Bldg. Age:</u> 50 years	
<u>Street Address</u> <b>875 Valleybrook Avenue</b>		<u>Manufacturing and administration offices:</u>	
<u>City (5)</u> <b>Lyndhurst</b>	<u>County (6)</u> <b>Bergen</b>	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> <b>EnviroVision Consultants Inc.</b>		<u>ASCM No.</u> <b>00079</b>	<u>Name of Contractor (9)</u> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
<u>Street Address</u> <b>20-21 Wagaraw Road, Bldg # 35E</b>		<u>Street Address</u> <b>268 MAIN STREET</b>	
<u>City, State, Zip Code</u> <b>Fairlawn, NJ 07410</b>		<u>City, State, Zip Code</u> <b>Butler, NJ 07405</b>	
<u>Project Manager for Monitoring Firm</u> <b>Fred Larson</b>	<u>Telephone Number</u> <b>973-636-9145</b>	<u>Telephone Number</u> <b>973-492-0477</b>	<u>License Number</u> <b>00840</b>
<u>Scheduled Start Date (10)</u> <b>May 25, 2013</b>	<u>Scheduled Completion Date (11)</u> <b>May 28, 2013</b>	<u>Name of OSHA Monitor</u> <b>EMSL inc.</b>	
<u>Occupancy Status During Abatement (Check only one)</u> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe:		<u>Street Address</u> <b>1056 Stelton Road</b> <u>City, State, Zip Code</u> <b>Piscataway, NJ 08854</b>	
<u>Source of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> <math>\geq 3</math> sf or <math>\geq 3</math> lf  <input checked="" 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  <input checked="" type="checkbox"/> Glovebag Procedure            Non-Exempted (*) and Non-Friable Procedure         </div> </div>			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> <b>MU20 Tank Room</b> <b>Mech Rm B2-5</b> <b>Warehouse # 2</b> <b>Central Corridor</b> <b>Warehouse # 2</b>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> TSI TSI TSI TSI TSI	<u>Amount (Specify SF or LF)</u> 34 lf 16 lf 40 lf 15 lf <20LF
<u>Abatement Type</u> Remove Repair Encap Enclose		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
<u>Name of Reg. Waste Hauler</u> See Hauler Below # 1 & 2	<u>NJDEP Waste Hauler ID #</u> See Below	<u>Cubic Yards of Waste:</u> 10	<u>Name of Registered Landfill</u> Meadowfill Landfill G.R.O.W.S Minerva Ent. Ohio
<u>Hauler #1)</u> Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJ DEP # 12561 NY DEP #		<u>Disposal Date</u> <b>May 28, 2013</b>	<u>City, State</u> Route 2, Box 68 Bridgeport, WVA 304-842-2784  9000 Minerva Road Waynesburg, OH
<u>Hauler #2)</u> Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551 <u>Hauler #3)</u> Tri State-Bronx NY DEP # NY 10474 – NJ DEP #19591			
<u>Completed by (Print or Type)</u> <b>Marin Graure</b>	<u>Title</u> <b>SENIOR PROJECT MANAGER</b>	<u>Signature</u> <b>Marin Graure</b>	<u>Date</u> <b>May 15, 2013</b>

