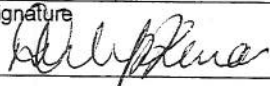


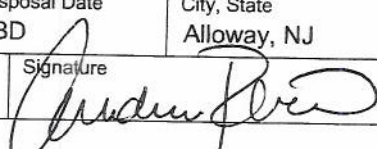
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 05 / 22 / 14		Name of Building Owner/Operator (2) Merck Sharp and Dohme Corporation							
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 type="checkbox"/> Amended Amendment # 002 <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address 126 E. Lincoln Avenue							
		City, State, Zip Code Rahway, NJ 07065							
		Name of Contact Gerry Stankovitz							
Telephone Number 									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building 121/121E & 123		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 126 E. Lincoln Avenue		Square Feet 115000	# of Floors 4						
City (5) Rahway		Bldg. Age 50							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) EHI, Inc.		Name of Abatement Contractor (9) USA Environmental Management, Inc.							
Street Address 655 West Shore Trail		Street Address 8436 Enterprise Avenue							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Philadelphia, PA 19153							
Project Manager for Monitoring Firm Lisa Liloia		Telephone No. 973-729-5649	License No. 1156						
Start Date (10) 6 / 02 / 14	Scheduled Completion Date (11) 9 / 26 / 14	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: 7:00 AM-3:30PM / 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 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
See attached	<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 Freehold Cartage Inc.		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1200	Name of Registered Landfill Lycoming County RMS					
City, State Freehold, NJ		Disposal Date 8/26/2014		City, State Montgomery, PA					
Completed By (Print or Type) Dilip Kumar		Title Program Manager		Signature 			Date 5/22/14		

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 121			x	Pipe Fittings	4 EA	X			
Building 121			x	Pipe Wrap Cloth	10 LF	x			
Building 121			X	Window Caulking	60 LF	x			
Building 121			X	Transite Window Sill	54 SF	x			
Building 121			X	Window Glazing	10 EA	x			
Building 121			X	Window Sill Caulk	85 EA	x			
Building 121			X	Door Caulk	200 LF	x			
Building 121			X	Roof Coping Stone Caulk	150 LF	x			
Building 121			X	Roofing Tar	24000 SF	x			
Building 121E			X	Crawl Space	2000 SF	x			
Building 121E			X	Pipe Fittings	5 EA	x			
Building 121E			X	Transite Table Top	15 SF	x			
Building 121E			X	Water Proofing	400 SF	x			
Building 121E			X	Window/Door Glazing Caulk	63 EA	x			
Building 121E			X	Window Sill Caulk	90 EA	x			
Building 121E			X	Exterior Building Caulk	160 LF	x			
Building 121E			X	Roof Flashing	800 SF	x			
Building 121E			X	Roofing Tar	8200 SF	x			
Building 121E			X	Coping Stone Caulk	130 LF	x			
Building 121E			X	Mastic on Duct	20 SF	x			
Building 123			X	Window Caulk	46 EA	x			
Building 123			X	Door Caulk	80 LF	x			
Building 123			X	Roofing Tar	9500 SF	x			
Building 123			X	Coping Stone Caulk	300 LF	x			

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

RECEIVED

Date of Notification (1) 5-23-2014		Name of Building Owner/Operator (2) Judith Fees							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 26 S. Highland Ave		City, State, Zip Code Runnemede, NJ 08078							
Name of Contact Andrew Ricco		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 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 22 S. Highland Ave		Square Feet 1332							
City (5) Runnemede		# of Floors 2							
County (6) Camden		Bldg. Age 104							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) vacant							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. _____							
Street Address		Name of Abatement Contractor (9) Ricco Construction Corp							
City, State, Zip Code		Street Address 282 Creek Road							
Project Manager for Monitoring Firm		City, State, Zip Code Bellmawr, NJ 08031							
Telephone No. _____		Telephone No. 856-466-6452							
Start Date (10) 5-19-2014		License No. 01204							
Scheduled Completion Date (11) 6-19-2014		Name of OSHA Monitor Andrew Ricco							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 282 Creek Road							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Bellmawr, NJ 08031							
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			X	trasnite siding	300sf	X			
Name of Registered Waste Hauler Ricco Construction Corp		NJDEP Waste Hauler ID No. 28909		Cubic Yards of Waste 2		Name of Registered Landfill Salem County			
City, State Bellmawr, NJ		Disposal Date TBD		City, State Alloway, NJ					
Completed by Andrew Ricco		Title owner		Signature 		Date 5-23-2014			

