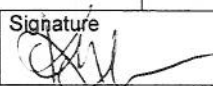


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

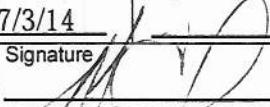
RECEIVED

Date of Notification (1) <div style="text-align: center;">5 / 20 / 14</div>		Name of Building Owner/Operator (2) <b>Mr. George Minier</b>		(Job # 1405-1878 Ghk. #3573) 2014 MAY 22 PM 4:47	
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>7 Dewey Avenue</b>			
		City, State, Zip Code <b>Manasquan, NJ 08736</b>			
		Name of Contact <b>Elizabeth Riva</b>		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Residential Property</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>7 Dewey Avenue</b>					
City (5) <b>Manasquan</b>				Square Feet <b>500</b>	# of Floors <b>2</b>
				Bldg. Age <b>1961</b>	
County (6) <b>Monmouth</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Residential</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>		ASCM No.		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>	
Street Address <b>PO Box 336</b>				Street Address <b>3859 Sylon Boulevard</b>	
City, State, Zip Code <b>Thorofare, NJ 08086</b>				City, State, Zip Code <b>Hainesport, NJ 08036</b>	
Project Manager for Monitoring Firm <b>Dave Flanigan</b>		Telephone No. <b>856-848-0800</b>		Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>
Start Date (10) <div style="text-align: center;">06 / 04 / 14</div>		Scheduled Completion Date (11) <div style="text-align: center;">06 / 06 / 14</div>		Name of OSHA Monitor <b>EMSL Analytical, 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>200 U.S. Route 130 North</b>	
				City, State, Zip Code <b>Cinnaminson, NJ 08077</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) <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) <b>500 SF</b>
		Yes	No		
<b>Basement</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor Tile and Mastic</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<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>Freehold Cartage, Inc.</b>		NJDEP Waste Hauler ID No. <b>02265</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS Landfill</b>
City, State <b>Freehold, NJ</b>				Disposal Date <b>6/7/14</b>	City, State <b>Morrisville, PA 19067</b>
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 	Date <b>5-20-14</b>

CK# 24521

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

RECEIVED

Date of Notification (1) <u>5/20/14</u>		Name of Building Owner/Operator (2) <u>Joann Hellings</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>66A River Rd.</u>							
		City, State, Zip Code <u>Rumson, NJ 07760-1122</u>							
		Name of Contact <u>Joann Hellings</u>	Telephone Number <u>732 261 1000</u>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>Residential Property</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>66A River Rd</u>									
City (5) <u>Rumson, NJ</u>		Square Feet <u>10000</u>	# of Floors <u>3</u>						
		Bldg. Age <u>107</u>							
County (6) <u>Monmouth</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residential</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Lou Laureti</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>						
Start Date (10) <u>6/2/14</u>	Scheduled Completion Date (11) <u>7/3/14</u>	Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am to 4pm</u>		Street Address <u>PO Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Basement</u>		<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>	<u>3500 lf</u>	<input checked="" type="checkbox"/>			
<u>Crawl space</u>		<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>	<u>300 lf</u>	<input checked="" type="checkbox"/>			
<u>Basement</u>				<u>Thermal Tank Insulation</u>	<u>110 sf</u>	<input checked="" type="checkbox"/>			
<u>Basement</u>				<u>Boiler Breeching</u>	<u>60 sf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Carnevale Disposal</u>		NJDEP Waste Hauler ID No. <u>17297</u>	Cubic Yards of Waste <u>40 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>					
City, State <u>Hamilton, NJ</u>		Disposal Date <u>7/3/14</u>	City, State <u>Tullytown, PA</u>						
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>5/20/14</u>						



