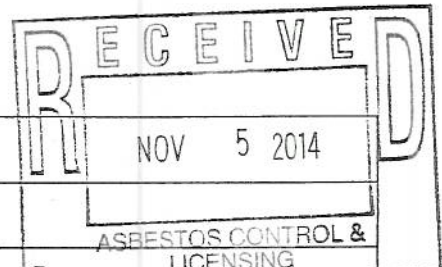


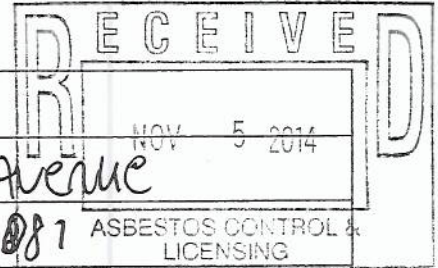
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**



Date of Notification (1) <b>11/3/14</b>		Name of Building Owner/Operator (2) <b>Andrew Wilner</b>							
Agency Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>85 Osborn Street</b>							
		City, State, Zip Code <b>Keyport, NJ 07735</b>							
		Name of Contact <b>Eric Plachis</b>	Telephone Number <b>[REDACTED]</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>85 Osborn Avenue</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>Keyport</b>		Square Feet <b>2350</b>	# of Floors <b>2</b>						
County (6) <b>Monmouth</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>105</b>						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Brick Industries Inc.</b>						
Street Address		Street Address <b>P.O. Box 915</b>							
City, State, Zip Code		City, State, Zip Code <b>Brick, NJ 08723</b>							
Project Manager for Monitoring Firm		Telephone No. <b>732-899-7499</b>	License No. <b>01196</b>						
Start Date (10) <b>11/3/14</b>	Scheduled Completion Date (11) <b>11/20/14</b>	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"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
			<input checked="" type="checkbox"/>	asbestos pipe insulation	100 LF.	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Brick Industries Inc.</b>		NJDEP Waste Hauler ID No. <b>21602</b>		Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>				
City, State <b>Brick, NJ</b>		Disposal Date <b>11/21/14</b>		City, State <b>P.A.</b>					
Completed by <b>Eric Plachis</b>		Title <b>President</b>		Signature <b>[Signature]</b>		Date <b>11/5/14</b>			



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



Date of Notification (1) <b>11/3/14</b>		Name of Building Owner/Operator (2) <b>Don Hassan</b>	
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>95 North Maple Avenue</b>	City, State, Zip Code <b>Tuckerton, NJ 08081</b>
		Name of Contact <b>Eric Plachis</b>	Telephone Number <b>[REDACTED]</b>

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 & commercial buildings, homes, etc.)		
Street Address <b>95 North Maple Avenue</b>					
City (5) <b>Tuckerton</b>			Square Feet <b>1184</b>	# of Floors <b>2</b>	Bldg. Age <b>100</b>
County (6) <b>Ocean</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Home</b>		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Brick Industries Inc.</b>		
Street Address		Street Address <b>P.O. Box 915</b>			
City, State, Zip Code		City, State, Zip Code <b>Brick, NJ 08723</b>			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <b>732-899-7499</b>	License No. <b>01196</b>	
Start Date (10) <b>11/4/14</b>		Scheduled Completion Date (11) <b>11/7/14</b>		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)

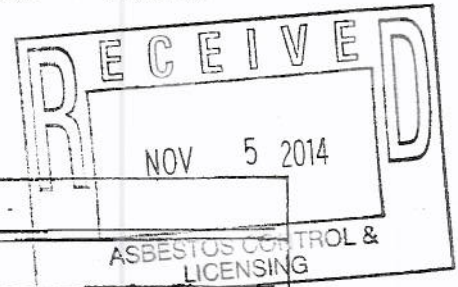
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input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

Location of Asbestos-Containing Material (ACM) 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	Enclosure
				<input checked="" type="checkbox"/> Asbestos siding	20 sf.	<input checked="" type="checkbox"/>		
				<input checked="" type="checkbox"/> Asbestos floor tile	374 sf.	<input checked="" type="checkbox"/>		

Name of Registered Waste Hauler <b>Brick Industries Inc.</b>		NJDEP Waste Hauler ID No. <b>21602</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Brick, NJ</b>		Disposal Date <b>11/8/14</b>	City, State <b>P.A.</b>		
Completed by <b>Eric Plachis</b>	Title <b>President</b>	Signature <b>[Signature]</b>	Date <b>11/3/14</b>		



