

NO
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STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 AND 12:120)

2013 MAY 24 PM 2:40
LIC 15016 VOL 101

Date of Notification (1) 5/20/2013		Name of Building Owner/Operator (2) Borough of Union Beach	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Notification Type <input type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	
Street Address 650 Poole Avenue		City, State, Zip Code Union Beach, NJ 07735	
Name of Contact Ms. Jennifer Wenson Maier		Tel. Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 206 Ash Street			
City (5) Union Beach	County (6) Monmouth	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigators		ASCM No. 00104	
Street Address 655 West Shore Trail		Name of Contractor (9) MTM Metro Corporation	
City, State, Zip Code Sparta, NJ 07871		Street Address 135-137 McBride Ave	
Project Manager for Monitoring Firm Jean-Paul von Doehren		Telephone Number 973 729-5649	
Telephone Number 973 729-5649		License Number 00809	
Scheduled Start Date (10) 5/21/13		Scheduled Completion Date (11) 5/28/13	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other-Describe: _____		Name of OSHA Monitor MTM Metro Corporation	
		Street Address 135-137 McBride Av	
		City, State, Zip Code Paterson, NJ 07501	
Source of Work (Check all that apply) <input type="checkbox"/> > 3 sf or > 3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <input type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Exterior		Transite Siding Shingles	1,600 SF
Kitchen, Landing/Hallway, Utility Rm		VAT	325 SF
Abatement Type Rem. Rep. Encap Enclose			
Name of Reg. Waste Hauler MTM Metro Corporation		NJDEP Waste Hauler ID # 26552	Cubic Yards of Waste 20
City, State Paterson, NJ 07501		Name of Reg. Landfill Tullytown	
Disp. Date 5/28/13		City, State Tullytown, PA	
Completed by (Print or Type) Elizabeth Maslarkov		Title Business Administrator	Signature Elizabeth Maslarkov
		Date 5/20/2013	

ASB-41

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

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 AND 12:120)

<u>Date of Notification (1)</u> 5/20/2013		<u>Name of Building Owner/Operator (2)</u> Borough of Union Beach	
<u>Agencies Notified</u>		<u>Street Address</u>	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		650 Poole Avenue	
<u>Notification Type</u>		<u>City, State, Zip Code</u>	
<input type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation		Union Beach, NJ 07735	
		<u>Name of Contact</u> <u>Tel. Number</u>	
		Ms. Jennifer Wenson Maier	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u>		<u>Type of Facility (4)</u>	
Private Dwelling		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
<u>Street Address</u>			
508 Edmunds Street			
<u>City (5)</u>	<u>County (6)</u>	<u>County Code (7) (State Use Only)</u>	
Union Beach	Monmouth		
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u>		<u>Name of Contractor (9)</u>	
Environmental Health Investigators		MTM Metro Corporation	
<u>Street Address</u>		<u>Street Address</u>	
655 West Shore Trail		135-137 McBride Ave	
<u>City, State, Zip Code</u>		<u>City, State, Zip Code</u>	
Sparta, NJ 07871		Paterson, NJ 07501	
<u>Project Manager for Monitoring Firm</u>	<u>Telephone Number</u>	<u>Telephone Number</u>	<u>License Number</u>
Jean-Paul von Doehren	973-729-5649	973 742 5030	00809
<u>Scheduled Start Date (10)</u>	<u>Scheduled Completion Date (11)</u>	<u>Name of OSHA Monitor</u>	
5/23/13	5/29/13	MTM Metro Corporation	
<u>Occupancy Status During Abatement (Check only one)</u>		<u>Street Address</u>	
<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: _____		135-137 McBride Av	
		<u>City, State, Zip Code</u>	
		Paterson, NJ 07501	
<u>Source of Work (Check all that apply)</u>			
<input type="checkbox"/> > 3 sf or > 3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <input type="checkbox"/> Glovebag Procedure			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u>	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
Exterior	YES NO N/A	Transite Siding Shingles	1,600 SF
<u>Name of Reg. Waste Hauler</u>	<u>NJDEP Waste Hauler ID #</u>	<u>Cubic Yards of Waste</u>	<u>Name of Reg. Landfill</u>
MTM Metro Corporation	26552	20	Tullytown
<u>City, State</u>	<u>Disp. Date</u>	<u>City, State</u>	
Paterson, NJ 07501	5/29/13	Tullytown, PA	
<u>Completed by (Print or Type)</u>	<u>Title</u>	<u>Signature</u>	<u>Date</u>
Elizabeth Maslarkov	Business Administrator	Elizabeth Maslarkov	5/20/2013

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STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 AND 12:120)

No check

Date of Notification (1) 5/20/2013		Name of Building Owner/Operator (2) Borough of Union Beach	
Agencies Notified	Notification Type	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	650 Poole Avenue	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended # _____	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency (including justification)	Union Beach, NJ 07735	
<input type="checkbox"/> DOH	<input checked="" type="checkbox"/> Cancellation	Name of Contact	Tel. Number
<input type="checkbox"/> DCA		Ms. Jennifer Wenson Maier	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Type of Facility (4)	
Street Address 212 Campbell Street		<input type="checkbox"/> School (K-12)	
City (5) Union Beach	County (6) Monmouth	<input type="checkbox"/> Subchapter 8 (Other than K-12)	
	County Code (7) (State Use Only)	<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigators		Name of Contractor (9) MTM Metro Corporation	
Street Address 655 West Shore Trail		Street Address 135-137 McBride Ave	
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Paterson, NJ 07501	
Project Manager for Monitoring Firm Jean-Paul von Doehren	Telephone Number 973-729-5649	Telephone Number 973 742 5030	License Number 00809
Scheduled Start Date (10) 5/24/13	Scheduled Completion Date (11) 5/30/13	Name of OSHA Monitor MTM Metro Corporation	
Occupancy Status During Abatement (Check only one)		Street Address 135-137 McBride Av	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		Paterson, NJ 07501	
<input type="checkbox"/> Other-Describe: _____			
Source of Work (Check all that apply)			
<input type="checkbox"/> > 3 sf or > 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	<input type="checkbox"/> Mini-Enclosure
<input checked="" type="checkbox"/> > 160 sf or > 260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure	<input type="checkbox"/> Glovebag Procedure
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Exterior		Transite Siding Shingles	1,400 SF
Name of Reg. Waste Hauler MTM Metro Corporation	NJDEP Waste Hauler ID # 26552	Cubic Yards of Waste 20	Name of Reg. Landfill Tullytown
City, State Paterson, NJ 07501	Disp. Date 5/30/13	City, State Tullytown, PA	
Completed by (Print or Type) Elizabeth Maslarkov	Title Business Administrator	Signature <i>Elizabeth Maslarkov</i>	Date 5/20/2013

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No check

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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 AND 12:120)

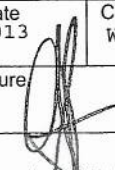
2013 MAY 24 4M 2:40
LICENSURE

Date of Notification (1) 5/20/2013		Name of Building Owner/Operator (2) Borough of Union Beach	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Notification Type <input type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	
Street Address 650 Poole Avenue		City, State, Zip Code Union Beach, NJ 07735	
Name of Contact Ms. Jennifer Wenson Maier		Tel. Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 125 Herbert Street			
City (5) Union Beach	County (6) Monmouth	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigators		ASCM No. 00104	
Street Address 655 West Shore Trail		Name of Contractor (9) MTM Metro Corporation	
City, State, Zip Code Sparta, NJ 07871		Street Address 135-137 McBride Ave	
Project Manager for Monitoring Firm Jean-Paul von Doehren		Telephone Number 973-729-5649	
Telephone Number 973 742 5030		License Number 00809	
Scheduled Start Date (10) 5/22/13		Scheduled Completion Date (11) 5/28/13	
Name of OSHA Monitor MTM Metro Corporation			
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 135-137 McBride Av	
		City, State, Zip Code Paterson, NJ 07501	
Source of Work (Check all that apply) <input checked="" type="checkbox"/> > 3 sf or > 3 lf <input type="checkbox"/> > 160 sf or > 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Crawl Space		Pipe Insulation	60LF
Rear Room		VAT	60SF
Abatement Type			
Rem. Rep. Encap. Enclose			
Name of Reg. Waste Hauler MTM Metro Corporation		NJDEP Waste Hauler ID # 26552	
Cubic Yards of Waste 5		Name of Reg. Landfill Tullytown	
City, State Paterson, NJ 07501		Disp. Date 5/28/13	
City, State Tullytown, PA			
Completed by (Print or Type) Elizabeth Maslarkov		Title Business Administrator	
Signature Elizabeth Maslarkov		Date 5/20/2013	