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

**RECEIVED**

CK#24100

Date of Notification (1) <b>5/16/2014</b>		Name of Building Owner/Operator (2) <b>2014 MAY 22 PM 4:44</b> <b>DANJON MANAGEMENT CO./VILLAGE EAST APTS.</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>661 ABBINGTON DRIVE, APT. J17B</b> City, State, Zip Code <b>EAST WINDSOR, NJ 08520</b> Name of Contact <b>DEBBIE DONELAN</b>					
			Telephone Number					
	<b>FACILITY INFORMATION</b> Name of Facility Where Abatement is Taking Place (3) <b>VILLAGE EAST APARTMENTS</b> Street Address <b>661 ABBINGTON DRIVE APTS. K7, K8, K9, K10, K15, K16, K17, K18</b> City (5) <b>EAST WINDSOR, NJ</b> County <b>MERCER</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) 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)		ASCM No.	Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b>					
Street Address		Street Address <b>15 BLACK FOREST ROAD</b>						
		City, State, Zip Code <b>HAMILTON, NJ 08691</b>						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>609-890-7110</b>	License No. <b>00676</b>					
Start Date (10) <b>5/19/2014</b>	Scheduled Completion Date (11) <b>5/23/2014</b>	Name of OSHA Monitor <b>N/A</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours 5PM-2 AM <b>ESSENTIAL PERSONNEL ONLY</b>		Street Address  City, State, Zip Code						
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input 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 (*) & 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
<b>APTS. K-7 THFOUGH K-10</b>		<input checked="" type="checkbox"/>	<b>BLDG CONTENTS(FIRE )</b>	<b>UNKNOWN</b>	<input checked="" type="checkbox"/>			
<b>APTS. K-15 THFOUGH K-18</b>		<input checked="" type="checkbox"/>	<b>" " "</b>	<b>" "</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>CARNEVALE DISPOSAL</b>		NJDEP Waste Hauler ID No. <b>17297</b>	Cubic Yards of Waste <b>120 YDS</b>	Name of Registered Landfill <b>GROWS</b>				
City, State <b>HAMILTON, NJ</b>		Disposal Date <b>5/19-23/14</b>	City, State <b>Morrisville, Pa.</b>					
Completed By <b>DAVID D'ANDREA</b>	Title <b>PRESIDENT</b>	Signature <i>David D'Andrea</i>			Date <b>5/16/2014</b>			

ASB-41

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



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NO CK

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

RECEIVED

Date of Notification (1) <u>05</u> / <u>15</u> / <u>14</u>		Name of Building Owner/Operator (2) <b>Cape Liberty Cruise Port, LLC / Job #1404-4757 Check #6253</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>1050 Caribbean Way</b>
			City, State, Zip Code <b>Miami, Florida 33138</b>
		Name of Contact <b>Don Ferguson</b>	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Cape Liberty Cruise Terminal - Royal Caribbean Line</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>14 Port Terminal Boulevard</b>		Square Feet	# of Floors
City (5) <b>Bayonne</b>		Bldg. Age	
County (6) <b>Hudson</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Port Terminal</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Omega Environmental</b>	ASCM No. <b>00120</b>	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Street Address <b>280 Huyler Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>	
City, State, Zip Code <b>South Hackensack, NJ 07606</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm	Telephone No. <b>201-489-8700</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>
Start Date (10) <u>05</u> / <u>07</u> / <u>14</u>	Scheduled Completion Date (11) <u>06</u> / <u>02</u> / <u>14</u>	Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address <b>200 Route 130 North</b>	
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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) <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)
	Yes	No	
Excavated Trench	<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"/>
	<input type="checkbox"/>	<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>AbateTech, Inc.</b>	NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>
City, State <b>Lumberton, NJ</b>		Disposal Date <b>6/2/14</b>	City, State <b>Tullytown, PA</b>
Completed By (Print or Type) <b>Jennifer Piraine</b>	Title <b>Operations Coordinator</b>	Signature <i>Jennifer Piraine</i>	Date <b>5/15/14</b>



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

**RECEIVED**

Date of Notification (1) <b>05 / 19 / 14</b>		Name of Building Owner/Operator (2) <b>State of New Jersey, Dept of Treasury Job #1405-4764 Check #6301</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>Division of Property Management &amp; Construction PO Box 0034</b>							
		City, State, Zip Code <b>Trenton, NJ 08625-0034</b>							
		Name of Contact <b>Steven Pietrzak, Building Manager</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>NJ State House Garage Mechanical Room Relocation</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>165 West State Street</b>									
City (5) <b>Trenton</b>		Square Feet	# of Floors						
County (6) <b>Mercer</b>		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Utility</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Management, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>344 West State Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Trenton, NJ 08618</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>William Weisgarber, Jr.</b>		Telephone No. <b>609-656-8101</b>	Telephone No. <b>609-265-2107</b>						
License No. <b>00529</b>									
Start Date (10) <b>06 / 16 / 14</b>	Scheduled Completion Date (11) <b>06 / 20 / 14</b>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</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
Sub Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank Insulation	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	70 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gasket Insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>15</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>6/20/14</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Jennifer Piraine</b>		Title <b>Operations Coordinator</b>	Signature <i>Jennifer Piraine</i>			Date <b>5/19/14</b>			