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



Date of Notification (1) <b>10/31/14</b>		Name of Building Owner/Operator (2) <b>Jeff Childers</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>P.O. Box 485</b>	
		City, State, Zip Code <b>Normandy Beach, NJ 08759</b>	
		Name of Contact <b>Eric Plouffe</b>	Telephone Number <b>[REDACTED]</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>338 Curtis Avenue</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City (5) <b>Point Pleasant</b>		Square Feet <b>1974</b>	# of Floors <b>1</b>
County (6) <b>Ocean</b>		County Code (7) (STATE USE ONLY)	Eldg. Age <b>59</b>
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Brick Industries Inc.</b>	
Street Address		Street Address <b>P.O. Box 915</b>	
City, State, Zip Code		City, State, Zip Code <b>Brick, NJ 08723</b>	
Project Manager for Monitoring Firm		Telephone No. <b>732-999-7419</b>	License No. <b>01196</b>
Start Date (10) <b>11/3/14</b>	Scheduled Completion Date (11) <b>11/5/14</b>	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"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 180$ sf or $\geq 280$ 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)
	Yes	No	
<b>basement</b>			<b>600 floor tile</b>
			<b>600 sf.</b>
Name of Registered Waste Hauler <b>Brick Industries Inc.</b>	NJDEP Waste Hauler ID No. <b>21602</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>
City, State <b>Brick, NJ</b>	Disposal Date <b>11/6/14</b>	City, State <b>P.A.</b>	
Completed By <b>Eric Plouffe</b>	Title <b>President</b>	Signature <b>[Signature]</b>	Date <b>10/31/14</b>

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

\*\* TOTAL PAGE.01 \*\*



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

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Date of Notification (1) <u>11/1/14</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 77TH ST. LICENSING</u>	
		City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u>	
		Name of Contact <u>FABIAN EDUARDO</u>	Telephone Number <u>856-779-0472</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>16 80TH ST.</u>		Square Feet	# of Floors
City (5) <u>SEA ISLE CITY</u>		Bldg. Age	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
Street Address <u>N/A</u>		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>
Start Date (10) <u>11/12/14</u>	Scheduled Completion Date (11) <u>11/19/14</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</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>369 S. SPRUCE AVE.</u>	
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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 IN FACILITY (13)</u>	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)
<u>SIDING</u>	X	<u>TRANSITE</u>	<u>1800#</u>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.V.A.</u>
City, State <u>MAPLE SHADE, N.J.</u>	Disposal Date	City, State <u>WOODBURG, N.J.</u>	
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>11/1/14</u>



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

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EARTHTECH CONTRACTING  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/31/14  
Name of Building Owner/Operator (2) EARTHTECH CONTRACTING  
Street Address 155 RT. 50  
City, State, Zip Code GREENFIELD N.J. 08230  
Name of Contact BRUCE BREUNIG  
Telephone Number [redacted]  
Agencies Notified: ☐ EPA, ☐ DEP, ☐ DOH, ☐ DCA  
Type Notification: ☒ Initial, ☐ Amended, ☐ Amendment #, ☐ Emergency including justification, ☐ Cancellation

FACILITY INFORMATION  
Name of Facility Where Abatement is Taking Place (3) RESIDENCE  
Street Address 400 ST. DAVID'S PLACE  
City (5) OCEAN CITY  
County (5) CANTON  
County Code (7) STATE USE ONLY  
Type of Facility (4): ☐ School (K-12), ☐ Subchapter 8 (Other than K-12), ☒ Other (i.e., private & commercial buildings, homes, etc.)  
Square Foot 1000  
# of Floors 2  
Bldg. Age 40+  
Current Use (Prior to being demolished) VACANT

Name of Monitoring Firm hired by Building Owner N/A  
Street Address N/A  
City, State, Zip Code N/A  
Name of Abatement Contractor (9) KLEMMCO INC.  
Street Address 369 S. SPRUCE AVE.  
City, State, Zip Code MAPLE SHADE, N.J. 08052  
Telephone No. 610-779-0422  
License No. 00444  
Project Manager for Monitoring Firm [redacted]  
Telephone No. [redacted]