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

RECEIVED

Date of Notification (1) 05/26/14		Name of Building Owner/Operator (2) PLATINUM DEVELOPERS							
Agencies Notified	Type Notification	Street Address 545 EAST COUNTY LINE RD. SOUTH							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code LAKEWOOD NJ 08701							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 312 CEDAR BRIDGE		<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 800	# of Floors 1						
County (6) OCEAN		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address		AAA LEAD PROFESSIONALS							
City, State, Zip Code		6 WHITE DOVE COURT							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) MAY 27 2014		Scheduled Completion Date (11) MAY 28 2014	Name of OSHA Monitor AAA LEAD PROFESSIONALS						
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<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 LAKEWOOD, NJ 08701							
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
EXTERIOR		X		SIDING	500SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 05/28/14		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 05/26/14			

CK # 2662

Print Form

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

Date of Notification (1) 04/01/14		Name of Building Owner/Operator (2) LAND TECHNOLOGY							
Agencies Notified	Type Notification	Street Address 1423 CEDAR ROW							
<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 JOSHUA GOLDSTEIN							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 1414 TOWERS STREET City (5) LAKEWOOD County (6) OCEAN		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.) Square Feet 800 # of Floors 1 Bldg. Age _____ 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) AAA LEAD PROFESSIONALS Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701						
Project Manager for Monitoring Firm _____		Telephone No. _____	Telephone No. 732-668-9078 License No. 1200						
Start Date (10) 06/06/14	Scheduled Completion Date (11) 06/06/14	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR		X		SIDING	800 SF	X			
EXTERIOR		X		ROOFING	4 SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date				

MO # 6757904112

Print Form

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

Date of Notification (1) 5/21/14		Name of Building Owner/Operator (2) Geraldine Jackson						
Agencies Notified	Type Notification	Street Address 142 Headley Terrace						
<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 Union, NJ 07083						
		Name of Contact Geraldine Jackson	Telephone Number [REDACTED]					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)						
Street Address 142 Headley Terrace		<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, NJ 07083		Square Feet N/A	# of Floors N/A					
County (6) Union	County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address		Street Address 11 Rosengren Avenue						
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512						
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. _____					
Start Date (10) 6/03/14		Scheduled Completion Date (11) 6/04/14	License No. #00675					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor D&S Abatement, Inc.						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue						
		City, State, Zip Code Totowa, NJ 07512						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
garage		X	pipe insulation	45 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA				
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA				
Completed by Deanna Brkusnin		Title Project Manager		Signature <i>Deanna Brkusnin</i>		Date 5/21/14		

Check#1911

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

Date of Notification (1)

05 / 23 / 14

Name of Building Owner/Operator (2)

Laura DeRoche

Street Address

72 South Centre Street

City, State, Zip Code

South Orange, NJ 07079

Name of Contact

Laura DeRoche

Agencies Notified

- ☐ EPA
☒ DOLWD
☒ DHSS
☐ DCA
(NJAC 5:23-8)

Type Notification

- ☒ Initial
☐ Amended
Amendment # _____
☐ Emergency (including justification)
☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private home

Street Address

72 South Centre Street

City (5)

South Orange, NJ 07079

County (6)

Essex

Type of Facility (4)

- ☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ 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 (5)

ASCM No.