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


RECEIVED

Date of Notification (1) <b>05 / 19 / 14</b>		Name of Building Owner/Operator (2) <b>State of New Jersey, Dept of Transportation Job #1405-4764 Check #6302</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>Division of Property Management &amp; Construction PO Box 0034</b>							
		City, State, Zip Code <b>Trenton, NJ 08625-0034</b>							
		Name of Contact <b>Steven Pietrzak, Building Manager</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>NJ State House Garage Mechanical Room Relocation</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>165 West State Street</b>									
City (5) <b>Trenton</b>	Square Feet	# of Floors	Bldg. Age						
County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Utility</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Management, Inc.</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>344 West State Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Trenton, NJ 08618</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>William Weisgarber, Jr.</b>		Telephone No. <b>609-656-8101</b>	License No. <b>00529</b>						
Start Date (10) <b>06 / 16 / 14</b>	Scheduled Completion Date (11) <b>06 / 20 / 14</b>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>1 Window @ Powerhouse</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Window Caulking</b>	<b>34 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1 Window @ Powerhouse</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Window Glazing</b>	<b>70 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"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>6/20/14</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Jennifer Piraine</b>		Title <b>Operations Coordinator</b>		Signature <i>Jennifer Piraine</i>			Date <b>5/19/14</b>		



CK # 24520

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

Date of Notification (1) <u>5/20/14</u>		Name of Building Owner/Operator (2) <u>Natalie Hamill</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>146 Carter Rd.</u>	
		City, State, Zip Code <u>Princeton, NJ 08540</u>	
		Name of Contact <u>N. Hamill</u>	Telephone Number _____
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>Residential Property</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>146 Carter Rd</u>		Square Feet <u>2000</u>	# of Floors <u>2</u>
City (5) <u>Princeton, NJ</u>		Bldg. Age <u>100</u>	
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Residential</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Lou Laureti</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>5/29/14</u>	Scheduled Completion Date (11) <u>6/6/14</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am to 4pm</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input 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)
	Yes	No	
<u>Basement</u>	<input checked="" type="checkbox"/>		<u>Thermal Pipe Debris</u>
<u>Crawl space</u>	<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>6/6/14</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>
		City, State <u>Tullytown, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>5/20/14</u>



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

SOS2

Date of Notification (1) <b>5/19/14</b>		Name of Building Owner/Operator (2) <b>MRS. ANKITA PANDYA</b>				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>119 KIPP AVE</b> City, State, Zip Code <b>HASBROUCK HEIGHTS, NJ 07604</b> Name of Contact <b>MS. PANDYA</b> Telephone Number				
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>MS. PANDYA</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>119 KIPP AVE</b>		Square Feet <b>2000</b>				
City (5) <b>HASBROUCK HEIGHTS</b>		# of Floors <b>2</b>				
County (6) <b>BERGEN</b>		Bldg. Age <b>1940</b>				
Country Code (7) (STATE USE ONLY) <b>BERGEN</b>		Current Use (Prior if being demolished) <b>RESIDENCE</b>				
Name of Monitoring Firm Hired by Building Owner (8) <b>Best Removal Inc</b>		ASCM No.				
Street Address		Name of Abatement Contractor (9) <b>Best Removal Inc</b>				
City, State, Zip Code		Street Address <b>450 S. River St</b>				
Project Manager for Monitoring Firm		City, State, Zip Code <b>Hackensack, N.J. 07601</b>				
Telephone No.		Telephone No. <b>201-329-7444</b>				
Start Date (10) <b>5/28/14</b>		License No. <b>00388</b>				
Scheduled Completion Date (11) <b>5/29/14</b>		Name of OSHA Monitor <b>Omega Environmental Inc</b>				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <b>7AM 5PM</b>		Street Address <b>280 Huyler St</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 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		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>				
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN FACILITY</b> (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) <b>53 LF</b>	Abatement Type		
				Removal	Repair	Enclosure
<b>BASEMENT</b>		<b>THERMAL INSULATION</b>		<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>142</b>	Name of Registered Landfill <b>Minerva Enterprises</b>		
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>5/29/14</b>	City, State <b>Waynesburg, Oh</b>			
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>	Signature <i>J. Maiorano</i>		Date <b>5/19/14</b>		



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

Check#1903

Emergency notification

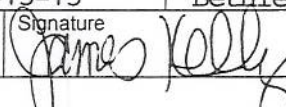
Date of Notification (1) 05 / 19 / 14		Name of Building Owner/Operator (2) Mariko Weatherly		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>APPROVED</b>  NJ Dept. of Health &amp; Senior Services  <i>Paul C. Horner</i>  (Signature)  Date: 5/19/14 Time: 8:44AM </div>						
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 240 West Mount Pleasant Avenue				
		City, State, Zip Code Livingston, NJ 07039				Name of Contact Mariko Weatherly				
						Telephone Number 7				
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Private home Street Address 240 West Mount Pleasant Avenue City (5) Livingston, NJ 07039 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) Essex				Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470		Telephone No. 973-638-1777 License No. 01127						
Project Manager for Monitoring Firm Telephone No.		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. #34A City, State, Zip Code Fair Lawn, NJ 07410								
Start Date (10) 05 / 20 / 14		Scheduled Completion Date (11) 05 / 22 / 14								
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 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input checked="" type="checkbox"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type				
		Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
First floor-dining room		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster ceiling	280 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJOSP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD	Name of Registered Landfill I.R.R.F. Inc City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>Paul C. Horner</i>		Date 05/19/2014				