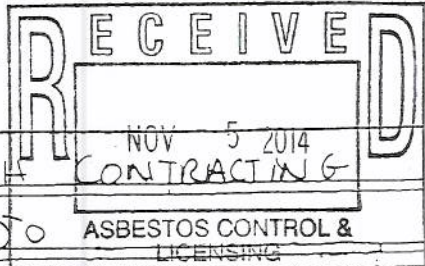
Start Date (10) 11/10/14  
Scheduled Completion Date (11) 11/18/14  
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement, ☐ Abatement Performed Outside of Normal Facility Hours, ☐ Other - Describe  
Name of OSHA Monitor JOSEPH KLEMM  
Street Address 369 S. SPRUCE AVE.  
City, State, Zip Code MAPLE SHADE, N.J. 08052

Scope of Work (Check all that apply): ☐ 231 sq ft or 231 ft, ☒ 250 sq ft or 2260 ft, ☐ Renovation, ☒ Demolition  
Fib. Containment with Negative Pressure, Min. Enclosure, Glovebag Procedure, Non-Exempted ("I") and Non-Frangible Procedure  
Location of Asbestos-Containing Material (ACM): TO BE ABATED in Facility 133  
Is Location Normally Used Solely by Maintenance/Custodial Staff? YES NO N/A  
Description of Asbestos-Containing Material (ACM): Normal Systems Insulation, Surfaces, V.A.T. or other miscellaneous  
Amount (Specify SF or LF) 3000 LF  
SIDING TRASHITE

Name of Registered Waste Hauler KLEMMCO INC.  
NJ DEP Waste Hauler ID No. 2927  
Cubic Yards of Waste 5  
Disposal Date  
Name of Registered Landfill C.M.C. M.U.A.  
City, State WOODBINE, N.J.  
Signature Joseph Klemm  
Date 10/31/14  
Completed By JOSEPH KLEMM  
Title OWNER



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



Date of Notification (1) <b>10/31/14</b>	Name of Building Owner/Operator (2) <b>EARTHTECH CONTRACTING</b>
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DOA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation
Street Address <b>155 RT. 50</b>	City, State, Zip Code <b>GREENFIELD N.J. 08230</b>
Name of Contact <b>BRUCE BREUNIG</b>	Telephone Number <b>704</b>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>	Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)
Street Address <b>2444 CENTRAL AVE.</b>	Square Foot <b>1000</b>
City (5) <b>OCEAN CITY</b>	# of Floors <b>2</b>
County (6) <b>CANE MAW</b>	Current Use (Prior to being demolished) <b>VACANT</b>

Name of Monitoring Firm Hired by Building Owner <b>N/A</b>	ASCM No.	Name of Abatement Contractor (9) <b>KLEMMCO INC.</b>
Street Address	Street Address <b>369 S. SPRUCE AVE.</b>	City, State, Zip Code <b>MAPLE SHADE, N.J. 08052</b>
City, State, Zip Code	Telephone No. <b>856-779-0422</b>	License No. <b>00444</b>

Start Date (10) <b>11/10/14</b>	Scheduled Completion Date (11) <b>11/18/14</b>	Name of OSHA Monitor <b>JOSEPH KLEMM</b>
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe	Street Address <b>369 S. SPRUCE AVE.</b>	City, State, Zip Code <b>MAPLE SHADE, N.J. 08052</b>

Scope of Work (Check all that apply) <input type="checkbox"/> 231 or 232 <input checked="" type="checkbox"/> 260.51 or 260.11	<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 ("I") and Non-Frangible Procedure
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Location of Asbestos-Containing Material (ACM) TO BE ABATED (12)	Is Location Normally Used Solely by Maintenance Custodial Staff? (13)	Description of Asbestos-Containing Material (ACM) i.e., thermal systems insulation, surfacing, VAC, or other miscellaneous	Amount (Specify SF or LF)	Abatement Method
<b>SIDING</b>	<b>X</b>	<b>TRANSITE</b>	<b>3000 SF</b>	<b>X</b>

Name of Registered Waste Hauler <b>KLEMMCO INC.</b>	Waste Hauler ID No. <b>7925</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>C.M.C. M.U.A.</b>
City, State <b>MAPLE SHADE, N.J. 08052</b>	Disposal Date	City, State <b>WOODBINE, N.J.</b>	Signature <b>Joseph Klemm</b>
Completed By <b>JOSEPH KLEMM</b>	Title <b>OWNER</b>	Date <b>10/31/14</b>	