ASB-41

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

Date of Notification (1) 04/13/2013		Name of Building Owner/Operator (2) THE PRUDENTIAL INSURANCE COMPANY OF AMERICAS							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 751 BROAD STREET FIFTH FLOOR						
			City, State, Zip Code NEWARK, NEW JERSEY 07102						
			Name of Contact MR. RICHARD HUMMERS						
Telephone Number _____									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 102-106 HALSEY STREET		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) NEWARK		Square Feet 8,100	# of Floors 2						
County (6) ESSEX		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) VACANT (PRIOR USE COMMERCIAL)							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS INC.		ASCM No. 00104	Name of Abatement Contractor (9) PAL ENVIRONMENTAL SERVICES						
Street Address 655 WEST SHORE TRAIL		Street Address 11-02 QUEENS PLAZA SOUTH							
City, State, Zip Code SPARTA, NJ 07871		City, State, Zip Code LONG ISLAND CITY, NY 11101							
Project Manager for Monitoring Firm BILL KERBEL		Telephone No. 973-729-5649	License No. 00853						
Start Date (10) 04/29/2013	Scheduled Completion Date (11) 07/29/2013		Name of OSHA Monitor MARTIN MCREA						
Occupancy Status During Abatement (Check Only One)		Street Address 714 KENNEDY BLVD							
<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: BUILDING IS VACANT & SCHEDULED FOR DEMOLITION		City, State, Zip Code BAYONNE, NJ 07002							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) ✓	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED ACM TABLE FOR				SEE ATTACHED ACM TABLE FOR	SEE ATTACHED	X			
DETAILS				DETAILS	ACM TABLE				
					FOR DETAILS				
Name of Registered Waste Hauler ATC/TST		NJDEP Waste Hauler ID No. 24310/19551	Cubic Yards of Waste 50	Name of Registered Landfill MINERVA ENTERPRISES					
City, State SHIRLEY, NY 11967/BRONX, NY 10464		Disposal Date 05/07/2013		City, State WAYNESBURG, OH 44688					
Completed by ANN ALI		Title ADMINISTRATIVE		Signature 			Date 04/13/2013		

6. 102 Halsey Street (Includes 102; 104; 106; 108; 110; 112; 114; and 116 Halsey Street)

Provided below is a summary of the asbestos materials identified at the building located at 102 Halsey Street:

Location/Room	Type of Asbestos Material	Approximate Quantity
102 Halsey – Common Basement – Large Central Room	12"x12" Off White Floor Tile - Bottom Layer of Tile Under Other Tile – May be Less Present	1,950 Square Feet
02 Halsey – Common Basement – Large Central Room	12"x12" Green Floor Tile - Bottom Layer of Tile Under Other Tile – Long Narrow Strip	60 Square Feet
102 Halsey – Common Basement – Large Central Room	Pipe Insulation – Above Several Layers of Ceilings	520 Linear Feet
102 Halsey – Common Basement – West End Corridor	Pipe Insulation – Above Several Ceilings	300 Linear Feet
102 Halsey – Common Basement – West End Corridor	Pipe Insulation Debris – Entire Floor of Corridor	1,080 Square Feet
102 Halsey – Common Basement – Room at South End of West Corridor	Pipe Insulation – Several Pipe Diameters – Some Pipe Above Plaster Ceiling	150 Linear Feet
102 Halsey – Common Basement – Electric Room – Running Parallel with West Corridor	Pipe Insulation – Several Pipe Diameters	335 Linear Feet
102 Halsey – Common Basement – Storage Room – Under Sidewalk	Pipe Insulation Debris – Some Pipe Insulation in Plastic Bags	225 Square Feet
102 Halsey – Common Basement - Boiler Room	Boiler Insulation – Two Boilers	360 Square Feet
102 Halsey – Common Basement - Boiler Room	Boiler Breaching Insulation – Associated with Two Boilers	180 Square Feet
102 Halsey – Common Basement - Boiler Room	Pipe Insulation Debris – On Floor Throughout Boiler Room	1,250 Square Feet
102 Halsey – Common Basement - Boiler Room	Pipe Insulation – Throughout Boiler Room	200 Linear Feet

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

MO#20613927363

Date of Notification (1) 05 / 21 / 13		Name of Building Owner/Operator (2) Amy Ciauro							
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 408 Demarest Avenue City, State, Zip Code Oradell, NJ 07649		Name of Contact Amy Ciauro							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address 408 Demarest Avenue City (5) Oradell, NJ 07649 County (6) Bergen		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.) Square Feet # of Floors Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 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. # 35 E City, State, Zip Code Fair Lawn, NJ 07410							
Start Date (10) 05 / 30 / 13		Scheduled Completion Date (11) 05 / 31 / 13							
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 type="checkbox"/> > 160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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) 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
Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vermiculite insulation	100 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		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA			
Completed By (Print or Type) N. Jevtic		Title Owner		Signature <i>Butic Jevtic</i>		Date 05/21/2013			

CK 023724

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)
05 / 20 / 13

Name of Building Owner/Operator (2)
Packanack Cooperative Nursery School

Agencies Notified Type of Notification
☒ EPA
☐ DEP ☒ Initial
☒ DOL ☐ Amended Amendment #
☒ DOH ☐ Emergency (including Justification)
☒ DCA ☐ Cancellation

Street Address
120 Lake Drive East

City, State, Zip Code

Wayne NJ 07470

Name of Contact

Kelly Schmitz

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Packanack Cooperative Nursery

Street Address

120 Lake Drive West

City (5)

County (6)

County Code (7)
(STATE USE ONLY)

Wayne

Passaic

Name of Monitoring Firm Hired by Building Owner (8)

ASCM

Enviro Vision Consultants, Inc.

Street Address

20-21 Wagaraw Road, Bldg. #34A

Fairlawn NJ 07410

Project Manager for Monitoring Firm

Willie Morales

Telephone Number

973-636-9145

Scheduled State Date (10)

06 / 15 / 13
Month / Day / Year

Scheduled Completion Date (11)

06 / 18 / 13
Month / Day / Year

Occupancy Status During Abatement (Check only one)

- ☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Type of Facility (4)

- ☐ School (K-12)
☒ Subchapter 8 (Other than K-12)
☐ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet

300 Sf

of Floors

2

Bldg. Age

30

Current Use (Prior if being demolished)

School

Name of Abatement Contractor (9)

J.R. Contracting & Environmental Consulting, Inc.

Street Address

1141 Route 23

City, State, Zip Code

Wayne NJ 07470

Telephone Number

973 628-9500

License No.

00408

Name of OSHA Monitor

Enviro Vision Consultants, Inc.

Street Address

20-21 Wagaraw Road, Bldg. #34A

City, State, Zip Code

Fairlawn NJ 07410

Scope of Work (Check all that apply)

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

- ☒ Renovation
☐ Demolition

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

Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance / Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
1st Floor - Storage Closet			X	Pipe Insulation	60 LF	X			
Boiler Room			X	Pipe Insulation	60 LF	X			
Basement - Stairwell / Hallway			X	Pipe Insulation	70 LF	X			

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No. 17819

Cubic Yards of Waste

Name of Registered Landfill

J.R. Contracting & Environmental Consulting, Inc.