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

Street Address

576 Valley Rd #283

City, State, Zip Code

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

973-638-1777

01127

Start Date (10)

06 / 03 / 14

Scheduled Completion Date (11)

06 / 04 / 14

Name of OSHA Monitor

Envirovision Consultants, Inc

Street Address

20-21 Wagaraw Road, Bldg # 34A

City, State, Zip Code

Fair Lawn, NJ 07410

Occupancy Status During Abatement (Check only one)

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

Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM

Scope of Work (Check all that apply)

- ☒ >3 sf or >3 lf
☐ > 150 sf or >260 lf

- ☒ Renovation
☐ Demolition

- ☐ Clean up and decontamination with negative pressure
☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure ☐ Tent with Negative Pressure
☐ 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
SIF or LF)

Abatement Type

Removal
Repair
Encapsulate
Enclosure

Basement

☐ ☐ ☒

Pipe insulation

75 LF

☒ ☐ ☐ ☐

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

0033785

Cubic Yards of Waste

TBD

Name of Registered Landfill

T.R.R.F. Inc

City, State

Wayne, NJ 07470

Disposal Date

TBD

City, State

Tullytown, PA

Completed By (Print or Type)

Title

N.Jevtic

Owner

Signature

Date

05/23/2014

ASB-41
MAY 11

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

State of New Jersey APPROVED: PAUL HORNBER, NJDOH
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

02#2624

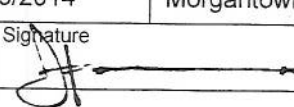
Date of Notification (1) 5/22/14		Name of Building Owner / Operator (2) Hazlet Township Public Schools							
Agencies Notified	Type Notification	Street Address 421 Middle Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Hazlet, NJ 07730							
		Name of Contact Mr. Charles Hildner	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Raritan HS		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUB-CHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 419 Middle Road		Square Feet 70,000	# of Floors 1						
City (5) Hazlet	County (6) Monmouth	Bldg. Age 50+							
County Code (7)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		Name of Abatement Contractor (9) Bristol Environmental, Inc.							
Street Address 120 North Warren Street		Street Address 1123 Beaver Street							
City, State & Zip Code Trenton, NJ 08010		City, State & Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm Ryan Broadwater		Telephone Number 609-392-4200	License Number 00509						
Scheduled Start Date (10) 5/22/14	Scheduled Completion Date (11) 5/24/14	Name of OSHA Monitor Bristol Environmental Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 2 PM to 10:30 PM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street							
		City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite	1,115 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation Wrap & Cut	25 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"/>
	<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 Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 4 cu yd	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 5/24/14		City, State Waynesburg, OH					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni / jhl</i>				Date 5/22/14		

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

PK # 4935

2014 MAY 29 AM 11:44

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5/23/14		Name of Building Owner/Operator (2) E.I. Dupont De Nemours & Co							
Agencies Notified	Type Notification	Street Address Route 130 & Canal Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 Deepwater, New Jersey 08023							
		Name of Contact John Kyritsis	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Canal Bridge Area		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address Route 130 & Canal Road		Square Feet 0	# of Floors 0						
City (5) Deepwater		Bldg. Age 50							
County (6) Salem	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pipe Lines & Steel Bridge for Piping							
Name of Monitoring Firm Hired by Building Owner (8) Harvard Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.						
Street Address 760 Pulaski Highway		Street Address 42 Ridge Road							
City, State, Zip Code Bear, DE 19701		City, State, Zip Code Phoenixville, PA 19460							
Project Manager for Monitoring Firm Wesly Morrison		Telephone No. 302-326-2333	Telephone No. 610-933-4332						
License No. 00836									
Start Date (10) 06/11/2014	Scheduled Completion Date (11) 09/11/2014	Name of OSHA Monitor Harvard Env., 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 760 Pulaski Hwy							
		City, State, Zip Code Bear, DE 19701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
canal/bridge area	X			galbestos on structural steel	5272 sf	X			
canal/bridge area	X			tsi pipe	940 lf	X			
canal/bridge area	X			galbestos on pipe	1240 lf	X			
canal/bridge area	X			mastic on pipe	100 lf	X			
Name of Registered Waste Hauler SJ Transportation		NJDEP Waste Hauler ID No. 03217		Cubic Yards of Waste 40	Name of Registered Landfill Constoga				
City, State Woodstown, NJ		Disposal Date 7-8-9/2014		City, State Morgantown, PA					
Completed by Jeff LaRiviere		Title V.P.		Signature 		Date 5/23/2014			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60-7 and 12: 120-7)