ASRA1  
MAY 11

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

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

Check # 10591

Date of Notification (1) 5-19-14		Name of Building Owner/Operator (2) Pennrose Properties, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1301 North 31st Street City, State, Zip Code Philadelphia, PA 19121 Name of Contact Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 15 Washington Street		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 15 Washington Street		Square Feet 150,000	# of Floors 16						
City (5) Newark		Blgd. Age 50yrs.							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) vacant							
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address 411 Southgate Court, Suite E		Street Address 923 Haws Avenue							
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080	License No. 00398						
Start Date (10) 4-15-14	Scheduled Completion Date (11) 4-15-15	Name of OSHA Monitor EHS Environmental, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 411 Southgate Court, Suite E City, State, Zip Code Mickleton, NJ 08056							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  5th Floor	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	XNo			N/A	Removal	Repair	Encapsulate	Enclosure
throughout building		X		floor mastic	7,600 SF	X			
throughout building		X		window glazing	980 each	X			
throughout building		X		VAT	2,000 SF	X			
throughout building		X		pipe insulation	1,200 SF	X			
3rd floor annex		X		black mastic	5,000 SF	X			
		X		plaster ceiling	4,000 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 100	Name of Registered Landfill IESI Bethlehem					
City, State Newark, NJ		Disposal Date 4-15-15		City, State Bethlehem, PA					
Completed by James Kelly		Title President		Signature 		Date 5-19-14			



CR# 1258157790


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

DOL - 10 DAY

WAVES APPROVED

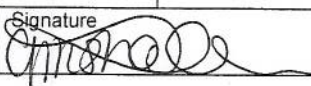
Date of Notification (1) <u>5/22/14</u>		Name of Building Owner/Operator (2) <u>Daniel Renzi</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>P.O. Box 542</u> City, State, Zip Code <u>Clarksburg, NJ</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>41 Charleston Spring Road</u>		Type of Facility (4) <input type="checkbox"/> Public Contracts <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>Millstone</u>		Square Feet <u>700</u>	
City (5) _____		# of Floors <u>2</u>	
County (6) _____		Bldg. Age _____	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <u>abandoned</u>	
Name of Monitoring Firm Hired by Building Owner (8) _____		ASCM No. _____	
Street Address _____		Name of Abatement Contractor (9) <u>Headline Environmental LLC</u>	
City, State, Zip Code _____		Street Address <u>403 S Clinton Ave</u>	
Project Manager for Monitoring Firm _____		City, State, Zip Code <u>Trenton, NJ 08609</u>	
Telephone No. _____		Telephone No. <u>(609)-892-7322</u>	
Start Date (10) <u>5/22/14</u>		License No. <u>01235</u>	
Scheduled Completion Date (11) <u>5/27/14</u>		Contract No. <u>008</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>abandoned 5+ years</u>		Name of OSHA Monitor _____	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition/cleanup <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure		Street Address _____	
City, State, Zip Code _____		City, State, Zip Code _____	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>on the ground surface</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>some vat transite and about 2ft insulation</u>		Amount (Specify SF or LF) <u>over 600sf</u>	
Abatement Type Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>		_____	
Name of Registered Waste Hauler <u>Big-n-Little Carting</u>		NJDEP Waste Hauler ID No. _____	
Cubic Yards of Waste <u>20</u>		Name of Registered Landfill _____	
City, State _____		Disposal Date _____	
City, State _____		City, State _____	
Completed By <u>ANSON MAXWELL</u>		Title <u>PRESIDENT</u>	
Signature <u>[Signature]</u>		Date <u>05/22/14</u>	