G.R.O.W.S

City, State

Disposal Date

City, State

Wayne NJ 07470

Morrisville PA

Completed by (Print or Type)

Title

Signature

Date

Jerry Bijelonic

Project Manager

5/20/2013

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Check# 1647

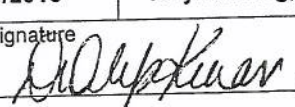
Amended notification

Date of Notification (1) 05 / 21 / 13		Name of Building Owner/Operator (2) James Foran							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 Mountain Road City, State, Zip Code Verona, NJ 07044 Name of Contact James Foran Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address 30 Mountain Road City (5) Verona, NJ 07044 County (6) Essex		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		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. # 35 E City, State, Zip Code Fair Lawn, NJ 07410							
Start Date (10) 05 / 20 / 13		Scheduled Completion Date (11) 05 / 21 / 13							
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 type="checkbox"/> > 160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Utility room-basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility room-basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler insulation	36 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	50 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 Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>Robert Jevtic</i>			Date 05/21/2013			

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

No check

2013 MAY 24 AM 2:40
LICEN 106-1

Date of Notification (1) <div style="text-align: center;">5 / 16 / 13</div>		Name of Building Owner/Operator (2) Viridian Partners, Inc.							
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 Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1745 Shea Center Drive, Suite 190							
		City, State, Zip Code Highlands Ranch, CO 80129							
		Name of Contact Dennis Quereux							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		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 1050 State Street		Square Feet 150,000	# of Floors 1						
City (5) Perth Amboy		Bldg. Age 101							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Warehouse							
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		ASCM No.	Name of Abatement Contractor (9) USA Environmental Management, Inc.						
Street Address 104 E. 25th Street, 10th Floor		Street Address 8436 Enterprise Avenue							
City, State, Zip Code New York, NY 10010		City, State, Zip Code Philadelphia, PA 19153							
Project Manager for Monitoring Firm Fred Burkhardt	Telephone No. 212-353-8280	Telephone No. 215-365-5810	License No. 1156						
Start Date (10) <div style="text-align: center;">5 / 20 / 13</div>	Scheduled Completion Date (11) <div style="text-align: center;">8 / 20 / 13</div>	Name of OSHA Monitor USA Environmental Management, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:30 AM-3:30 PM / ____ PM- ____ AM		Street Address 8436 Enterprise Avenue							
		City, State, Zip Code Philadelphia, PA 19153							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED SHEET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 200 cy	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 7/31/2013		City, State Waynesburg, OH					
Completed By (Print or Type) Dilip Kumar		Title Program Manager		Signature 				Date 5-16-13	

2013 MAY 24

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)			Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
Building 10			x	Flashing Top and Bottom	400 SF	x			
Building 21			x	Pipe INSulation	200 LF	x			
Building 21			X	Window Caulking	60 LF	x			
Building 21			X	Roofing, Tar Roofing	7000 SF	x			
Building 22			X	Wall Plaster (top)	800 SF	x			
Building 22			X	Pipe INSulation	20 LF	x			
Building 22			X	Transite Roof	3000 SF	x			
Building 23			X	Exterior Wall Coat	400 SF	x			
Building 23			X	Tar on Wall	200 SF	x			
Building 23			X	Roofing Debris on floor	400 SF	x			
Building 23			X	Pipe Insulation	700 SF	x			
Building 23			X	Pipe Elbow	20 LF	x			
Building 23			X	Pipe Insulation	340 LF	x			
Building 23			X	Roofing Tar	11000 SF	x			
Building 30			X	Floor tiles	1350 SF	x			
Building 30			X	Mastic	2000 SF	x			
Building 30			X	Window Putty	2000 LF	x			
Building 30			X	Radiator Shield	80 SF	x			
Building 30			X	Oven Insulation	2000 SF	x			
Building 30			X	Panel Insulation	4 SF	x			
Building 30			X	Pipe Insulation	820 LF	x			
Building 30			X	Circuit Breaker Board	30 SF	x			
Building 30			X	Caulking (metal shed)	100 LF	x			
Building 30			X	Tar Debris (middle section)	800 SF	x			
Building 30			X	Transite board on ground	20 SF	x			
Building 30			X	Transite board	320 SF	x			
Building 30			X	Back boards in panel	20 SF	x			
Building 30			X	Break pads	2 SF	x			
Building 30			X	Window Putty	300 LF	x			
Building 30			X	Roofing/flashing	20000 SF	x			
Building 33			X	Transite panels	1000 SF	x			
Building 33			X	Flashing	2000 SF	x			
Building 33			X	Cap Flashing	500 Sf	x			
Building 33			X	Transite pipes	250 LF	x			
Building 33			X	Exterior Coating	1000 SF	x			
Building 33			X	Elbow Insulation	20 LF	x			
Building 33			X	Paper under fuses	2 SF	x			
Building 33			X	Pipe Insulation	200 LF	x			
Building 33			X	Roofing/flashing	18500 SF	x			
Building 33			X	Tar under wood frame	300 SF	x			
Building 33			X	Window caulking	1000 LF	x			
Building 33A			X	Floor tile	600 SF	x			
Building 33A			X	Cap flashing	400 LF	x			
Building 33A			X	Caulking around metal tank	20 LF	x			
Building 33A			X	Exterior Coating	2000 SF	x			
Building 33A			X	Elbow Insulation	2 LF	x			
Building 33A			X	Mortar of oven bricks	800 SF	x			
Building 33A			X	Door putty	12 LF	x			
Building 33A			X	Roof Membrane	7400 SF	x			
Building 33A			X	Transite	60 SF	x			
Building 33A			X	Window caulking	300 LF	x			
Building 33A			X	Window Putty	600 LF	x			
Building 33A			X	Flashing & transite roof	1500 SF	x			
Building 34			X	Window Putty	1000 LF	x			
Building 38			X	Back board (electric box)	5 SF	x			
Building 38			X	Window caulking	200 LF	x			
Building 38			X	Tar on wall	20 SF	x			
Building 38			X	Transite debris	100 SF	x			
Building 38			X	Transite tars	21200 SF	x			
Building 38			X	Window putty	200 LF	x			
Building 40			X	Roofing	2700 SF	x			

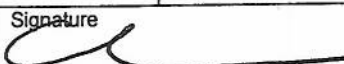
2013 MAY 24 4:17:40

Building 41			X	Electric breaker board	6 SF	x			
Building 41			X	Caulking (@roof beam)	1200 LF	x			
Building 41			X	Exterior coating	3000 SF	x			
Building 41			X	Mastic on wall	300 SF	x			
Building 41			X	Skylight putty	4000 SF	x			
Building 41			X	Window putty	900 LF	x			
Building 41			X	Roof	45000 SF	x			
Building 41			X	Transite panels debris	3000 SF	x			
Building 41			X	Window caulking	300 LF	x			
Building 41			X	Floor tile and mastic	80 SF	x			
Building 42			X	Floor tiles	5000 SF	x			
Building 42			X	Block pipe insulation	400 LF	x			
Building 42			X	Breaker panel board	5 SF	x			
Building 42			X	Caulking with transite siding	1000 LF	x			
Building 42			X	Caulking @ beam	1000 LF	x			
Building 42			X	Exterior coating	800 SF	x			
Building 42			X	Door caulking	16 LF	x			
Building 42			X	Panel backboard	1 SF	x			
Building 42			X	Skylight putty	2400 LF	x			
Building 42			X	Tar over exhaust duct	100 SF	x			
Building 42			X	Transite siding	7000 SF	x			
Building 42			X	Paper insulation	310 LF	x			
Building 42			X	Flashing	1000 SF	x			
Building 46			X	Exterior coating	4000 SF	x			
Building 46			X	Door caulking	60 LF	x			
Building 46			X	Debris (transite)	200 SF	x			
Building 46			X	Mastic on metal windows	8 EA	x			
Building 46			X	Transite siding	4000 SF	x			
Building 46			X	Window glazing	20 SF	x			
Building 46			X	Flashing (North high roof)	8000 SF	x			
Tank shed			X	Flashing	20 SF	x			
Shed next to gate			X	Flashing	40 SF	x			
Shed next to gate			X	Floor tile and mastic	40 SF	x			
Building 9			X	Transite roofing and siding	14500 SF	x			
Building 9A			X	Tar on wall	20 SF	x			
Building 9A			X	Transite roof and siding	11000 SF	x			
Building 9A			X	Wall caulking	10 LF	x			
			X			x			
			X			x			