GAC # 2013-378



# State of New Jersey - Notification of Asbestos Abatement

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

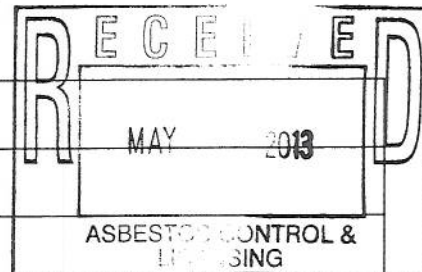


<b>Date of Notification (1)</b> <b>May 17, 2013</b>			<b>Name of Building Owner/Operator (2)</b> <b>Durling Realty</b>		
<b>Agencies Notified</b> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		<b>Notification Type</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		<b>Street Address</b> <b>3 Old Highway 28, PO Box 600</b> <b>City, State, Zip Code</b> <b>Whitehouse Station, NJ 08889</b>	
		<b>Name of Contact</b> <b>C/O Scott Higgins</b>		<b>Telephone Number</b> _____	
<b>FACILITY INFORMATION</b>					
<b>Name of Facility Where Abatement is Taking Place (3)</b> <b>Vacant Building</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: Unknown # of Floors: 2 Bldg. Age: 60 years</b>		
<b>Street Address</b> <b>45 Main Street</b>			<b>Current Use (prior if being demolished):</b> _____		
<b>City (5)</b> <b>South Bound Brook</b>	<b>County (6)</b> _____	<b>County Code (7)</b> (State Use Only)			
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> <b>ABS Environmental Services, LLC</b>		<b>ASCM No.</b> _____	<b>Name of Contractor (9)</b> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
<b>Street Address</b> <b>PO Box 483</b>		<b>Street Address</b> <b>268 MAIN STREET</b>			
<b>City, State, Zip Code</b> <b>Glenwood, NJ 07418</b>		<b>City, State, Zip Code</b> <b>Butler, NJ 07405</b>			
<b>Project Manager for Monitoring Firm</b> <b>Scott Higgins</b>	<b>Telephone Number</b> <b>973-764-2276</b>		<b>Telephone Number</b> <b>973-492-0477</b>	<b>License Number</b> <b>00840</b>	
<b>Scheduled Start Date (10)</b> <b>June 3, 2013</b>		<b>Scheduled Completion Date (11)</b> <b>June 7, 2013</b>		<b>Name of OSHA Monitor</b> <b>EMSL 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>Vacant to Be Demolished</b>			<b>Street Address</b> <b>1056 Stelton Road</b> <b>City, State, Zip Code</b> <b>Piscataway, NJ 08854</b>		
<b>Source of Work (Check all that apply)</b> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf  <input type="checkbox"/> ≥ 160 sf or ≥ 260                         </div> <div> <input type="checkbox"/> Renovation  <input type="checkbox"/> Demolition                         </div> <div> <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                         </div> </div>					
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b> <b>House Flat Building</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>Built up Roofing Flashing Roof Patching</b>	<b>Amount (Specify SF or LF)</b> <b>900 sf 800 sf 250 sf</b>	<b>Abatement Type</b> <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose	
<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> 30	<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> <b>NJ DEP # 12561 NY DEP #</b> <b>Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b> <b>Hauler # 3) Tri State-Bronx NY DEP # NY 10474 - NJ DEP #19591</b>			<b>Disposal Date</b> <b>June 7, 2013</b>	<b>City, State</b> Route 2, Box 68 Bridgeport, WVA 304-842-2784  9000 Minerva Road Waynesburg, OH	
<b>Completed by (Print or Type)</b> <b>Marin Graure</b>	<b>Title</b> <b>SENIOR PROJECT MANAGER</b>	<b>Signature</b> <i>Marin Graure</i>	<b>Date</b> <b>May 17, 2013</b>		

GAC # 2013-390



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



Date of Notification (1) 4-25-13		Name of Building Owner/Operator (2) Larry Hiershon							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4861 West Ave  City, State, Zip Code Ocean City, NJ 08622  Name of Contact phil Greseler  Telephone Number _____						
	<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Resident		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 4861 West Ave		Square Feet 3800	# of Floors 1						
City (5) Ocean City		Bldg. Age 65							
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) resident							
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. 07010						
Start Date (10) 5-14-13	Scheduled Completion Date (11) 6-20-13	Name of OSHA Monitor self							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Demo		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Complete House			x	(ACM) Dabri	160yards	x			
			x						
Name of Registered Waste Hauler Earth Tec		NJDEP Waste Hauler ID No. 16429	Cubic Yards of Waste 120	Name of Registered Landfill A.C.U.A					
City, State Ocean View, NJ			Disposal Date TBD	City, State Egg Harbor, NJ					
Completed by Joseph T Hill		Title VP	Signature			Date 4-25-13			