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

Date of Notification (1) May 19, 2014		Name of Building Owner/Operator (2) Dave MacDonald      Check # 1157							
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 224 Q Avenue						
	City, State, Zip Code West Wildwood, NJ 08260		Name of Contact Dave MacDonald						
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		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 224 Q Avenue		Square Feet 5,000	# of Floors 2						
City (5) West Wildwood		Bldg. Age 100							
County (6) Cape May	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address		Street Address 623 Cutler Ave.							
City, State, Zip Code		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm		Telephone No. 856-755-0099	License No. 00842						
Start Date (10) May 31, 2014	Scheduled Completion Date (11) June 2, 2014	Name of OSHA Monitor EMSL							
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 107 Haddon Ave							
		City, State, Zip Code Westmont, New Jersey 08108							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition  <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Siding	1,200 SF	xxx			
Name of Registered Waste Hauler Freehold		NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste 30	Name of Registered Landfill Western Berks Community Landfill					
City, State Mount Holly, New Jersey 08060			Disposal Date 6/2/2014	City, State Birdsboro, PA 19508					
Completed by Christina Lynch		Title Operations Manager	Signature 			Date May 19, 2014			

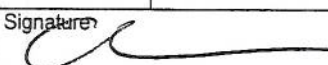


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) May 19, 2014		Name of Building Owner/Operator (2) United Way of Salem County							
Agencies Notified	Type Notification	Street Address 203 E. Broadway							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Salem, NJ 08079							
		Name of Contact Dan Serpico	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial Building		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 279 E. Broadway		Square Feet 10,000	# of Floors 3						
City (5) Salem		Bldg. Age 100							
County (6) Salem	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address P.O. Box 341		Street Address 623 Cutler Ave.							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	Telephone No. 856-755-0099						
		License No. 00842							
Start Date (10) May 28, 2014	Scheduled Completion Date (11) May 30, 2014	Name of OSHA Monitor EMSL							
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 107 Haddon Ave							
		City, State, Zip Code Westmont, New Jersey 08108							
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-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
1st Floor		X		Linoleum	138 SF	xxx			
Name of Registered Waste Hauler Freehold		NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste 3	Name of Registered Landfill Western Berks Community Landfill					
City, State Mount Holly, New Jersey 08060		Disposal Date 5/30/2014		City, State Birdsboro, PA 19508					
Completed by Christina Lynch		Title Operations Manager		Signature 			Date May 19, 2014		

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

CK 9103

Date of Notification (1) 5/19/30		Name of Building Owner/Operator (2) Joe Delrossi Private Home							
Agencies Notified	Type Notification	Street Address 8 One Eye Way							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Waretown NJ 08758							
		Name of Contact Lou	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Joe Delrossi Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 8 One Eye Way		Square Feet 1000+	# of Floors 1						
City (5) Waretown NJ 08758		Bldg. Age 35 +							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800						
			License No. 00727						
Start Date (10) 5/19/14	Scheduled Completion Date (11) 5/23/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout - out			x	Floor Tile / mastic	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 5/23/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 5/19/14			



CK# 1500

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

RECEIVED

Date of Notification (1) <u>5-19-2014</u>		Name of Building Owner/Operator (2) <u>MR LEE KELLY</u>		2014 MAY 22 PM 2:31	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>312 ST. LOUIS AVE</u> City, State, Zip Code <u>POINT PLEASANT BEACH</u> Name of Contact <u>ERIC PLACKIS</u> Telephone Number <u>777-1177</u>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <u>312 ST. LOUIS AVE</u>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>312 ST. LOUIS AVE</u>				Square Feet <u>750</u> # of Floors <u>1</u> Bldg. Age <u>50</u>	
City (5) <u>PT PLEASANT BEACH NJ</u>				Current Use (Prior if being demolished)	
County (6) <u>OCEAN</u>		County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) <u>BRICK INDUSTRIES INC.</u>	
Street Address				Street Address <u>145 NATICK TRAIL</u>	
City, State, Zip Code				City, State, Zip Code <u>BRICK, NJ 08724</u>	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <u>732 899-7499</u> License No. <u>01196</u>	
Start Date (10) <u>5/21/14</u>		Scheduled Completion Date (11) <u>5/23/14</u>		Name of OSHA Monitor <u>EMSL</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>VACANT</u>				Street Address <u>STETSON ROAD</u>	
				City, State, Zip Code <u>PISCATAWAY, N.J.</u>	
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>DRYWALL COMPANY</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>DRYWALL COMPANY</u>	
				Amount (Specify SF or LF) <u>2,400</u>	
				Abatement Type Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>	
Name of Registered Waste Hauler <u>BRICK INDUSTRIES INC.</u>		NJDEP Waste Hauler ID No. <u>21602</u>		Cubic Yards of Waste <u>12</u>	
City, State <u>BRICK NEW JERSEY</u>		Disposal Date		Name of Registered Landfill <u>GROWS</u>	
Completed By <u>ERIC PLACKIS</u>		Title <u>PRES.</u>		City, State <u>MORRISVILLE</u>	
		Signature <u>[Signature]</u>		Date <u>5-19-14</u>	