CK 3249

* Emergency *

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

Date of Notification (1) 5/22/13		Name of Building Owner/Operator (2) Claire & Jack Schmittinger							
Agencies Notified	Type Notification	Street Address 136 S Forecastle Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Egg Harbor NJ 08087							
		Name of Contact Jack	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Claire & Jack Schmittinger		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 136 S Forecastle Drive		Square Feet 1000+	# of Floors 1						
City (5) Little Egg Harbor NJ 08087		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 5/22/13	Scheduled Completion Date (11) 5/22/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
on exposed slab			X	Floor Tile	160 SF	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 5/23/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 5/22/13			

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

Check # 7849

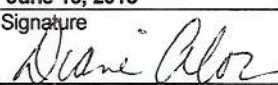
Date of Notification (1) May 22, 2013		Name of Building Owner / Operator (2) The College of New Jersey	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	Street Address 2000 Pennington Road City, State & Zip Code Ewing, NJ 08628 Name of Contact Joe Anderson (Northeast Roof Maintenance Co., Inc.)	
		Telephone Number _____	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Brower Center 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, home, etc.)	
Street Address 2000 Pennington Road		Square Feet 6,000	# of Floors 2
City (5) Ewing		Bldg. Age 65	
County (6) Mercer		Current Use (Prior if being demolished) Student Center Building	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code		Street Address 829 Radio Road	
Project Manager for Monitoring Firm		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) June 3, 2013	Scheduled Completion Date (11) June 17, 2013	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input checked="" type="checkbox"/> Other – Describe: School not in session; however, building is not closed <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)


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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof – Skylight			x	Black Caulk	560 LF	X			
Roof – Skylight			x	Grey Caulk / Glazing	3,000 LF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 10	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date June 18, 2013	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature 	Date May 22, 2013

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

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

Date of Notification (1) 05/22/13		Name of Building Owner/Operator (2) MOSHE MENDLOWITZ						
Agencies Notified	Type Notification	Street Address 629 HOPE CHAPEL RD						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code LAKEWOOD NJ 08701						
		Name of Contact JOE	Telephone Number 1					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)						
Street Address 629 HOPE CHAPEL RD		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) LAKEWOOD		Square Feet	# of Floors 1					
County (6) OCEAN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOME					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS					
Street Address		Street Address 6 WHITE DOVE CT						
City, State, Zip Code		City, State, Zip Code LAKEWOOD NJ 08701						
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200					
Start Date (10) 06/03/13	Scheduled Completion Date (11) 06/05/13	Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)		Street Address						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
				1000	x			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill				
City, State		Disposal Date		City, State				
Completed by	Title	Signature 			Date 05/22/13			

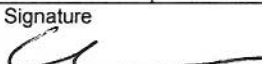
Emergency

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

DOL - 10 DAY

Date of Notification (1) 5-21-13		Name of Building Owner/Operator (2) Viribus Company	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> BOH <input type="checkbox"/> DGA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box 292 City, State, Zip Code Brick NJ 08723	
Name of Contact Dennis Bredijk			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 603 Birch Street		Square Foot 754	# of Floors 1
City (5) Berkeley NJ 08721		Bldg. Age 75+	
County (6) Ocean		Current Use (Prior if being demolished) Single family Dwelling	
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ABCM No. N/A	
Street Address P.O. Box 337		Name of Abatement Contractor (9) EPC Technologies Inc	
City, State, Zip Code New Egypt, NJ 08533		Street Address P.O. Box 337	
Project Manager for Monitoring Firm Steve Schenker		City, State, Zip Code New Egypt NJ 08533	
Telephone No. 609 758-3365		Telephone No. 609 758-3365	
Start Date (10) 5-23-13		License No. 00394	
Scheduled Completion Date (11) 5-23-13		Name of OSHA Monitor EPC Technologies Inc	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337	
		City, State, Zip Code New Egypt NJ 08533	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> < 23 sf or < 23 lf <input checked="" type="checkbox"/> ≥ 180 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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)
Exterior Walls		Siding Shingles	900 SF
Name of Registered Waste Hauler EPC Technologies	NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 6	Name of Registered Landfill Waste Management of PA
City, State New Egypt NJ	Disposal Date 5-24-13	City, State Moansville PA	
Completed by Steve Schenker	Title President	Signature Steve Schenker	Date 5/21/13

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

Date of Notification (1) 5/20/13		Name of Building Owner/Operator (2) Mario & Flora Salierno (Private Home)							
Agencies Notified	Type Notification	Street Address 39 Patrick Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Manahawkin NJ 08050							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Mario	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mario & Flora Salierno (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 39 Patrick Drive		Square Feet 1000+	# of Floors 1						
City (5) Manahawkin NJ 08050		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. _____	License No. _____						
Start Date (10) 5/29/13		Scheduled Completion Date (11) 6/5/13							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Same							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address City, State, Zip Code							
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
through out			x	Floor Tile	220 SF	x			
inside Garage			x	Transite siding	150 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 6/5/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 5/20/13			

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

No check

Date of Notification (1) 5-20-2013		Name of Building Owner/Operator (2) Adele Stulpin	
Agencies Notified	Type Notification	Street Address 2471 Vauxfall Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Union, NJ, 07083	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Adele Stulpin	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number 6	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			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			Square Feet 1800 SF	# of Floors 2	Bldg. Age 100
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
	UNION				

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address			Street Address 86 Christopher St.	
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm	Telephone Number N/A		Telephone Number (973) 744-8800	License Number 00371
Scheduled Start Date (10) 6-6-2013	Sched. Completion Date (11) 6-7-2013	Name of OSHA Monitor N/A		
Month Day Year		Month Day Year		
Occupancy Status During Abatement (Check only one)		Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement				
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>OffHours Descript</u>		City, State, Zip Code		
<input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>				

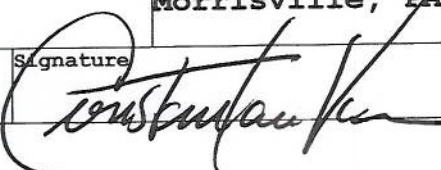
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

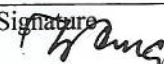
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	145 lf	X			
				Boiler	20 SF				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date		City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian	Title President	Signature 			Date 5-20-2013

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

2013 MAY 24 AM 2:40
LICENSING POL

Date of Notification (1) 05/20/13			Name of Building Owner/Operator (2) Chatham Court							
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA		Type Notification <input checked="" type="checkbox"/> Initial Amended Amended # Emergency (including Justification) Cancellation		Street Addresses 380 Main Street						
				City, State, Zip Chatham, NJ 07928						
				Name of Contact Jeff Cirkut		Telephone Number				
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Chatham Court				Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial Buildings,						
Street Addresses 380 Main Street				Square Feet # of Floors Bldg. Age						
City(5) Chatham, NJ				County Code (7) (STATE USE ONLY)						
County (6) Morris		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Yes						
Name of Monitoring Firm Hired by Building Owner (8)- J&S Environmental Laboratories, LLC			ASCM No.		Name of Abatement Contractor (9) Pezo Inc					
Street Address 2333 Route 22 West			Street Address: 4 Beaverbrook Rd., #150							
City, State, Zip Code Union NJ 07083			City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm Sherryl		Telephone No. 908-206-0073		Telephone No. 973-628-7829		License No 01141				
Start Date (10) 06/03/13		Scheduled Completion Data (11) 09/29/13		Name of OSHA Monitor J & S Environmental Laboratories, LLC						
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other -Describe				Street Address 2333 Route 22 West						
				City, State, Zip Code Union NJ 07083						
Scope of Work (Check all apply) <input checked="" type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 lf				<input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure <input checked="" type="checkbox"/> Renovation Demolition <input checked="" type="checkbox"/> Glovebag Procedure Non-Exempted (*) and Non-Friable procedure						
Location of		Is Location Normally		Description of		Abatement Type				
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)		Used Solely by Maintenance/Custodial Staff? (12)		Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or Other miscellaneous)		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Crawlspace		<input checked="" type="checkbox"/>		Pipe Insulation		2900.00 LF	<input checked="" type="checkbox"/>			
Storage Rooms		<input checked="" type="checkbox"/>		Asbestos Recidue		1400.00LF	<input checked="" type="checkbox"/>			
Name of registered Waste Hauler Pezo Inc.		NJDEP Waste Huler CS 6224		Cubic Yards of Waste		Name of Registered Landfield Waste Management of Pennsylvania				
City, State Lincoln Park, NJ 07035				Disposal Date		City, State Morrisville Pennsylvania				
Completed by Ike Pezic		Title President		Signature 			Data			