RF # 034477

Date of Notification (1) 05 / 23 / 14		Name of Building Owner/Operator (2) THE COMMUNITY SCHOOL - LOWER SCHOOL	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment <input type="checkbox"/> Cancellation <input type="checkbox"/> Emergency	
Street Address 11 WEST FOREST AVENUE		City, State, Zip Code TEANECK, NJ 07666	
Name of Contact MATTHEW ALBAN		Telephone Number 408	

Name of Facility Where Abatement is Taking Place (3) THE COMMUNITY SCHOOL-LOWER SCHOOL			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 11 WEST FOREST AVENUE			Square Feet		
City (5) TEANECK		County (6) BERGEN	County Code (7) (STATE USE ONLY)		# of Floors
Name of Monitoring Firm Hired by Building Owner (8) ASCM			Current Use (Prior if being demolished)		
Street Address			Name of Abatement Contractor (9) J.R. CONTRACTING & ENVIRONMENTAL CONSULTING, INC.		
Project Manager for Monitoring Firm			Street Address 1141 ROUTE 23		
Telephone Number			City, State, Zip WAYNE, NJ 07470		
Scheduled State Date (10) 06 / 23 / 14 Month / Day / Year			Telephone Number 973 628-9500		
Scheduled Completion Date (11) 07 / 25 / 14 Month / Day / Year			License Number 00408		
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 <input checked="" type="checkbox"/> Hours - Describe: 7:00 a.m. - 3:30 p.m. <input type="checkbox"/> Other - Describe:			Name of OSHA Monitor Enviro Vision Consultants, Inc.		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation			Street Address 20-21 Wagaraw Road, Bldg. #34A		
			Fair Lawn NJ 07410		
			<input checked="" type="checkbox"/> O & M Procedure <input type="checkbox"/> Full Containment With Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non Exempted (*) and Non-Friable Procedure		

Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance / Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			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	8 LF	X				
Basement	X			Accoustical Ceiling Plaster	0.5 SF	X				
First Floor		X		Accoustical Ceiling Plaster	6 SF	X				
Second Floor		X		Accoustical Ceiling Plaster	8 SF	X				

Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting, Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 1	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 05/23/14	

May 22 2014 12:01pm

P001/001

Print Form

CK # 3104

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

APPROVED
NJ Dept. of Health & Senior Services
Paul C. Harper
(signature)
Date: 5/22/14 Time: 12:01 PM

Date of Notification (1) 05/21/14 CK#3104 \$200		Name of Building Owner/Operator (2) Elizabeth Public Schools							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 500 North Broad Street City, State, Zip Code Elizabeth, New Jersey 07208 Name of Contact Luis Milanes Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) George Washington School # 1		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 250 Grove Broadway		Square Feet 20,000	# of Floors 2						
City (5) Elizabeth, New Jersey 07202		Bldg. Age 55+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 300 Grand Avenue		Street Address 606 McBride Avenue							
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Stephen J.		Telephone No. 201-569-6708	Telephone No. 973-225-8400						
License No. 01104									
Start Date (10) 05/24/14	Scheduled Completion Date (11) 05/27/14	Name of OSHA Monitor J&S Environmental Labs							
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: Sat 8AM Start		Street Address 2333 Route 22 West City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2160 sf or 2260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Mechanical Room Next to Gym	X			O&M Pipe Insulation	6 LF	X			
Incinerator Room	X			O&M Clean up Spray on Material top of incinerator	75 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, NJ 07424		Disposal Date 05/28/14	City, State Morrisville, Pennsylvania						
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>			Date 05/21/14			

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

Check # 1029

Date of Notification (1) 5/22/2014		Name of Building Owner/Operator (2) Philip M. Gatti							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	15 Prospect St.							
		City, State, Zip Code Madison, NJ							
		Name of Contact Philip M. Gatti	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4)							
Street Address 20 Forest 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) Madison		Square Feet 1,900 +	# of Floors 2						
County (6) Morris		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.						
Street Address		Street Address 1087 Pleasant Valley Way							
City, State, Zip Code		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 01232						
Start Date (10) 6/01/2014		Scheduled Completion Date (11) 6/02/2014							
Name of OSHA Monitor Envirovision Consultants Inc.		Street Address 20-21 Wagaraw Rd. - Bldg.35E							
Occupancy Status During Abatement (Check Only One)		City, State, Zip Code Fair Lawn, NJ 07410							
<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:									
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	30 LF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Freehold, New Jersey		Disposal Date TBD		City, State Morrisville, Pennsylvania					
Completed by Blagica Nikolova		Title President	Signature [Signature]	Date 05/22/2014					