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

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Date of Notification (1) <u>10/31/14</u>		Name of Building Owner/Operator (2) <u>BOB MOOSE</u>							
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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>P.O. BOX 322</u>							
		City, State, Zip Code <u>BRIGANTINE N.J. 08203</u>							
		Name of Contact <u>BOB.</u>	Telephone Number <u>5</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>107 N. DUPLEX AVE.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>						
City (5) <u>VENTNOR / NEWARKS</u>		Bldg. Age <u>40+</u>							
County (6) <u>ATLANTIC</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <u>KLEWCO INC</u>							
Street Address		Street Address <u>369 S. SPRUCE AVE</u>							
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>							
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>						
Start Date (10) <u>11/10/14</u>	Scheduled Completion Date (11) <u>11/12/14</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</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 type="checkbox"/> Other - Describe:		Street Address <u>369 S. SPRUCE AVE</u>							
		City, State, Zip Code <u>MAPLE SHADE, N.J 08052</u>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input 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) <u>1000 lb</u>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>		<u>X</u>			
Name of Registered Waste Hauler <u>KLEWCO INC</u>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill <u>ACUA</u>					
City, State <u>MAPLE SHADE N.J</u>		Disposal Date	City, State <u>PLEASANTVILLE N.J.</u>						
Completed By <u>MICHAEL KLEMM</u>		Title <u>V/P</u>	Signature <u>[Signature]</u>		Date <u>10/31/14</u>				



10/30/2014 15:17

NO. 465

1002

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	NOV 5 2014

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

DOI -

Check # 160

ASBESTOS CONTROL &amp; LICENSING

*[Signature]*  
**WAIVED APPROVED**

Date of Notification (1) <b>October 20, 2014</b>		Name of Building Owner/Operator (2) <b>East Windsor School District</b>		Check # 160				
Agencies Notified		Type Notification		Street Address <b>26 Leashin Lane</b>				
<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		City, State, Zip Code <b>Hightstown, NJ 08520</b>				
		Name of Contact <b>Dennis Vinson Jr.</b>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Hightstown High School</b>			Type of Facility (4)					
Street Address <b>25 Leashin Lane</b>			<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)					
City (5) <b>Hightstown</b>			Square Feet <b>100000</b>	# of Floors <b>2</b>	Bldg. Age <b>75</b>			
County (6) <b>Mercer</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>School</b>				
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>				
Street Address		Street Address <b>823 Cutler Avenue</b>						
City, State, Zip Code		City, State, Zip Code <b>Maple Shade, NJ 08052</b>						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <b>856-755-0099</b>	Licensed No. <b>00842</b>			
Start Date (10) <b>November 8, 2014</b>		Scheduled Completion Date (11) <b>November 8, 2014</b>		Name of OSHA Monitor <b>EMSL Laboratories</b>				
Occupancy Status During Abatement (Check Only One)				Street Address <b>200 Route 130 North</b>				
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code <b>Cinnaminson, NJ 08077</b>				
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 100$ sf or $\geq 250$ 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-Encapsulated ("C") 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, VAI, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Rooms 104, 202, 204		X	Window Glazing	180 LF	X			
100 Wing Brexaway		X	Window Glazing	70 LF	X			
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>		Cubic Yards of Waste <b>5</b>		Name of Registered Landfill <b>Western Berks Community Landfill</b>		
City, State <b>Freehold, NJ</b>		Disposal Date <b>11/8/2014</b>		City, State <b>Blacksboro, PA</b>				
Completed by <b>Christina Lynch</b>		Title <b>Operations Manager</b>		Signature <i>[Signature]</i>		Date <b>October 29, 2014</b>		



CK 9485

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

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Date of Notification (1) 10 / 30 / 14		Name of Building Owner/Operator (2) Holtec International							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <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 1 Holtec Drive							
		City, State, Zip Code Marlton NJ 08053							
		Name of Contact Matt Mockaitis	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Holtec Warehouse - Buildings RA, R, S, S1, B1, P3		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 2500 Broadway		Square Feet 200,000+							
City (5) Camden		# of Floors 6 Floors	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) Hatch Mott MacDonald		ASCM No. 00140	Name of Abatement Contractor (9) Controlled Environmental Systems						
Street Address 111 Wood Avenue South		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Iselin, NJ 08830		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm Brian Holbig		Telephone No. 856 448 3404	License No. 00847						
Start Date (10) 11 / 17 / 14	Scheduled Completion Date (11) 5 / 17 / 15	Name of OSHA Monitor CES							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM/ PM- AM		Street Address 1121 N. Bethlehem Pike - Suite 60							
		City, State, Zip Code Spring House, PA 19477							
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 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
Interior 1 <sup>st</sup> Floor & Upper Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Burlap Pipe Insulation	1150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior Upper Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cement Board Wall Panels	3840 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior Upper Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	White Board Wallboard Panels	700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEE NEXT PAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEE NEXT PAGE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 3000+	Name of Registered Landfill GROWS					
City, State Fairless Hills, PA		Disposal Date Thru out		City, State Tullytown, PA					
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature Patricia Visco			Date 10/30/14		