Do not Use this form for asbestos licensure exempted activities

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)
05 / 20 / 13

Name of Building Owner/Operator (2)

Eyal Shuster

Agencies Notified
☒ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type of Notification
☐ Initial
☒ Amended
Amendment # 3
☐ Emergency (including
Justification)
☐ Cancellation

Street Address
360 Ninth Street LLC

City, State, Zip Code
Jersey City, NJ

Name of Contact
Eyal Shuster

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Warehouse
Street Address

360 Ninth Street
City (5)

County (6)

County Code (7)
(STATE USE ONLY)

Jersey City

Hudson

Name of Monitoring Firm Hired by Building Owner (8)

ASCM

Street Address

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e., private & commercial
buildings, homes, etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)

J.R. Contracting & Environmental Consulting, Inc.

Street Address

1141 Route 23

City, State, Zip Code

Wayne NJ 07470

Telephone Number

973 628-9500

License No.

00408

Name of OSHA Monitor

Enviro Vision Consultants, Inc.

Street Address

20-21 Wagaraw Road, Bldg. #34A

City, State, Zip Code

Fairlawn NJ 07410

Scheduled State Date (10)

06 / 03 / 13
Month / Day / Year

Scheduled Completion Date (11)

06 / 14 / 13
Month / Day / Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period
of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Scope of Work (Check all that apply)

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

☒ Renovation
☐ Demolition

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

Location of Asbestos - Containing Material (ACM) <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			
				R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
2nd Floor Offices	X	VAT	4000 SF	X			
Roof	X	Roofing	600 SF	X			
1st Floor - Warehouse	X	Pipe Insulation	800 LF	X			

Name of Registered Waste Hauler

NJDEP Waste
Hauler ID No.
17819

Cubic Yards of Waste

Name of Registered Landfill

J.R. Contracting & Environmental Consulting, Inc.

City, State

Wayne NJ 07470

Disposal Date

City, State

Morrisville PA

Completed by (Print or Type)

Title

Signature

Date

Jerry Bijelonic

Project Manager

5/20/2013

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) 04 / 26 / 13		Name of Building Owner/Operator (2) Eyal Shuster	
Agencies Notified [X] EPA [] DEP [X] DOL [X] DOH [] DCA		Type of Notification [] Initial [X] Amended Amendment # 2 [] Emergency (including Justification) [] Cancellation	
Street Address 360 Ninth Street LLC		City, State, Zip Code Jersey City, NJ	
Name of Contact Eyal Shuster		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Warehouse Street Address 360 Ninth Street City (5) Jersey City			County (6) Hudson			County Code (7) (STATE USE ONLY)			Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.)		
Name of Monitoring Firm Hired by Building Owner (8) Street Address			ASCM			Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc. Street Address 1141 Route 23 City, State, Zip Code Wayne NJ 07470			Square Feet # of Floors Bldg. Age		
Project Manager for Monitoring Firm			Telephone Number			Telephone Number 973 628-9500			License No. 00408		
Scheduled State Date (10) Month / Day / Year			Scheduled Completion Date (11) Month / Day / Year			Name of OSHA Monitor Enviro Vision Consultants, Inc.			Current Use (Prior if being demolished)		
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe:						Street Address 20-21 Wagaraw Road, Bldg. #34A City, State, Zip Code Fairlawn NJ 07410					

Scope of Work (Check all that apply)

[] ≥ 3 sf or ≥ 3 lf	[X] Renovation	[] Full Containment With Negative Pressure
[X] ≥ 160 sf or ≥ 260 lf	[] Demolition	[] Mini-Enclosure
		[X] 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)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
2nd Floor Offices			X	VAT	4000 SF	X			
Roof			X	Roofing	600 SF	X			
1st Floor - Warehouse			X	Pipe Insulation	800 LF	X			

Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting, Inc. City, State Wayne NJ 07470		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. City, State Morrisville PA
Completed by (Print or Type) Jerry Bijelonic	Title Project Manager	Signature	Date 4/26/2013	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) 04 / 15 / 13		Name of Building Owner/Operator (2) Eyal Shuster	
Agencies Notified [X] EPA [] DEP [X] DOL [X] DOH [] DCA		Type of Notification [] Initial [X] Amended Amendment # 1 [] Emergency (including Justification) [] Cancellation	
Street Address 360 Ninth Street LLC		City, State, Zip Code Jersey City, NJ	
Name of Contact Eyal Shuster		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Warehouse Street Address 360 Ninth Street City (5) Jersey City			Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.)		
County (6) Hudson		County Code (7) (STATE USE ONLY)		Square Feet	
				# of Floors	
				Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8) ASCM		Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.			
Street Address		Street Address 1141 Route 23			
		City, State, Zip Code Wayne NJ 07470			
Project Manager for Monitoring Firm		Telephone Number		License No. 00408	
Scheduled State Date (10) 04 / 29 / 13 Month / Day / Year		Scheduled Completion Date (11) 05 / 10 / 13 Month / Day / Year		Name of OSHA Monitor Enviro Vision Consultants, Inc.	
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe:		Street Address 20-21 Wagaraw Road, Bldg. #34A			
		City, State, Zip Code Fairlawn NJ 07410			

Scope of Work (Check all that apply)

[] ≥ 3 sf or ≥ 3 lf	[X] Renovation	[] Full Containment With Negative Pressure
[X] ≥ 160 sf or ≥ 260 lf	[] Demolition	[] Mini-Enclosure
		[X] Glovebag Procedure
		[X] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos - Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance / Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
2nd Floor Offices			X	VAT	4000 SF	X			
Roof			X	Roofing	600 SF	X			
1st Floor - Warehouse			X	Pipe Insulation	800 LF	X			

Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting, Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S.	
City, State Wayne NJ 07470		Disposal Date		City, State Morrisville PA	
Completed by (Print or Type) Jerry Bijelonic	Title Project Manager	Signature 		Date 4/15/2013	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)
04 / 01 / 13

Name of Building Owner/Operator (2)
Eyal Shuster

Agencies Notified Type of Notification
☒ EPA
☐ DEP ☒ Initial
☐ DOL ☐ Amended Amendment # _____
☒ DOH ☐ Emergency (including Justification)
☐ DCA ☐ Cancellation

Street Address
360 Ninth Street LLC

City, State, Zip Code
Jersey City, NJ

Name of Contact
Eyal Shuster

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Warehouse

Street Address

360 Ninth Street

City (5)

County (6)

County Code (7)
(STATE USE ONLY)

Jersey City

Hudson

Name of Monitoring Firm Hired by Building Owner (8)

ASCM

Street Address

Project Manager for Monitoring Firm

Telephone Number

Scheduled State Date (10)

04 / 15 / 13
Month / Day / Year

Scheduled Completion Date (11)

04 / 30 / 13
Month / Day / Year

Occupancy Status During Abatement (Check only one)

- ☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: _____

Type of Facility (4)

- ☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)

J.R. Contracting & Environmental Consulting, Inc.

Street Address

1141 Route 23

City, State, Zip Code

Wayne NJ 07470

Telephone Number

973 628-9500

License No.

00408

Name of OSHA Monitor

Enviro Vision Consultants, Inc.