CK # 1054

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

VIA FAX

CH# 1054

Date of Notification (1) <b>5/19/14</b>		Name of Building Owner/Operator (2) <b>RIVERVIEW GARDEN</b>							
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>3</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1 GARDEN TERR</b> City, State, Zip Code <b>NO. ARLINGTON N.J.</b>							
		Name of Contact <b>PR J. Boller</b>	Telephone Number <b>812-222-1111</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>1 GARDEN TERR</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 GARDEN TERR</b>		Square Feet <b>0</b>	# of Floors <b>0</b>						
City (5) <b>NO. ARLINGTON N.J.</b>		Bldg. Age <b>60</b>							
County (6) <b>BERGEN</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>APT RESEEDENTS</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. <b>732 238-7500</b>	License No. <b>00806</b>						
Start Date (10) <b>12/6/13</b>	Scheduled Completion Date (11) <b>6/30/16</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 checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>CRAWL SPACES (132)</b>			<b>X</b>	<b>PIPE INSULATION</b>	<b>&lt; 7,000 LF</b>	<b>X</b>			
<b>DUPLEXES/GARAGES (28)</b>			<b>X</b>	<b>" "</b>	<b>5,600 LF</b>	<b>X</b>			
<b>GARAGES (43)</b>			<b>X</b>	<b>" "</b>	<b>8,600 LF</b>	<b>X</b>			
<b>PETER ROOM (30) #22(1)</b>			<b>" "</b>	<b>" "</b>	<b>&lt; 200 LF</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>80</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>					
City, State <b>OLD BRIDGE N.J. 08857</b>		Disposal Date <b>6/30/16</b>		City, State <b>MORRISTOWN P.A.</b>					
Completed by <b>CARLOS AMEIDA</b>		Title <b>PRESIDENT</b>		Signature <i>[Signature]</i>		Date <b>5/19/14</b>			

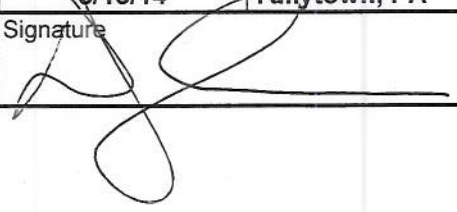
ASB-41

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



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

CK  
6/6/12

Date of Notification (1) 5/12/14 Type Notification		Name of Building Owner / Operator (2) <b>Cooperative Counseling Services</b>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	<input checked="" type="checkbox"/> Emergency Notification Initial Notification Amended Notification Cancellation	Street Address <b>P.O. Box 1301</b>			
		City, State & Zip Code <b>Mountainside, NJ 07090</b>			
		Name of Contact <b>John Moorman</b>			
		Telephone Number			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Vacant Building</b>			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>1474 Woodacres Drive</b>			Square Feet <b>3000</b>	# of Floors <b>2</b>	Bldg. Age <b>50</b>
City (5) <b>Mountainside</b>	County (6) <b>Union</b>	County Code (7)	Current Use (Prior if being demolished) <b>Home</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics, Inc</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>		
Street Address <b>64 Broad Street</b>		Street Address <b>443 Schoolhouse Road</b>			
City, State & Zip Code <b>Matawan, NJ</b>		City, State & Zip Code <b>Monroe Township, NJ 08831</b>			
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	Telephone Number <b>732-605-9062</b>	License Number <b>00714</b>	
Scheduled Start Date (10) <b>5/13/14</b>	Scheduled Completion Date (11) <b>5/15/14</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: <b>After 4pm</b> Other - Describe:			Street Address <b>443 Schoolhouse Road</b>		
			City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> Large Project				<input type="checkbox"/> Mini-Enclosure	
<input checked="" type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM				<input checked="" type="checkbox"/> Glovebag Procedure	
Quantity is $\geq 160$ SF or $\geq 260$ LF ACM				Other: <b>Non-friable</b>	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)	
<b>Basement</b>	<b>N/A</b>	<b>Duct penetrations</b>	<b>8 SF</b>	<b>Removal</b>	
Name of Registered Waste Hauler <b>Freehold Cartage Inc.</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>4</b>	Name of Registered Landfill <b>TRRF</b>	
City, State <b>Freehold, NJ</b>		Disposal Date <b>5/15/14</b>		City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Dominick Tringali</b>	Title <b>Manager</b>	Signature 			Date <b>5/12/14</b>