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

**DECEIVED**

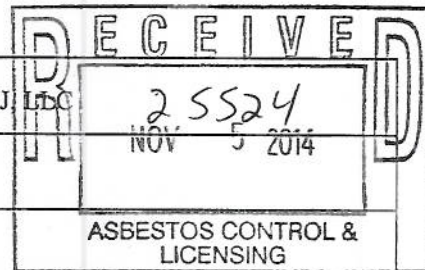
NOV 5 2014

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <b>10-31-14</b>		Name of Building Owner/Operator (2) <b>ESTATE OF GLADYS HALVORSEN</b>		Telephone Number <b>NOV 5 2014</b>				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>55 HILLSIDE AVENUE</b>				
		City, State, Zip Code <b>TENAFLY, NJ 07670</b>		Name of Contact <b>M. HALVORSEN</b>				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>ESTATE OF GLADYS HALVORSEN</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address <b>55 HILLSIDE AVENUE</b>				Square Feet <b>3000..</b>	# of Floors <b>2</b>			
City (5) <b>TENAFLY</b>				Bldg. Age <b>116 yrs</b>				
County (6) <b>BERGEN</b>				Current Use (Prior if being demolished) <b>RESIDENCE</b>				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) <b>Best Removal Inc</b>				
Street Address				Street Address <b>450 South River St</b>				
City, State, Zip Code				City, State, Zip Code <b>Hackensack, N.J. 07601</b>				
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <b>201-329-7444</b>				
				License No. <b>00388</b>				
Start Date (10) <b>11-14-14</b>		Scheduled Completion Date (11) <b>11-15-14</b>		Name of OSHA Monitor <b>Omega Environmental</b>				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8AM - 5PM</b>				Street Address <b>280 Huyler St</b>				
				City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf								
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
<b>BASEMENT</b>			<b>X</b>	<b>THERMAL INSULATION</b>	<b>40 LF</b>	<b>X</b>		
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>		Cubic Yards of Waste <b>1/2 yd.</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>			
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>11-15-14</b>		City, State <b>Waynesburg, Oh, 44688</b>		Date <b>10-31-14</b>		
Completed by <b>R. Veldran</b>		Title <b>Estimator</b>		Signature <b>R. Veldran</b>				



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



Date of Notification: (1) <b>October 31, 2014</b>		Name of Building Owner/Operator (2) <b>D &amp; A Construction of NJ, LLC</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>56 Circle Place</b>	City, State, Zip Code <b>Lakewood, NJ 08701</b>
		Name of Contact <b>Avi</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>1554 Alamos Drive</b>			Square feet <b>1500</b>		
City <b>Lakewood</b>	County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	# of Floors <b>1</b>	Bldg. Age <b>70</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting, Inc.</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address <b>1889 Rte. 9, Unit 61</b>			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code <b>Toms River, NJ 08755</b>			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>		Telephone Number <b>732-349-9932</b>	Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>
Scheduled Start Date (10) <b>10/31/14</b>		Scheduled Completion Date (11) <b>11/5/14</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

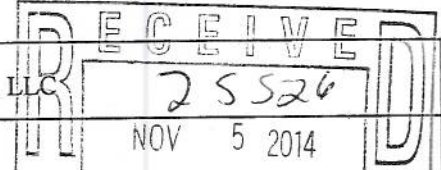
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R	R	E			E			
1 <sup>st</sup> floor		X		Asbestos popcorn ceiling	1300 sf	x			

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>	Disposal Date <b>11/6/14</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>10/31/2014</b>

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



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



Date of Notification (1) October 31, 2014		Name of Building Owner/Operator (2) Disantis Contracting, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 313 Halyard Road	
		City, State, Zip Code Ortley Beach, NJ 08751	
		Name of Contact Frank Disantis	
		Telephone Number ASBESTOS CONTROL & LICENSING	

**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 109 W. Channel Way			Square feet 800 sf		
City Toms River Twp.	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 11/3/14		Scheduled Completion Date (11) 11/4/14	Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition					
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	X	Asbestos siding	700 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 11/5/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 10/31/2014