Street Address

20-21 Wagaraw Road, Bldg. #34A

City, State, Zip Code

Fairlawn NJ 07410

Scope of Work (Check all that apply)

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

- ☒ Renovation
☐ Demolition

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

Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance / Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	E
2nd Floor Offices			X	VAT	4000 SF	X				
Roof			X	Roofing	600 SF	X				
1st Floor - Warehouse			X	Pipe Insulation	800 LF	X				

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No. 17819

Cubic Yards of Waste

Name of Registered Landfill

J.R. Contracting & Environmental Consulting, Inc.

G.R.O.W.S

City, State

Disposal Date

City, State

Wayne NJ 07470

Morrisville PA

Completed by (Print or Type)

Title

Signature

Date

Jerry Bijelonic

Project Manager

4/1/2013

CHECK #
2768

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 17:27)

Date of Notification (1) 5/20/13		Name of Building Owner/Operator (2) BOA MUUSE	
Agencies Notified NJDEP NJDOH NJAHJ NJOC	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 P.O. BOX 322	
		City, State, Zip Code BRIGHTWINE, N.J. 08203	
		Name of Contact STACE	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (residential & commercial buildings, homes, etc.)	
Address 403 W. EDWARDS BLVD.		Square Feet 1000	Number of Floors 2
City, State, Zip Code BRIGHTWINE		Block Age 40T	
County ATLANTIC	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) VACANT	
Name of Person Using Firm Hired by Building Owner N/A	ASCM No.	Name of Abatement Contractor (9) KLEMM INC.	
Address		Street Address 369 S. SPRING AVE	
State, Zip Code		City, State, Zip Code MAPLE SHADE, N.J. 08012	
Person Manager for Monitoring Firm		Telephone No. 856-774-0422	License No. 100144
Date 5/30/13	Scheduled Completion Date (11) 6/8/13	Name of OSHA Monitor JOSEPH KLEMM	
Abatement Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other Describe		Street Address 369 S. SPRING AVE	
		City, State, Zip Code MAPLE SHADE, N.J. 08012	

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Spec. SF or LF)	Remarks
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted ("I") and Non-Friable Procedure				
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13) SEILING	Iv. NO III <input checked="" type="checkbox"/>	TRANSITE	1500	X

Name of Abatement Contractor KLEMM INC.	NJOER Waste Permit ID No. 17904	Cubic Yards of Waste ACUA	Name of Registered Carrier ACUA
City, State, Zip Code MAPLE SHADE, N.J.	Disposal Date	City, State BRIGHTWINE, N.J.	
Signature Joseph Klemm	Title V/P	Signature Joseph Klemm	Date 5/30/13

* Do not use this form for asbestos licensure exempt activities

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

CF 3241

Date of Notification (1) 5/20/13		Name of Building Owner/Operator (2) Dorothy Trautz (Private Home)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 48 Judy	
		City, State, Zip Code Manahawkin NJ 08050	
		Name of Contact Dorothy Trautz	Telephone Number _____

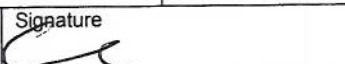
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Dorothy Trautz (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 48 Judy		Square Feet 1000+	# of Floors 2
City (5) Manahawkin NJ 08050		Bldg. Age 35+	
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.
Street Address _____		Street Address PO Box 329	
City, State, Zip Code _____		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm _____		Telephone No. _____	Telephone No. 956-753-9800
Start Date (10) 5/29/13		Scheduled Completion Date (11) 6/5/13	License No. 00727
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Same	
		Street Address _____	
		City, State, Zip Code _____	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1600 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 6/5/13	City, State Morrisville PA 19067
Completed by Anthony T Perna	Title President	Signature 	Date 5/20/13

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 AND 12:120)

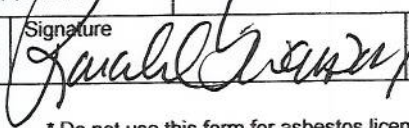
Date of Notification (1) 5/17/2013		Name of Building Owner/Operator (2) Borough of Union Beach	
Agencies Notified	Notification Type	Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	650 Poole Avenue	
		City, State, Zip Code Union Beach, NJ 07735	
		Name of Contact Ms. Jennifer Wenson Maier	Tel. Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Type of Facility (4)	
Street Address 214 West Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City (5) Union Beach	County (6) Monmouth	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigators		ASCM No. 00104	Name of Contractor (9) MTM Metro Corporation
Street Address 655 West Shore Trail		Street Address 135-137 McBride Ave	
City, State, Zip Code Sparta, NJ 07871		City State, ZipCode Paterson, NJ 07501	
Project Manager for Monitoring Firm Jean-Paul von Doehren	Telephone Number 973-729-5649	Telephone Number 973 742 5030	License Number 00809
Scheduled Start Date (10) 5/20/13	Scheduled Completion Date (11) 5/25/13	Name of OSHA Monitor MTM Metro Corporation	
Occupancy Status During Abatement (Check only one)		Street Address 135-137 McBride Av	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other-Describe: _____		City, State, Zip Code Paterson, NJ 07501	
Source of Work (Check all that apply)			
<input type="checkbox"/> > 3 sf or > 3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <input type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Exterior		Transite Siding Shingles	1,000 SF
Kitchen/Bathroom		VAT	130 SF
Basement		Black floor mastic	130 SF
Abatement Type			
Rem. Rep. Encap Enclose			
Name of Reg. Waste Hauler MTM Metro Corporation		NJDEP Waste Hauler ID # 26552	Cubic Yards of Waste 15
City, State Paterson, NJ 07501		Name of Reg. Landfill Tullytown	
Disp. Date 5/25/13		City, State Tullytown, PA	
Completed by (Print or Type) Elizabeth Maslarkov	Title Business Administrator	Signature <i>Elizabeth Maslarkov</i>	Date 5/17/2013

ASB-41

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

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

Check # 1476

Date of Notification (1) 05/21/2013		Name of Building Owner/Operator (2) BETTY LAZEVNICK							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 401 LINCOLN AVE							
		City, State, Zip Code PAULSBORO NJ 08066							
		Name of Contact MARY BETH DEAN							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		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 401 LINCOLN AVE		Square Feet 1600	# of Floors 1						
City (5) PAULSBORO NJ 08066		Bldg. Age 40							
County (6) GLOUCESTER	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8) CONNELL GREEN		ASCN No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 904 KINGS ARMS DRIVE		Street Address 570 CLEMS RUN							
City, State, Zip Code DOWNTOWN PA 19335		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm RICK PELLISER		Telephone No. 484-432-9363	Telephone No. 610-304-4676						
		License No. 01145							
Start Date (10) 05/30/2013	Scheduled Completion Date (11) 05/31/2013	Name of OSHA Monitor EMSL							
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: RESIDENTIAL		Street Address 200 RT 130 NORTH							
		City, State, Zip Code CINNAMINSON NJ 08077							
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 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
BASEMENT			X	PIPE WRAP	80 LF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 4	Name of Registered Landfill ALLIED WASTE IMPERIAL LANDFILL					
City, State MULLICA HILL NJ 08062		Disposal Date 06/03/2013		City, State IMPERIAL PA					
Completed by RON SWANSON		Title PROJECT COORDINATOR	Signature 	Date 05/21/2013					

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

Date of Notification (1) 5-20-2013		Name of Building Owner/Operator (2) David Chin	
Agencies Notified	Type Notification	Street Address 243 Feronia Way	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Rutherford, NJ, 07070	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact David Chin	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			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			Square Feet 1200	# of Floors 2	Bldg. Age 90
City (5) BERGEN	County (6) Essex	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) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371	
Scheduled Start Date (10) 6-7-2013	Sched. Completion Date (11) 6-10-2013	Name of OSHA Monitor N/A		
Month Day Year 6 7 2013		Month Day Year 6 10 2013		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		


Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E	
Basement			X	Pipe Insulation	90 LF	X				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 6-11-2013	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 5-20-2013		

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

Date of Notification (1) 5-20-2013		Name of Building Owner/Operator (2) Dan Zenowich	
Agencies Notified	Type Notification	Street Address 16 Oakland Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Maplewood, NJ, 07040	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Dan Zenowich	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number 7	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION