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

Check 8603

Date of Notification (1) <b>5-17-13</b>		Name of Building Owner/Operator (2) <b>Nancy Zellmer</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED  MAY 21 2013  NJ 08033  ASBESTOS CONTROL &amp; </div>					
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>433 Washington Ave</b> <b>Haddonfield NJ 08033</b> Name of Contact <b>John Schmidt, Contractor</b>							
		City, State, Zip Code							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Single family Dwelling</b>				Type of Facility (4)					
Street Address <b>433 Washington Ave</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>Haddonfield NJ 08033</b>				Square Feet	# of Floors				
					<b>2</b>				
County (6) <b>Camden</b>				County Code (7) (STATE USE ONLY)	Bldg. Age <b>80 +</b>				
					Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>		Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>					
Street Address <b>P.O. Box 337</b>				Street Address <b>P.O. Box 337</b>					
City, State, Zip Code <b>New Egypt, NJ 08533</b>				City, State, Zip Code <b>New Egypt NJ 08533</b>					
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>				
Start Date (10) <b>5-28-13</b>		Scheduled Completion Date (11) <b>5-29-13</b>		Name of OSHA Monitor <b>EPC Technologies Inc</b>					
Occupancy Status During Abatement (Check Only One)				Street Address <b>P.O. Box 337</b>					
<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 <b>New Egypt NJ 08533</b>					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>		<b>X</b>		<b>Pipe Insulation</b>	<b>140 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>		Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Waste Management of PA</b>				
City, State <b>New Egypt NJ</b>		Disposal Date <b>5-30-13</b>		City, State <b>Morrisville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>		Signature <b>Steve Schenker</b>			Date <b>5-17-13</b>		



B &amp; G proj. #: 2013-101

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

\*\*\* EMERGENCY \*\*\*

Signature: [Signature]  
Date: 5/17/13 Time: 9:30  
Check # 5912 VED  
MAY 21 2013  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>05/17/13</u>		Name of Building Owner/Operator (2) Geraldine Patterson	
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"/> Amendment <input type="checkbox"/> Cancellation	Street Address 608 Lincoln Avenue	
		City, State, Zip Code Orange, NJ 07050	
		Name of Contact Geraldine Patterson	
		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Geraldine Patterson			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 608 Lincoln Avenue			Square Feet		
City (5) Orange			County (6) Essex		# of Floors
County Code (7) (State use only)			Bldg. Age		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			Current Use (Prior if being demolished) residential		
ASCM No.			Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm			Telephone Number (973)696-6869		License Number 00378
Phone Number			Name of OSHA Monitor B & G Restoration, Inc.		
Scheduled Start Date (10) 05/21/2013			Street Address 105 Ryerson Road		
Sched. Completion Date (11) 05/22/2013			City, State, Zip Code Lincoln Park, NJ 07035		
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: _____ <input type="checkbox"/> Other-Describe: _____					

## Scope of Work (check all that apply)

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Demolition                | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> >160 sf or >260 lf    | <input checked="" type="checkbox"/> Mini-enclosure            | <input type="checkbox"/> Non-friable procedure         |

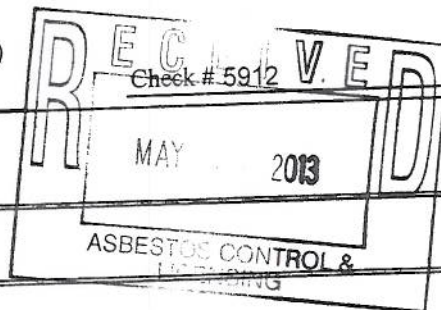
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	pipe insulation	45 lf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 05/22/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <u>Gordana Luna</u>	Date 05/17/2013



B &amp; G proj. #: 2013-101

State of NJ  
 Notification of Asbestos Abatement  
 (Pursuant to NJAC 8:60-7 and 12:120-7)  
 \*\*\* EMERGENCY \*\*\*