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

CR 5064

Date of Notification (1) 5-23-14		Name of Building Owner/Operator (2) S. Mc Gowan				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 74 SHERWOOD ROAD				
		City, State, Zip Code TENAFLY, NJ 07070				
		Name of Contact S. Mc Gowan				
<div style="text-align: right;">2014 MAY 29 AM 11:15</div>						
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) S. Mc Gowan		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 74 SHERWOOD ROAD		Square Feet 3100	# of Floors 2			
City (5) TENAFLY		Bldg. Age 76 YRS				
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)				
Street Address		Street Address Best Removal Inc				
City, State, Zip Code		City, State, Zip Code 450 S. River St				
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388			
Start Date (10) 6-2-14	Scheduled Completion Date (11) 6-3-14	Name of OSHA Monitor Omega Environmental Inc				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM 5 PM		Street Address 280 Huyler St				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 SF or ≥ 2 SF <input type="checkbox"/> ≥ 150 SF or ≥ 250 SF <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Friction Procedure		City, State, Zip Code South Hackensack, N.J. 07606				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
BASEMENT BOILER ROOM		THERMAL INSULATION	48 SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Best Removal Inc		N.J.E.P. Waste Hauler ID No. 17109	Cubic Yards of Waste 3/4 YD	Name of Registered Landfill Minerva Enterprises		
City, State Hackensack, N.J. 07601		Disposal Date 6-3-14	City, State Waynesburg, Oh			
Completed by R. Veldran	Title Estimator	Signature R. Veldran	Date 5-23-14			

ASB-41

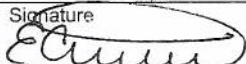
* Do not use this form for asbestos enclosure exempted activities.

CK 259,64

Signature: [Signature] Date: 5/23/14

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

CH# 40641

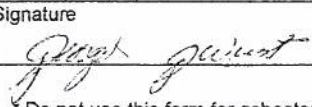
Date of Notification (1) 5-23-2014		Name of Building Owner/Operator (2) Care Point Health		2014 MAY 29 AM 11:18					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 308 Willow Ave.					
		City, State, Zip Code Hoboken, NJ 07030		ASBESTOS CONTROL & LICENSING					
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hoboken University Medical Center				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 308 Willow Ave.									
City (5) Hoboken				Square Feet	# of Floors				
					Bldg. Age 50+				
County (6) Hudson		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Hospital					
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Loznica Management Corp					
Street Address n/a				Street Address 22 Troy Lane					
City, State, Zip Code n/a				City, State, Zip Code Lincoln Park, NJ 07035					
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 973-706-7950	License No. 01193				
Start Date (10) 6-2-2014		Scheduled Completion Date (11) 6-6-2014		Name of OSHA Monitor Loznica Management Corp					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 22 Troy Lane					
				City, State, Zip Code Lincoln Park, NJ 07035					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
5th Floor Mechanical Room			x	Asbestos Pipe Insulation	85 LF	x			
				Elbows	15	x			
Name of Registered Waste Hauler Loznica Management Corp		NJDEP Waste Hauler ID No. 033137		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Lincoln Park, NJ 07035				Disposal Date TBD	City, State Morrisville PA 19067				
Completed by E. Girovic		Title Secretary		Signature 		Date 5-23-2014			