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

RECEIVED  
2014 MAY 22 PM 2:57

Date of Notification (1) 05/19/14      CK#3100      \$200		Name of Building Owner/Operator (2) Elizabeth Public Schools							
Agencies Notified	Type Notification	Street Address 500 North Broad Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth, New Jersey 07208							
		Name of Contact Luis Milanes	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Abraham Lincoln School # 14		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 50 Grove Street		Square Feet 20,000	# of Floors 2						
City (5) Elizabeth, New Jersey 07202		Bldg. Age 55+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 300 Grand Avenue		Street Address 606 McBride Avenue							
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Stephen J.		Telephone No. 201-569-6708	Telephone No. 973-225-8400						
Start Date (10) 05/30/14	Scheduled Completion Date (11) 06/02/14	License No. 01104							
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: Fri 6:30PM, Sat 8AM, Sun 8AM		Name of OSHA Monitor J&S Environmental Labs							
		Street Address 2333 Route 22 West							
		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) 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
Gym		X		Pipe Insulation	45 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, NJ 07424		Disposal Date 06/03/14		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>			Date 05/19/14			



Check#1902

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

RECEIVED

Date of Notification (1) 05 / 19 / 14		Name of Building Owner/Operator (2) Regina Button	
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 3348 J.F.Kennedy Blvd.		City, State, Zip Code Jersey City, NJ 07307	
Name of Contact Regina Button		Telephone Number	

2014 MAY 22 PM 2:57

ASBESTOS CONTROL &amp; LICENSING

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 3348 J.F.Kennedy Blvd.		Square Feet	
City (5) Jersey City, NJ 07307		# of Floors	
County (6) Hudson		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCN No.		Name of Abatement Contractor (9)	
Street Address				Gr Tech LLC	
City, State, Zip Code				Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code Wayne, NJ 07470	
Start Date (10) 05 / 28 / 14		Scheduled Completion Date (11) 05 / 29 / 14		Telephone No. 973-638-1777	
				License No. 01127	

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc.	
		Street Address 20-21 Wagaraw Road, Bldg. # 34A	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply) <input checked="" type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT floor tiles	200 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		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA			
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 05/19/2014	



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

CR 5053

Date of Notification (1) <b>5-19-2014</b>		Name of Building Owner/Operator (2) <b>J. Mc DONOUGH</b>				
Agency Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL  <input 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>10 EDITH PLACE</b>				
		City, State, Zip Code <b>MINER HILL NJ 07803</b>				
		Name of Contact <b>S. LINEHAW</b>				
Telephone Number						
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>J. Mc DONOUGH</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>10 EDITH PLACE</b>		Square Feet <b>1600</b>	# of Floors <b>2</b>			
City (5) <b>MINER HILL</b>		Bldg. Age <b>64 YRS</b>				
County (6) <b>MORRIS</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				
City, State, Zip Code		City, State, Zip Code				
Project Manager for Monitoring Firm		Telephone No.	License No.			
Start Date (10) <b>5-28-14</b>		Scheduled Completion Date (11) <b>5-30-14</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>		Name of OSHA Monitor <b>Omega Environmental Inc</b>				
Scope of Work (Check all that apply) <input 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"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address <b>280 Huyler St</b>				
		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>				
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 system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
<b>BASEMENT</b>		<b>VAT</b>	<b>400 SF</b>	<input checked="" type="checkbox"/>		
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>5-30-14</b>	City, State <b>Waynesburg, Oh</b>			
Completed by <b>R. VELDRAU</b>	Title <b>Estimator</b>	Signature <b>R. Veldrau</b>	Date <b>5-19-14</b>			

ASB-01

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



CK # 1090


Print Form

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

RECEIVED

Date of Notification (1) 05/19/14		Name of Building Owner/Operator (2) March Associates Construction, Inc.							
Agencies Notified	Type Notification	Street Address 601 Hamburg Turnpike #300							
<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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne, NJ 07470							
		Name of Contact Louis March							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential 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 52 Hemlock Terrace		Square Feet 3,000	# of Floors 2						
City (5) Wayne		Bldg. Age 50+-							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Building							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Stanmark Contractors, LLC						
Street Address		Street Address 27 Edsall Drive							
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461							
Project Manager for Monitoring Firm		Telephone No. 973-864-2022	License No. 01137						
Start Date (10) 05/16/14	Scheduled Completion Date (11) 05/31/14	Name of OSHA Monitor AmeriSci							
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 117 East 30th Street							
		City, State, Zip Code New York, NY 10016							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			Removal	Repair	Encapsulate	Enclosure
* EXTERIOR OF HOUSE	x			TRANSITE SIDING	2000 S.F.	x			
Basement	x			duct wrap	20 L.F.	x			
Kitchen Floor	x			gray paper base	130 S.F.	x			
Foyer Floor	x			linoleum flooring	60 S.F.	x			
Basement	x			plaster	3,500 S.F.	x			
Name of Registered Waste Hauler Pro-Tech		NJDEP Waste Hauler ID No. 190713	Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S.					
City, State New Haven, CT			Disposal Date on completion	City, State Morrisville, PA					
Completed by Marko Stankovic		Title President	Signature <i>Marko Stankovic</i>	Date 05/19/14					