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



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ASBESTOS CONTROL & LICENCING

ASB-41

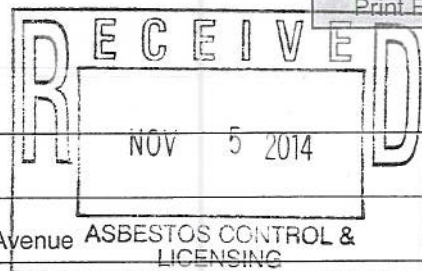
*Do not use this form for asbestos licensure exempted activities.*



CK1747

Print Form

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



Date of Notification (1) 10/31/14		Name of Building Owner/Operator (2) Liberty Terrace, LLC	
Agencies Notified	Type Notification	Street Address 90 Woodbridge Center Drive, 6th Avenue	
<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	City, State, Zip Code Woodbridge, NJ 07095	
		Name of Contact Jeremia Fleming	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Commercial Property		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 192 Bloomfield Avenue		Square Feet 200,000	# of Floors 2
City (5) Bloomfield		Bldg. Age 50+-	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial Property	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Stanmark Contractors, LLC
Street Address		Street Address 27 Edsall Drive	
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461	
Project Manager for Monitoring Firm		Telephone No. 973-864-2022	License No. 01137
Start Date (10) 11/11/14	Scheduled Completion Date (11) 02/26/15	Name of OSHA Monitor AmeriSci	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 117 East 30th Street	
		City, State, Zip Code New York, NY 10016	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥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)
	No	N/A	
Please see attached on letterhead	x		Please see attached on letterhead
Name of Registered Waste Hauler Atlantic Carting	NJDEP Waste Hauler ID No. 190713	Cubic Yards of Waste 200	Name of Registered Landfill G.R.O.W.S.
City, State Wayne, NJ		Disposal Date on completion	City, State Morrisville, PA
Completed by Marko Stankovic	Title President	Signature <i>Marko Stankovic</i>	Date 10/31/14

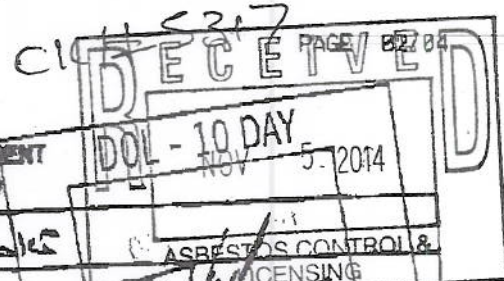


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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:26 and 12:120)

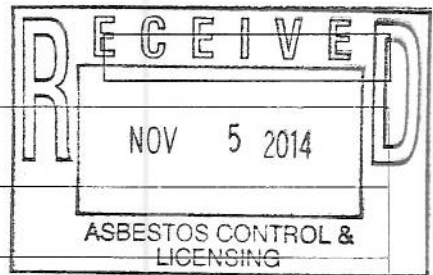


Date of Notification (1) <b>10/30/14</b>		Name of Building Owner/Operator (2) <b>MS. DINA KOOKS</b>	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> COL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Assessment & Justification <input checked="" type="checkbox"/> Emergency (including Justification) <input type="checkbox"/> Consultation	Street Address <b>3-26 CYRIL AVE</b> City, State, Zip Code <b>FAIR LAWN, NJ, 07410</b> Name of Contact <b>MS. KOOKS</b> Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>MS. KOOKS</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Daycare (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>3-26 CYRIL AVE</b>		Square Feet <b>2000</b>	2nd Floor <b>2</b>
City (5) <b>FAIR LAWN</b>		Building Age <b>80 years</b>	
County (6) <b>BERGEN</b>		County Code (7) (STATE USE ONLY) <b>0201</b>	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	
Telephone No.		License No.	
Start Date (10) <b>11/3/14</b>		Scheduled Completion Date (11) <b>11/4/14</b>	
Name of OSHA Monitor <b>Omega Environmental</b>		Street Address	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7AM TO 5PM</b>		City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 3 of or > 2 ft <input type="checkbox"/> 100 sq ft or > 200 ft			
<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"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friction Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <b>Basement</b>	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Amount (Specify SF or LF) <b>100 LF</b>
	Yes	No	
Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, VST, or other miscellaneous)		Abatement Type	
<b>X THERMAL INSULATION</b>		Removal	Repair
		Encapsulation	Enclosure
Name of Registered Waste Handler <b>Best Removal Inc</b>		NJDEP Waste Handler ID No. <b>17109</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>
City, State <b>Hackensack, N.J. 07601</b>		Cubic Yards of Waste <b>11/2 cu</b>	City, State <b>Waynesburg, Oh, 44688</b>
Disposal Date <b>11/4/14</b>		Signature <b>V. J. MAIORANO</b>	
Completed by <b>J. Maiorano</b>		Date <b>10/30/14</b>	
Title <b>Estimator</b>			