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

RECEIVED
CKH 2336

Date of Notification (1) 5-24-14		Name of Building Owner/Operator (2) State of Daniel Tapano		2014 MAY 29 AM 11:17					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1719 White Street					
		City, State, Zip Code LAKE COME		ASBESTOS CONTROL & LICENSING					
		Name of Contact FRANK		Telephone Number 732-294-1757					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) State of Daniel Tapano			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 1719 White ST			Square Feet 2000						
City (5) LAKE COME			# of Floors 2		Bldg. Age 55+				
County (6) monmouth		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENCE					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Ace Insulation Co., Inc.					
Street Address		Street Address 95 Montrose Road							
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722							
Project Manager for Monitoring Firm		Telephone No.		License No. 00029					
Start Date (10) 6-2-14		Scheduled Completion Date (11) 6-10-14		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 AM - 7 PM				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"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OUTDOORS			<input checked="" type="checkbox"/>	SIDING	3000 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 4		Name of Registered Landfill Chrins			
City, State Colts Neck, New Jersey				Disposal Date 6-10-14		City, State Easton, Pa			
Completed by George Wuest		Title President		Signature George Wuest		Date 5-24-14			

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

Date of Notification (1) 5-22-14		Name of Building Owner/Operator (2) DOWLING							
Agencies Notified	Type Notification	Street Address 132 GARFIELD AVE							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ACORN, NJ							
		Name of Contact DAVE	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) DOWLING		Type of Facility (4)							
Street Address 132 GARFIELD AVE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) ACORN	Square Feet 1700	# of Floors 1	Bldg. Age 61						
County (6) MORRIS	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc.						
Street Address		Street Address 95 Montrose Road							
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722							
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	License No. 00029						
Start Date 5-22-14	Scheduled Completion Date (11) 6-5-14	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 AM - 7 PM		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
OUT DOORS			<input checked="" type="checkbox"/>	ASBESTOS INSULATION	1500 LF	<input checked="" type="checkbox"/>			
				W/CMPI					
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill Chrins					
City, State Colts Neck, New Jersey		Disposal Date 6-5-14		City, State Easton, Pa					
Completed by George Wuest		Title President	Signature 			Date 5-22-14			

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

CK# 2333ED

Date of Notification (1)		Name of Building Owner/Operator (2) <i>Bozzo</i>	
Agencies Notified	Type Notification	Street Address <i>1307 B Street</i>	
		City, State, Zip Code <i>Belmar NJ</i>	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact <i>Heppel</i>	
		Telephone Number <i>732-294-1757</i>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <i>Bozzo</i>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <i>1307 B Street</i>		Square Feet <i>1500</i>	# of Floors <i>1</i>
City (5) <i>Belmar</i>		Bldg. Age <i>67</i>	
County (6) <i>Monmouth</i>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <i>Residence</i>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <i>Ace Insulation Co., Inc.</i>
Street Address		Street Address <i>95 Montrose Road</i>	
City, State, Zip Code		City, State, Zip Code <i>Colts Neck, N.J. 07722</i>	
Project Manager for Monitoring Firm		Telephone No. <i>732-294-1757</i>	License No. <i>00029</i>
Start Date (10) <i>5-23-14</i>	Scheduled Completion Date (11) <i>5-25-14</i>	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <i>7AM - 2PM</i>		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 type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) <i>OUTDOOR</i>	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) <i>SIDING</i>
	Yes	No	
Name of Registered Waste Hauler <i>Ace Insulation Co., Inc.</i>		NJDEP Waste Hauler ID No. <i>12086</i>	Cubic Yards of Waste <i>3</i>
City, State <i>Colts Neck, New Jersey</i>		Disposal Date <i>5-25-14</i>	Name of Registered Landfill <i>Chrins</i>
Completed by <i>George Wuest</i>		Title <i>President</i>	Signature <i>George Wuest</i>
			Date <i>5-21-14</i>

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

CK# 2333

Date of Notification (1) 5-21-14		Name of Building Owner/Operator (2) STEC		2014 MAY 29 AM 11:14	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 24 EAST BARRETT WAY City, State, Zip Code LAUREL HILLS, NJ Name of Contact PANEL	
				Telephone Number 732-294-1757	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) STEC				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 24 EAST BARRETT WAY				Square Feet 300	
City (5) LAUREL HILLS				# of Floors 1	
County (6) OCEAN				Bldg. Age 65+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENCE			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Ace Insulation Co., Inc.	
Street Address		Street Address 95 Montrose Road			
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-294-1757	
				License No. 00029	
Start Date (10) 5-22-14		Scheduled Completion Date (11) 5-24-14		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 AM - 7 PM				Street Address	
				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) 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)
	Yes	No	N/A		
OUTDOORS			<input checked="" type="checkbox"/>	SIDING	300 SF
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 2	
City, State Colts Neck, New Jersey		Disposal Date 5-24-14		Name of Registered Landfill Chrins	
				City, State Easton, Pa	
Completed by George Wuest		Title President		Signature <i>George Wuest</i>	
				Date 5-21-14	