Date of Notification (1) 05/11/17/11/13		Name of Building Owner/Operator (2) Geraldine Patterson	
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"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 608 Lincoln Avenue		City, State, Zip Code Orange, NJ 07050	
Name of Contact Geraldine Patterson		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Geraldine Patterson			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 608 Lincoln Avenue			Square Feet # of Floors Bldg. Age		
City (5) Orange	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 05/21/2013		Sched. Completion Date (11) 05/22/2013			
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: <input type="checkbox"/> Other-Describe:					
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					

## Scope of Work (check all that apply)

☐ Demolition☒ Renovation☐ Full Containment w/negative pressure☒ Glovebag procedure☒ >3 sf or >3 lf☐ ≥160 sf or ≥260 lf☒ Mini-enclosure☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	pipe insulation	45 lf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 05/22/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 05/17/2013



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

Date of Notification (1) <b>5/15/13</b>		Name of Building Owner/Operator (2) <b>NJ DOC – East Jersey State Prison</b>	
Agencies Notified	Type of Notification	Street Address	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>MAY 21 2013</b>  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>
<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 Notification <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	<b>Lock Bag R</b>  <b>Rahway, NJ 07065</b>	
		City, State, Zip Code <b>Rahway, NJ 07065</b>	
		Name of Contact <b>John Kocserha</b>	Telephone Number  

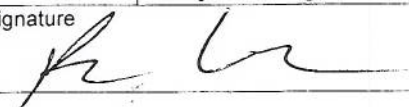
## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>East Jersey State Prison</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address <b>1100 Woodbridge Road</b>			Square Feet	# of Floors	Bldg. Age ~50
City (5) <b>Avenel</b>	County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Offices, training center		
Name of Monitoring Firm Hired by Building Owner <b>Whitman Companies, Inc.</b>		ASCM No. <b>00110</b>	Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc.</b>		
Street Address <b>7 Pleasant Hill Road</b>		Street Address <b>3 Lynn Court</b>			
City, State, Zip Code <b>Cranbury, NJ 08512</b>		City, State, Zip Code <b>Lincoln Park, NJ 07035</b>			
Project Manager for Monitoring Firm <b>Kevin Lovely</b>		Telephone Number <b>732-390-5858</b>	Telephone Number <b>973-709-0200</b>		License Number <b>00852</b>
Scheduled Start Date (10) <b>5/15/13</b>	Sched. Completion Date (11) <b>5/20/13</b>		Name of OSHA Monitor <b>J &amp; S Environmental Laboratories, LLC</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacated</u>			Street Address <b>2333 Route 22W</b>		
			City, State, Zip Code <b>Union, NJ 07083</b>		

## Scope of Work (Check all that apply)

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

Location of Asbestos – Containing Material (ACM) <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	R	E	E
Inmate Commissary area		x		Pipe insulation	9 LF	x			

Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>	NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>1/2</b>	Name of Registered Landfill <b>Minerva Landfill</b>
City, State <b>Lincoln Park, NJ</b>	Disposal Date <b>5/24/13</b>	City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>Pane Repic</b>	Title <b>General Manager</b>	Signature 	Date <b>5/15/13</b>