Name of Facility Where Abatement is Taking Place (3) Same as above			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			Square Feet 2200	# of Floors 2	Bldg. Age 80
City (5)	County (6) Essex ESSEX	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) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371	
Scheduled Start Date (10) 6-3-2013 Month Day Year	Sched. Completion Date (11) 6-4-2013 Month Day Year	Name of OSHA Monitor N/A		
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: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement			X	PIPE INSULATION	80 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 		Date 5-2013	

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

Date of Notification (1) 5-16-2013		Name of Building Owner/Operator (2) Lang Staff	
Agencies Notified	Type Notification	Street Address 6 Princeton Place	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Montclair, NJ,	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Lang Staff	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number 908-241-1491	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

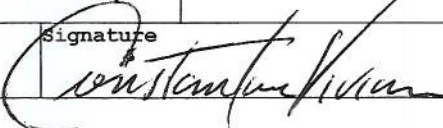
Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet 1900 SF	# of Floors 3	Bldg. Age 95
City (5)	County (6) Essex	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) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371
Scheduled Start Date (10) 5-28-2013 Month Day Year	Sched. Completion Date (11) 5-29-2013 Month Day Year	Name of OSHA Monitor N/A		
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: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L .	E N C L O S U R E
Basement			X	Pipe Insulation	65 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 5-30-2013	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 5-16-2013		

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

Date of Notification (1) 5-21-2013		Name of Building Owner/Operator (2) Jim Sheelan	
Agencies Notified	Type Notification	Street Address 52 Hillside Ave.	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Verona, NJ, 07044	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Jim Sheelan	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			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			Square Feet 1850	# of Floors 3	Bldg. Age 107
City (5)	County (6) Essex	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) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371	
Scheduled Start Date (10) 6-4-2013 Month Day Year	Sched. Completion Date (11) 6-5-2013 Month Day Year	Name of OSHA Monitor N/A		
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: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>		Street Address		
		City, State, Zip Code		

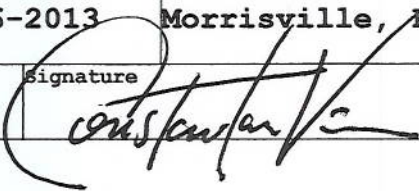
Scope of Work (Check all that apply)

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

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement			X	Pipe Insulation	80 LF	X			
				Crawl Space	3 SF				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 6-6-2013	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 5-21-2013		

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

Date of Notification (1) 5-21-2013		Name of Building Owner/Operator (2) Bernice Wilson	
Agencies Notified	Type Notification	Street Address 149 Norman Rd.	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Newark, NJ,	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Bernice Wilson	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			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			Square Feet 1500	# of Floors 2	Bldg. Age 69
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY) 07101	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 6-5-2013 Month Day Year	Sched. Completion Date (11) 6-6-2013 Month Day Year	Name of OSHA Monitor N/A		
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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

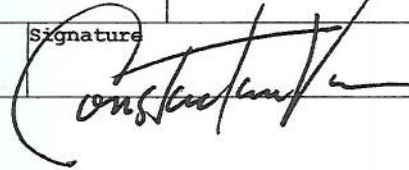
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	100 LF	X			

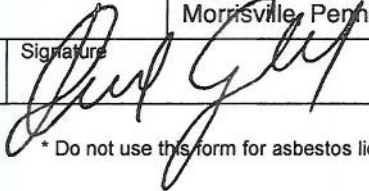
Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 6-7-2013	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 5-21-2013		

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

Date of Notification (1): 05/21/2013		Name of Building Owner/Operator (2) Newark Public School							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address: 2 Cedar Lane City, State, Zip Code: Newark, NJ 07102 Name of Contact: Benjamin Olagadeyo Telephone Number: _____						
	FACILITY INFORMATION								
Name of Facility 14 th Avenue Elementary School		Type of Facility (4): <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
186 14 th Avenue		Square Feet: _____ # of Floors: _____ Bldg. Age _____ Current Use : School							
City/ (5): Newark	County (6): Essex	County Code (7): 07103							
Name of Monitoring Firm Hired by Building Owner: WHITMAN		ASCM No.: _____	Name of Abatement Contractor (9): Envirocare Enterprises, Inc						
Street Address: 7 Pleasant Hill Road		Street Address: 358 Broadway, Suite 202							
City, State, Zip Code: Cranbury, NJ 08512		City, State, Zip Code: Newark, NJ 07104							
Project Manager for Monitoring Firm: Kevin T. Lovely		Telephone No.: 732-390-5858	Telephone No.: _____ License No.: _____ (973) 485-4000 01017						
Start Date (10): 05/31/13	Scheduled Completion Date (11): 06/02/13		Name of OSHA Monitor: AmeriSci						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: _____ <input type="checkbox"/> Other Describe: _____		Street Address: 117 East 30th Street City, State, Zip Code: New York, New York, 10016							
Scope of Work (Check all that apply): <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
Basement		X		Pipe Insulation	165 LF	*			
Name of Registered Waste Hauler: Newark Carting		NJDEP Waste Hauler ID No.: 4506		Cubic Yards of Waste: 30	Name of Registered landfill: Tullytown Re. Facility				
City, State:		Disposal Date:		City, State: Tullytown, PA					
Completed By: Samuel Ilounoh		Title: President		Signature: <i>Samuel Ilounoh</i>		Date: 05/21/2013			

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

CK # 2639

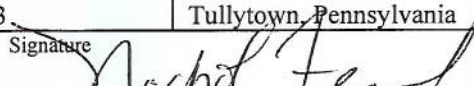
Date of Notification (1) 05/20/13		Name of Building Owner/Operator (2) The College of New Jersey							
Agencies Notified	Type Notification	Street Address 2000 Pennington Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ewing, NJ 08628							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Roselle Horodeski	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Norsworthy Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2000 Pennington Road		Square Feet 100,000 +	# of Floors 3+						
City (5) Ewing		Bldg. Age 50+							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		ASCM No. 00112	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address 344 West State Street		Street Address 163 Sargeant Avenue							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm Mr. William Weisgarber, Jr.		Telephone No. 609-656-8101	Telephone No. 973-689-6281						
License No. 01099		Name of OSHA Monitor J&S Environmental Laboratories LLC							
Start Date (10) 05/30/13	Scheduled Completion Date (11) 07/31/13	Street Address 2333 Route 22 West							
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: _____		City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Through-Out Entire Building		x		Window Caulking	4,055 LF	x			
		x		Window Glazing	13,400 LF	x			
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Clifton, New Jersey		Disposal Date		City, State Morrisville, Pennsylvania					
Completed by Dimo Golcev		Title General Manger		Signature 		Date 05/20/13			

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

Date of Notification (1) <div style="text-align: center;">May 21, 2013</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Mattia Building Contracting</div>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	1702 A Grand Central Avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code <div style="text-align: center;">Lavallette, NJ 08735</div>	
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact <div style="text-align: center;">Sal Mattia</div>	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4)		
Street Address <div style="text-align: center;">40 Harding Avenue</div>			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City <div style="text-align: center;">Ortley Beach</div>			Bldg. Age <div style="text-align: center;">60</div>		
			Current Use (Prior if being demolished) <div style="text-align: center;">Residence</div>		
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>		ASCM No.	Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
Street Address		Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>			
City, State, Zip Code		City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <div style="text-align: center;">732-349-9932</div>		License Number <div style="text-align: center;">00624</div>
Scheduled Start Date (10) <div style="text-align: center;">5/22/13</div>		Scheduled Completion Date (11) <div style="text-align: center;">5/23/13</div>		Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>	
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 <div style="text-align: center;">1056 Stelton Road</div>		
			City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) <div style="text-align: center;">YES NO N/A</div>			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1600 sf	X			
Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>		NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>		Cubic Yards of Waste <div style="text-align: center;">3</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>				
City, State <div style="text-align: center;">Toms River, New Jersey</div>		Disposal Date <div style="text-align: center;">5/24/13</div>		City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>					
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>		Title <div style="text-align: center;">Project Manager</div>		Signature 			Date <div style="text-align: center;">5/21/2013</div>		