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

Page 1 of 2

Date of Notification (1) 05 / 23 / 14			Name of Building Owner/Operator (2) Pennsauken Township						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 5605 N. Crescent Boulevard City, State, Zip Code Pennsauken, NJ 08110 Name of Contact Dennis O'Rourke Telephone Number 					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) A. Barry Steel Company			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 450 Cove Road			Square Feet 45,000		# of Floors 2				
City (5) Pennsauken Twp			Bldg. Age 50+						
County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Warehouse					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Management, Inc.		ASCM No.		Name of Abatement Contractor (9) Luzon, Inc.					
Street Address 39 E Germantown Avenue, Suite 204		Street Address 8451 Executive Ave.							
City, State, Zip Code E. Norriton, Pa 19401		City, State, Zip Code Philadelphia, Pa. 19153							
Project Manager for Monitoring Firm Ray Giordano		Telephone No. 610 277 0405		License No. 01109					
Start Date (10) 06 / 09 / 14		Scheduled Completion Date (11) 8 / 08 / 14		Name of OSHA Monitor Joseph Maronski					
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: 7:00AM-4:00PM/ _____ PM- _____ AM			Street Address 8451 Executive Avenue City, State, Zip Code Philadelphia, Pa. 19153						
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement - Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Aircell Duct Insulation/Debris	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement & 1 st Floor - Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster from Ceiling and Walls	6000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement & 1 st Floor - Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Safe Doors	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor - Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 Floor Tiles	2,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW2117		Cubic Yards of Waste 140 CYS.	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE		Disposal Date 8/02/14		City, State Waynesburg, OH					
Completed By (Print or Type) Piyush Patel		Title Program Manager		Signature Piyush Patel		Date 5/23/14			

Check # 1453

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

DOL - 10 DAY

Date of Notification (1) 5/14/14		Name of Building Owner/Operator (2) KS Ventures LLC		MAY 29 2014	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1800 Marlton Pike East City, State, Zip Code Cherry Hill NJ 08003	
		Name of Contact Fred Casta		Telephone Number 609-481-2122	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Restaurant			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 8 commercial buildings, homes, etc.)		
Street Address 1800 Marlton Pike East			Square Feet 2500		
City (s) Cherry Hill NJ 08003			# of Floors 2		Bldg. Age 30 yrs
County (6) Camden		County Code(7) (STATE USE ONLY)		Current Use (Prior if being demolished) Restaurant	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) AEi2, LLC	
Street Address				Street Address 300 Lenola Road	
City, State, Zip Code				City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 609-481-2122	
Start Date (10) 5/19/14		Scheduled Completion Date (11) 6/6/14		License No. 00689	
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 AEi2, LLC		Street Address 300 Lenola Road	
				City, State, Zip Code Maple Shade, NJ 08052	
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> 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)	
Exterior Siding		X		Transite shingles	
Name of Registered Waste Hauler AEi2, LLC		NJDEP Waste Hauler ID No. 21376		Cubic Yards of Waste 10	
City, State Maple Shade, NJ		Disposal Date TBD		Name of Registered Landfill TBD	
Completed By Wm. Minnick		Title Program Mgr.		Signature [Signature]	
				Date 5/14/14	