May 15 2013 10:12 AM  
**RECEIVED**  
 MAY 21 2013  
 Check # 7149

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

Date of Notification (1) <b>5/15/13</b>		Name of Building Owner/Operator (2) <b>NJ DOC - East Jersey State Prison</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address <b>Lock Bag R</b>	APPROVED CONTROL & MONITORING NJ Dept. of Health & Senior Services <i>Paul C. IDner</i> (signature) Date: <b>5/15/13</b> Time: <b>9:11 AM</b>
		City, State, Zip Code <b>Rahway, NJ 07065</b>	
		Name of Contact <b>John Kocserha</b>	
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>East Jersey State Prison</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address <b>1100 Woodbridge Road</b>			Square Feet	# of Floors	Bldg. Age ~50
City (5) <b>Avenel</b>	County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Offices, training center		
Name of Monitoring Firm Hired by Building Owner <b>Whitman Companies, Inc.</b>		ASCM No. <b>00110</b>	Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc.</b>		
Street Address <b>7 Pleasant Hill Road</b>		Street Address <b>3 Lynn Court</b>			
City, State, Zip Code <b>Cranbury, NJ 08512</b>		City, State, Zip Code <b>Lincoln Park, NJ 07035</b>			
Project Manager for Monitoring Firm <b>Kevin Lovely</b>		Telephone Number <b>732-390-5858</b>	Telephone Number <b>973-709-0200</b>		License Number <b>00852</b>
Scheduled Start Date (10) <b>5/15/13</b>	Sched. Completion Date (11) <b>5/20/13</b>		Name of OSHA Monitor <b>J &amp; S Environmental Laboratories, LLC</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: <u>partially vacated</u>			Street Address <b>2333 Route 22W</b>		
			City, State, Zip Code <b>Union, NJ 07083</b>		

Scope of Work (Check all that apply)

<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥180 sf or ≥260 lf	<input 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 - Friable Procedure
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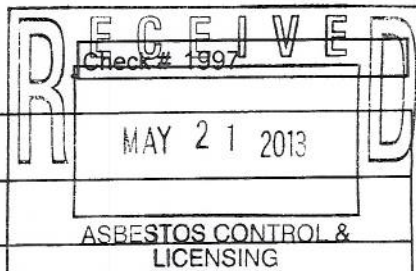
Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	R	E	E
Inmate Commissary area		x		Pipe insulation	9 LF	x			

Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>		NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>1/2</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>Lincoln Park, NJ</b>		Disposal Date <b>5/24/13</b>		City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>Pane Reple</b>		Title <b>General Manager</b>	Signature <i>[Signature]</i>		Date <b>5/15/13</b>



Project #

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



Date of Notification (1) 05/14/2013		Name of Building Owner/Operator (2) Woodbridge BOE	
Agencies Notified	Type Notification	Street Address 428 School St	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Kearby, NJ 07095	
		Name of Contact Anthony D'Orsi	Telephone Number _____

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Transportation 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 60 Crows Mill Rd		Square Feet	# of Floors
City (5) Kearby, NJ		Bldg. Age	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Nick Restoration LLC	
Street Address		Street Address 72 Brookside Rd	
City, State, Zip Code		City, State, Zip Code Randolph NJ 07869	
Project Manager for Monitoring Firm	Telephone No. (609)652-1833	Telephone No. 973-933-2550	License No. 01133
Start Date (10) 05/28/2013	Scheduled Completion Date (11) 05/29/2013	Name of OSHA Monitor J&S Environmental	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 RT 22	
		City, State, Zip Code Union, NJ 07083	

## Scope of Work (Check All That Apply)

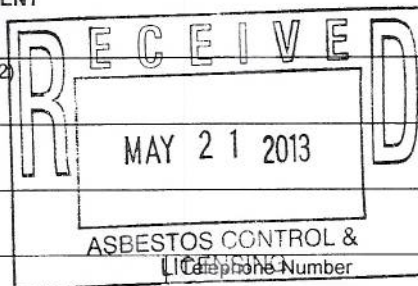
- |  |                                     |   |
|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure    |
| <input type="checkbox"/> ≥160 sf or ≥260 lf        | <input 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
Change Room		X		Linoleum	60 LF	X			

Name of Registered Waste Hauler Nick Restoration LLC	NJDEP Waste Hauler ID No. 33782	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S
City, State Randolph, NJ 07869	Disposal Date TBD	City, State Tullytown, PA	
Completed by Elvira Mrda	Title President	Signature <i>Elvira Mrda</i>	Date 05/14/2013