Check#2035

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



Date of Notification (1) 10 / 31 / 14		Name of Building Owner/Operator (2) David Beneveniano	
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 18 Woodcliff Drive City, State, Zip Code Madison, NJ 07940	
		Name of Contact Susan Oldendorp	Telephone Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 18 Woodcliff Drive		Square Feet	# of Floors
City (5) Madison, NJ 07940		Bldg. Age	
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)
Street Address		Gr Tech LLC	
City, State, Zip Code		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code Wayne, NJ 07470
Start Date (10) 11 / 10 / 14		Scheduled Completion Date (11) 11 / 11 / 14	License No. 01127
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc	
		Street Address 20-21 Wagaraw Road, Bldg. # 34A	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination with negative pressure	
<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"/> 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
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct insulation	35 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	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470	Disposal Date TBD	City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 10/31/2014

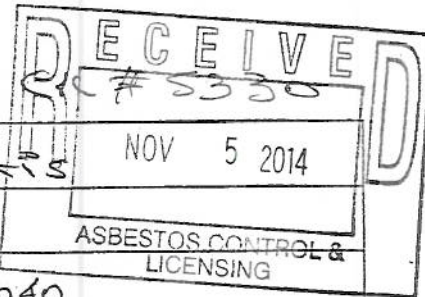
ASB-41

MAY 11

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



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



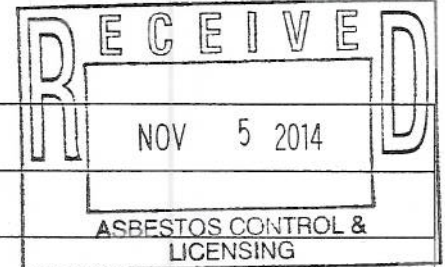
Date of Notification (1) <b>10/30/14</b>		Name of Building Owner/Operator (2) <b>MR. JOE VENGRATIS</b>						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>32 GIRARD PL</b> City, State, Zip Code <b>MAPLEWOOD, NJ. 07040</b> Name of Contact <b>MR. VENGRATIS</b> Telephone Number						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>MR. VENGRATIS</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>32 GIRARD PL</b>		Square Feet <b>2200.</b>	# of Floors <b>2</b>					
City (5) <b>MAPLEWOOD</b>		Bldg. Age <b>90 YRS</b>						
County (6) <b>ESSEX</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Best Removal Inc</b>						
Street Address		Street Address <b>450 South River St</b>						
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>					
Start Date (10) <b>11/12/14</b>	Scheduled Completion Date (11) <b>11/13/14</b>	Name of OSHA Monitor <b>Omega Environmental</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>2 AM TO 5 PM</b>		Street Address <b>280 Huyler St</b> City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
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
<b>BASEMENT</b>			<b>X</b>	<b>THERMAC INSULATION</b>	<b>175 LF</b>	<b>X</b>		
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>2cy</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>				
City, State <b>Hackensack, N.J. 07601</b>			Disposal Date <b>11/3/14</b>	City, State <b>Waynesburg, Oh, 44688</b>				
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>		Signature <i>[Signature]</i>	Date <b>10/31/14</b>				



Check #  
8428

Print Form

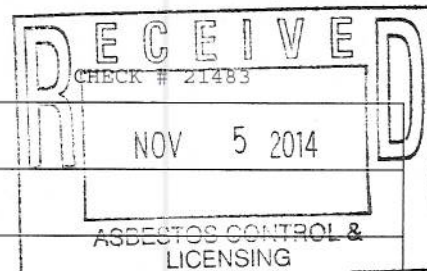
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 10/30/2014		Name of Building Owner/Operator (2) TESB Market St. LLC							
Agencies Notified	Type Notification	Street Address 10 W. 33rd St., Suite 220							
<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 New York, NY							
		Name of Contact Ralph Braha	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4)							
Street Address 141 Market 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 154,000	# of Floors 6						
		Bldg. Age 60 +							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Store Front/Offices							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address		Street Address 494 E. 41st Street							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm		Telephone No. 973-345-0022	License No. 00507						
Start Date (10) November 1, 2014	Scheduled Completion Date (11) November 8, 2014	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>Unoccupied Basement</u>		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground Floor		X		Pipe Insulation	35 LF	X			
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. NJ 419	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S. North Inc.					
City, State Paterson, NJ 07504			Disposal Date 11/8/2014	City, State Morrisville, PA					
Completed by James E. Unger		Title Project Manager	Signature 	Date 10/30/2014					