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

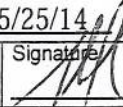
DOL - 10 DAY

Date of Notification (1) <u>5/14/14</u>		Name of Building Owner/Operator (2) <u>KS Ventures LLC</u>		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <u>MAY 29 2014</u> WAIVER APPROVED </div>			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <u>1800 Marlton Pike East</u>	
		City, State, Zip Code <u>Cherry Hill NJ 08003</u>				Name of Contact <u>Fred Casta</u>	
				Telephone Number <u>609-680-0000</u>			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>Resturant</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 8 commercial buildings, homes, etc.)			
Street Address <u>1800 Marlton Pike East</u>				Square Feet <u>2500</u>			
City (s) <u>Cherry Hill NJ 08003</u>				# of Floors <u>2</u>			
County (6) <u>Camden</u>				Bldg. Age <u>30 yrs</u>			
County Code(7) (STATE USE ONLY) <u>Camden</u>		Current Use (Prior if being demolished) <u>Resturant</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>ASCM No.</u>		Name of Abatement Contractor (9) <u>AEi2, LLC</u>					
Street Address <u>300 Lenola Road</u>		Street Address <u>300 Lenola Road</u>					
City, State, Zip Code <u>Maple Shade, NJ 08052</u>		City, State, Zip Code <u>Maple Shade, NJ 08052</u>					
Project Manager for Monitoring Firm <u>609-481-2122</u>		Telephone No. <u>609-481-2122</u>		License No. <u>00689</u>			
Start Date (10) <u>5/19/14</u>		Scheduled Completion Date (11) <u>6/6/14</u>		Name of OSHA Monitor <u>AEi2, LLC</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: _____				Street Address <u>300 Lenola Road</u>			
				City, State, Zip Code <u>Maple Shade, NJ 08052</u>			
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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	
Exterior Siding			X	Transite shingles	2000 sf		
Name of Registered Waste Hauler <u>AEi2, LLC</u>		NJDEP Waste Hauler ID No. <u>21376</u>		Cubic Yards of Waste <u>10</u>			
City, State <u>Maple Shade, NJ</u>		Disposal Date <u>TBD</u>		Name of Registered Landfill <u>TBD</u>			
Completed By <u>Wm. Minnick</u>		Title <u>Program Mgr.</u>		Signature 			
				Date <u>5/14/14</u>			

CK #24530

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

RECEIVED

Date of Notification (1) <u>5/26/14</u>		Name of Building Owner/Operator (2) <u>United Methodist Church of New Brunswick</u>							
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 <u>323 George Street</u> City, State, Zip Code <u>New Brunswick, NJ 08901</u>							
		Name of Contact <u>Paster Greg Young</u>	Telephone Number <u>609-290-0011</u>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>United Methodist Church</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>323 George Street</u>									
City (5) <u>New Brunswick, NJ</u>		Square Feet <u>30000</u>	# of Floors <u>3</u>						
		Bldg. Age <u>85+</u>							
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Church/ Day Care</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>Environmental Tactics</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>64 Broad Street</u>		Street Address <u>P.O. Box 322</u>							
City, State, Zip Code <u>Matawan, NJ 07747</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Tom Geiger</u>		Telephone No. <u>(732) 290-2217</u>	License No. <u>00493</u>						
Start Date (10) <u>7/14/14</u>	Scheduled Completion Date (11) <u>7/26/14</u>	Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>PO Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u>	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 Hall Storage Rms</u>			<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>	<u>400 LF</u>	<input checked="" type="checkbox"/>			
<u>Boiler Room</u>				<u>Thermal Pipe Insulation</u>	<u>75 LF</u>	<input checked="" type="checkbox"/>			
<u>Boiler Room</u>				<u>Boiler Insulation</u>	<u>350 SF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>30 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>					
City, State <u>Allentown NJ</u>		Disposal Date <u>5/25/14</u>	City, State <u>Morrisville, PA</u>						
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>5/26/14</u>						

CK# 005022

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

D&S Proj. #: 2014-216

2014 MAY 29 PM 1:01

RECEIVED

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/15/12 13/14		Name of Building Owner/Operator (2) PETER AMARI	
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 152 PARK STREET		City, State, Zip Code MONTCLAIR, NJ 07042	
Name of Contact PETER AMARI		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) PETER AMARI			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 152 PARK STREET			Square Feet		
City (5) MONTCLAIR		County (6) ESSEX	County Code (7) (State use only)		# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 06/03/14		Sched. Completion Date (11) 06/30/14	License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.	
			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

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 w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	10 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GARAGE		<input checked="" type="checkbox"/>		PIPE INSULATION	10 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GARAGE BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION	15 L FT	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/04/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 5/23/2014