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



Date of Notification (1) 5/15/2013		Check#2417		Name of Building Owner/Operator (2) Hoboken Catholic Academy	
Agencies Notified		Type Notification		Street Address 555 7th Street	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Hoboken, NJ 07030	
				Name of Contact Ron Zerino	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Hoboken Catholic Academy				Type of Facility (4)	
Street Address 555 7th Street				<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.)	
City (5) Hoboken, NJ 07080				Square Feet 20,000	# of Floors 2
County (6) Hudson				County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.	Name of Abatement Contractor (9) EA Services Corporation	
Street Address			Street Address 426 69th Street		
City, State, Zip Code			City, State, Zip Code Guttenberg, NJ 07093		
Project Manager for Monitoring Firm			Telephone No.	Telephone No. 201-295-1700	License No. 01074
Start Date (10) 5/15/2013		Scheduled Completion Date (11) 5/16/2013		Name of OSHA Monitor same as above	
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: Starting 5:00 PM				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 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)
	Yes	No	N/A		
Boiler Room-crawl space	x			Elbows fittings	9
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste tbd	Name of Registered Landfill Waste Management
City, State PO Box 5010				Disposal Date tbd	City, State Tullytown Landfills
Completed by Gina Salvador		Title Office Manager		Signature 	Date 5/15/2013



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

Check # 7152

Date of Notification (1) <b>5/17/13</b>		Name of Building Owner/Operator (2) <b>Kean University</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address <b>1000 Morris Ave.</b>	
		City, State, Zip Code <b>Union, NJ 07083</b>	
		Name of Contact <b>Suzanne Kupiec</b>	
		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>MAY 21 2013</b>          Telephone Number _____  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Kean University – Maintenance Bldg.</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address <b>1000 Morris Ave.</b>			Square Feet <b>12000</b>	# of Floors <b>1</b>	Bldg. Age <b>~ 70</b>
City (5) <b>Union</b>	County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Office/lab/classroom</b>		
Name of Monitoring Firm Hired by Building Owner <b>TTI Environmental</b>		ASCM No. <b>0003</b>	Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc.</b>		
Street Address <b>9 East Stow Road</b>		Street Address <b>3 Lynn Court</b>			
City, State, Zip Code <b>Marlton, NJ 08053</b>		City, State, Zip Code <b>Lincoln Park, NJ 07035</b>			
Project Manager for Monitoring Firm <b>Jim Gerardi</b>		Telephone Number <b>856-985-8800</b>	Telephone Number <b>973-709-0200</b>		License Number <b>00852</b>
Scheduled Start Date (10) <b>5/28/13</b>	Sched. Completion Date (11) <b>12/31/13</b>		Name of OSHA Monitor <b>J &amp; S Environmental Laboratories, LLC</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacated</u>			Street Address <b>2333 Route 22 West</b>		
			City, State, Zip Code <b>Union, NJ 07083</b>		

## Scope of Work (Check all that apply)

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini – Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> 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	E N C L O S U
Lunch room		x		TSI	10 LF	X			
Various		x		TSI	150 LF		x		

Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>		NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>1</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>Lincoln Park, NJ</b>		Disposal Date <b>5/31/13</b>		City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>Pane Repic</b>		Title <b>General Manager</b>		Signature 	Date <b>5/17/13</b>


ASB-411

**Note:** Phased project. First phase is scheduled for start 5/28/13 and anticipated completion on 5/31/13. 10LF of TSI is scheduled for removal from lunch room. Amended notifications will be sent for other phases.



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

*No check*

Date of Notification (1) 05/20/13		Name of Building Owner/Operator (2) 207 Van Vorst Street Realty Company, LLC							
Agencies Notified	Type Notification	Street Address 1 Henderson Street							
<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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hoboken, NJ 07030							
		Name of Contact Kyle Masters	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 207 Van Vorst Project		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 203-207 Van Vorst Street Lot 16, Block 14205		Square Feet 22,000	# of Floors 2+ Bldg. Age						
City (5) Jersey City		Current Use (Prior if being demolished)							
County (6) Hudson	County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc						
Street Address		Street Address 815 12th Street							
City, State, Zip Code		City, State, Zip Code Hammononton, NJ 08037							
Project Manager for Monitoring Firm		Telephone No. 609-567-1250	License No. 01172						
Start Date (10) 05/14/13	Scheduled Completion Date (11) 06/01/13	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 checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Counter Top			X		500 SF	X			
Roofing			X		22,000 SF	X			
Tile & Mastic			X		4,000 SF	X			
Pipe Insulation & Debris			X		200 LF	X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Grows North & Tullytown Landfills					
City, State Camden, NJ		Disposal Date Various		City, State Morrisville, PA					
Completed by Kati DiNatale		Title Office Manager		Signature 		Date 05/20/13			