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

Date of Notification (1) May 16/2014    Check#2617		Name of Building Owner/Operator (2) Christine Janesta							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 11 Park Place							
		City, State, Zip Code Verona, NJ 07044							
		Name of Contact Andrew Horan							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial-(Abandon 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 190 Passaic Avenue		Square Feet 3,000	# of Floors 1						
City (5) Belleville, NJ 07109		Bldg. Age 50+							
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) 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. 201-295-1700	License No. 01074						
Start Date (10) May 27/2014	Scheduled Completion Date (11) May 31 /2014	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Starting 8:00 AM</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor		x		Floor Tile & Mastic	2,000 SF	x			
Basement		x		Pipe Insulation	100 LF	x			
Name of Registered Waste Hauler Freehold Carting Inc		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste tbd	Name of Registered Landfill GROWS, North Landfill					
City, State PO Box 5010-Freehold, NJ 07728			Disposal Date tbd	City, State Morrisville, PA					
Completed by Gina Salvador		Title Office Manager		Signature 			Date 5/16/2014		



## NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) May 19, 2014		Name of Building Owner/Operator (2) CRI	
Agencies Notified [ x ] EPA [ ] DEP [ x ] DOL [ x ] DOH [ ] DCA	Type of Notification [ x ] Initial Notification [ ] Amended Notification Amendment # _____ [ ] Emergency (including justification) [ ] Cancellation	Street Address 5 Swackhammer Road	
		City, State, Zip Code Whitehouse Station, NJ 08889	
		Name of Contact Jeff Colucci	Telephone Number 5539

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence - Garage			Type of Facility (4) [ ] School (k-12) [ ] Subchapter 8 (other than k-12) [ x ] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 947 Rabens Avenue			Square feet 600 sf		
City Manville	County (6) Somerset	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) 5/20/14		Scheduled Completion Date (11) 5/21/14			
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 _____			Name of OSHA Monitor E.M.S.L. Analytical		
			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 [ x ] ≥160 sf or ≥260 lf			[ ] Full Containment with Negative Pressure [ ] Mini-Enclosure [ ] Glovebag Procedure [ x ] Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) 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 garage		X		Asbestos siding	1000 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 5/22/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 5/19/2014

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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>May 19, 2014</b>		Name of Building Owner/Operator (2) <b>Bayshore Community Hospital</b>	
Agencies Notified	Type of Notification	Street Address <b>727 North Beers Street</b>	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code <b>Holmdel, NJ 07733</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact <b>Louis D'Amore</b>	
		Telephone Number _____	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Bayshore Community Hospital</b>			Type of Facility (4)		
Street Address <b>727 North Beers Street</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 <b>Holmdel</b>	County (6) <b>Monmouth</b>	County Code (7) (STATE USE ONLY)	Square feet <b>500,000 sf</b>	# of Floors <b>5</b>	Bldg. Age <b>50</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address <b>64 Broad Street</b>			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code <b>Matawan, NJ 07747</b>			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>
Scheduled Start Date (10) <b>5/19/14</b>		Scheduled Completion Date (11) <b>6/2/14</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one)			Street Address <b>1056 Stelton Road</b>		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours					
<input type="checkbox"/> Other - Describe _____					
Scope of Work (Check all that apply)			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
<input 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		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V E 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
Boiler room		X		Fireproofing	600 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>4</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>	Disposal Date <b>6/3/14</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>5/19/14</b>

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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>May 19, 2014</b>		Name of Building Owner/Operator (2) <b>Dennis Stefanitsis</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>700 1<sup>st</sup> Street, Unit 6N</b>	
		City, State, Zip Code <b>Hoboken, NJ 07030</b>	
		Name of Contact <b>Dennis Stefanitsis</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>103 Dolphin Drive</b>			Square feet <b>600 sf</b>		
City <b>Ortley Beach</b>	County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	# of Floors <b>1</b>	Bldg. Age <b>80</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>5/19/14</b>		Scheduled Completion Date (11) <b>5/20/14</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>		
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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
City, State, Zip Code <b>Piscataway, New Jersey 08854</b>					

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			
	E	E	P	N	C				
	M	A	I	A	L				
	O	R		P					
	V			S					
	A			U					
	L			L					
				E					
Exterior		X		Asbestos siding	600 sf	X			

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>	Disposal Date <b>5/21/14</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature <i>Nicholas Fernicola</i>	Date <b>5/19/2014</b>

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