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

CK
11423

* Emergency Notification *

2013 MAY 24 AM 2:40

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:26 and 12:18)

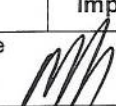
DOL - 10 DAY

Date of Notification (1) 5/16/13		Name of Building Owner/Developer (2) 500 N 3rd St	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DCM <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 500 N 3rd St City, State, Zip Code Elizabeth, NJ 07201	
<div style="float: right; border: 1px solid black; padding: 5px;"> WAIVER APPROVED MAY 14 2013 1515 Milanese </div>			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Terrence Reilly School #7		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 436 First Ave		Squares Feet # of Floors Bldg Age	
City (5) Elizabeth		County Code (7) (STATE USE ONLY)	
County (6) Union		Current Use (Prior to being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Detail Assoc		Name of Abatement Contractor (9) F. Grisez & Son	
Street Address 300 Grand Ave		Street Address 513 E 32nd St	
City, State, Zip Code Englewood NJ		City, State, Zip Code Paterson NJ 07654	
Principal Manager for Monitoring Firm Tony Valentine		Telephone No. 973-345-2777	
Start Date (10) 5/18/13		License No. 0A-00021	
Emergency Cleanup Under (11) 5/19/13		Name of OSHA Monitor SANDE	
Company Status During Abatement (Check all that apply) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe		Street Address City, State, Zip Code	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 8 sq ft or ≥ 3 ft <input type="checkbox"/> ≥ 160 sq ft or ≥ 250 ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Exempt Procedure			
Location of Asbestos-Containing Material (ACM) (13) TOILET AREA	Is Location Normally Used Exclusively by Maintenance/Construction Crew? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VA, or other miscellaneous)	Amount (Specify sq ft or lb) 20 LF
Boys Locker Room	X	Pipe Insul	X
Name of Registered Waste Hauler Eastern Waste	NJDEP Waste Hauler ID No. Dec 872	Cubic Yards of Waste 2/	Name of Registered Landfill BFI Transfer
City, State Freehold, NJ	Disposal Date 5/25/13	City, State Freehold, NJ	Date 5/16/13
Signature [Signature]	Title President	Signature [Signature]	Date 5/16/13

A28-41

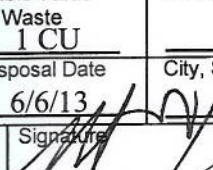
Do not use this form for asbestos abatement exempted activities

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

Date of Notification (1) <div style="text-align: center;">5 / 21 / 13</div>		Name of Building Owner/Operator (2) Federal Realty Investment Trust		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED MAY 24 2013 ASBESTOS CONTROL & LICENSING </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 #0 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 1626 East Jefferson St.			
		City, State, Zip Code Rockville, MD 20852				Name of Contact Ric Woodie			
						Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Troy Hills Shopping Center (Space 7A)				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 1115 Route 46 East				Square Feet 207,000					
City (5) Parsippany, NJ 07054				# of Floors 1					
County (6) Morris				Bldg. Age 51					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) VERTEX		ASCM No. NA		Name of Abatement Contractor (9) Alliance Environmental Systems					
Street Address 700 Turner Way		Street Address 550 East Union St.							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Dave Brown		Telephone No. 610-558-8902		License No. 00508					
Start Date (10) <div style="text-align: center;">6 / 5 / 13</div>		Scheduled Completion Date (11) <div style="text-align: center;">6 / 11 / 13</div>		Name of OSHA Monitor VERTEX					
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: 7AM-3:30PM				Street Address 700 Turner Way					
				City, State, Zip Code Aston, PA 19014					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 1475	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Space #7A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT / Mastic		<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 N.E.T.S.		NJDEP Waste Hauler ID No. 18947		Cubic Yards of Waste 30	Name of Registered Landfill Allied BFI Imperial				
City, State Hazleton, PA		Disposal Date TBD		City, State Imperial, PA					
Completed By (Print or Type) Mark Griffin		Title Estimator		Signature 			Date 5/21/13		

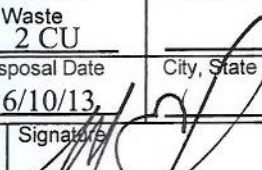
CK #25173

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


Date of Notification (1) <u>5/21/13</u>		Name of Building Owner/Operator (2) <u>Ray Magnifico</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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>2212 Rogers Rd.</u>							
		City, State, Zip Code <u>Pt. Pleasant Boro, NJ 08724</u>							
		Name of Contact <u>Dave Cole</u>							
		Telephone Number <u> </u>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>2212 Rogers Rd.</u>									
City (5) <u>Pt. Pleasant Boro, NJ 08742</u>		Square Feet <u>1500</u>	# of Floors <u>1</u>						
		Bldg. Age <u>60</u>							
County (6) <u>Ocean</u>	County Code (7) (STATE USE ONLY) <u> </u>	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>William Weisgarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>						
Start Date (10) <u>6/3/13</u>	Scheduled Completion Date (11) <u>6/5/13</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 - 4:30PM</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 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)	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>Traniste Flue</u>	<u>9 lf</u>	<input checked="" type="checkbox"/>			
<u>1st floor</u>				<u>Transite Flue</u>	<u>9 lf</u>	<input checked="" type="checkbox"/>			
<u>Attic</u>				<u>Transite Flue</u>	<u>6 lf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>6/6/13</u>	City, State <u>Tullytown, PA</u>						
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature 				Date <u>5/21/13</u>		

CK# 25174

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

Date of Notification (1) <u>5/21/13</u>		Name of Building Owner/Operator (2) <u>Preston Brooks</u>		MAY 24 2013					
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>917 Newton Ave.</u>							
		City, State, Zip Code <u>Oakland, NJ 08107</u>							
		Name of Contact <u>Preston Brooks</u>		Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>917 Newton Ave</u>									
City (5) <u>Oakland, NJ 08107</u>				Square Feet <u>1400</u>	# of Floors <u>1</u>				
				Bldg. Age <u>75</u>					
County (6) <u>Camden</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>William Weisgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>		Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>				
Start Date (10) <u>6/6/13</u>	Scheduled Completion Date (11) <u>6/10/13</u>		Name of OSHA Monitor <u>MECS</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>8AM - 4:30PM</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 type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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) <u>80 lf</u>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>Basement</u>			<u>X</u>	<u>Duct Insulation</u>	<u>80 lf</u>	<u>X</u>			
				<u>Wrap and Cut Method</u>					
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>					
City, State <u>Allentown, NJ</u>			Disposal Date <u>6/10/13</u>	City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature 		Date <u>5/21/13</u>			

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

Date of Notification (1) 05/23/2013		Name of Building Owner/Operator (2) R. Baker & Son							
Agencies Notified	Type Notification	Street Address 1 Globe Court							
<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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Red bank, Nj 07701							
		Name of Contact Robert Pena (Engineer)							
<div style="float: right; border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 24 2013 <small>TELEPHONE CONTROL & RECORDS</small> </div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) B-4 Enterprises, LLC (The Clam Hut)		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 1 Atlantic Street		Square Feet	# of Floors						
City (5) Highlands, NJ 07732		Bldg. Age							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) GNPATP, LLC Environmental Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address 34 Southview Terrace South		Street Address 815 12th Street							
City, State, Zip Code Middletown, NJ 07748		City, State, Zip Code Hammonton, NJ 08037							
Project Manager for Monitoring Firm Matthew Bianchi		Telephone No. 973-270-5248	Telephone No. 609-567-1250						
License No. 01172									
Start Date (10) 06/06/2013	Scheduled Completion Date (11) 06/20/2013	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Between Kitchen and Porch				Brown Linoleum	180 SF	x			
In Kitchen adjacent to Porch				Brown Wall Mastic	400 SF	x			
In Kitchen & Soda Gun Room				Transite Panels	17-4X8 Panels	x			
Above Kitchen				Exterior & Interior Roofing	5,000 SF	x			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill					
City, State Newark, NJ		Disposal Date Various		City, State					
Completed by Kati DiNatale		Title Office Manager		Signature 		Date 05/23/2013			

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

[illegible]

5/17/13