# 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> <b>May 16, 2013</b>		<b>Name of Building Owner/Operator (2)</b> <b>New Jersey Turnpike Authority</b>	
<b>Agencies Notified</b> X EPA DCA X DOL X DEP X DOH		<b>Notification Type</b> <input checked="" type="checkbox"/> Initial Notification Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
<b>Street Address</b> <b>581 Main Street. PO Box 5042</b>		<b>City, State, Zip Code</b> <b>Woodbridge, NJ 07095</b>	
<b>Name of Contact</b> <b>Mark Connors/ C/O AECOM</b>		<b>Telephone Number</b>	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> <b>NJTPK Exit 7A Toll Plaza Structure</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>Street Address</b> <b>NJTPK Interchange 7A</b>		<b>Sq. Feet: Unknown # of Floors: 1 Bldg. Age: 60 years</b>	
<b>City (5)</b> <b>Hightstown NJ</b>	<b>County (6)</b> <b>Mercer</b>	<b>County Code (7)</b> <b>(State Use Only)</b>	
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> <b>USA Environmental Management</b>		<b>ASCM No.</b>	
<b>Street Address</b> <b>344 West State Street</b>		<b>Name of Contractor (9)</b> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
<b>City, State, Zip Code</b> <b>Trenton, NJ 08618</b>		<b>Street Address</b> <b>268 MAIN STREET</b>	
<b>Project Manager for Monitoring Firm</b> <b>Bill Weisgarber</b>		<b>City, State, Zip Code</b> <b>Butler, NJ 07405</b>	
<b>Telephone Number</b> <b>609-656-8101</b>		<b>Telephone Number</b> <b>973-492-0477</b>	<b>License Number</b> <b>00840</b>
<b>Scheduled Start Date (10)</b> <b>May 28, 2013</b>		<b>Scheduled Completion Date (11)</b> <b>June 7, 2013</b>	
<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 Other - Describe: <b>2<sup>nd</sup> / 3<sup>rd</sup> Shift Work</b>		<b>Name of OSHA Monitor</b> <b>EMSL inc.</b>	
		<b>Street Address</b> <b>1056 Stelton Road</b>	
		<b>City, State, Zip Code</b> <b>Piscataway, NJ 08854</b>	
<b>Source of Work (Check all that apply)</b>			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b> <b>Toll Plaza Roof Canopy</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES NO NA <input checked="" type="checkbox"/> YES	<b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b> <b>Built up Roofing</b>	<b>Amount (Specify SF or LF)</b> <b>6,000 sf</b> <b>Abatement Type</b> <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose
<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>80</b>	<b>Name of Registered Landfill</b> <b>GROWS Landfill</b>
<b>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> <b>NJ DEP # 12561</b>		<b>Disposal Date</b> <b>June 7, 2013</b>	<b>City, State</b> <b>Route 2, Box 68</b> <b>Bridgeport, WVA</b> <b>304-842-2784</b>
<b>Hauler #2) Maumee Express Inc/ MXI Environmental Services LLC, 297 Zimmerman Lane, Langhorne, PA 19047 NJDEP # 50059</b>			
<b>Completed by (Print or Type)</b> <b>Marin Graure</b>	<b>Title</b> <b>SENIOR PROJECT MANAGER</b>	<b>Signature</b> <i>Marin Graure</i>	<b>Date</b> <b>May 16, 2013</b>

GAC # 2013-386