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



Date of Notification (1) 10-31-14		Name of Building Owner/Operator (2) Verizon Communications	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 700 Hidden Ridge
			City, State, Zip Code Irving, Texas
		Name of Contact Alex Baylor	Telephone Number

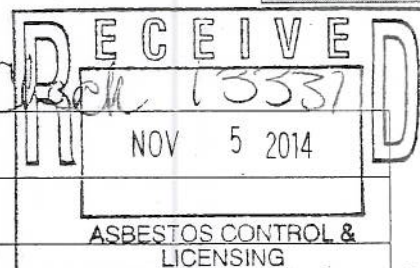
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address 502 Main Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Fort Lee	Square Feet	# of Floors	Bldg. Age
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.
Street Address 1253 North Church Street		Street Address 200 Broad Street	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Carlstadt, NJ 07072	
Project Manager for Monitoring Firm Harold Baldwin		Telephone No. (856) 840-8800	Telephone No. 201-939-6565 License No. 00756
Start Date (10) 11-10-14	Scheduled Completion Date (11) 12-31-14	Name of OSHA Monitor Even-Air 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 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> OSHA Class II <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
1st Floor: MER	x			VAT	100SF	x			
1st Floor: MER	x			Elbows / Fittings	30LF	x			

Name of Registered Waste Hauler ATC, Inc. / TriState Transfer (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises	
City, State Shirley, NY / Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH 44688	
Completed by John Tancredi	Title Project Manager	Signature 		Date 10-31-14	



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



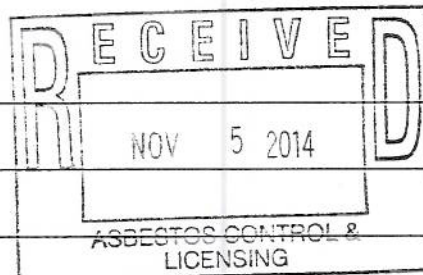
Date of Notification (1) 10/27/14		Name of Building Owner/Operator (2) Patrick Conley							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <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 27 Elliot Street							
		City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Patrick Conley	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 27 Elliot Street		Square Feet 2200	# of Floors 2						
City (5) Morristown		Bldg. Age 55							
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) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-583-8500	License No. 703						
Start Date (10) 11/04/14	Scheduled Completion Date (11) 12/03/14	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: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe fittings	20 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste 10	Name of Registered Landfill TBD					
City, State Freehold, NJ		Disposal Date TBD		City, State					
Completed by A Scott Higgins		Title President		Signature			Date 10/27/14		



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



Date of Notification (1) 10/29/14		Name of Building Owner/Operator (2) Randy Bonnell							
Agencies Notified	Type Notification	Street Address 137 Blanchard Street							
<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 Newark, NJ, 07105							
		Name of Contact Randy Bonnell	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Randy Bonnell		Type of Facility (4)							
Street Address 137 Blanchard 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	# of Floors Bldg. Age						
County (6) Essex	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) Pro Abatement						
Street Address		Street Address 1009 87th Street Suite A4							
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047							
Project Manager for Monitoring Firm		Telephone No. 201-293-6305	License No. 01223						
Start Date (10) 11/10/14	Scheduled Completion Date (11) 11/21/14	Name of OSHA Monitor HILMAMM CONSULTING LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 1600 ROUTE EAST SUITE 107							
<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 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Warehouse room				Vinyl Asbestos tiles	120 SF	X			
exterior of warehouse				Transite Panel	112 SF	X			
Roof				Ashalt roof removal	14,000 SF	X			
exterior of warehouse				Corrugated Panel	2,400 SF	X			
Name of Registered Waste Hauler SAN TON SERVICES	NJDEP Waste Hauler ID No. 22430	Cubic Yards of Waste	Name of Registered Landfill MEDOWLANCHES COMMISSION						
City, State KENILWORTH, NJ		Disposal Date	City, State KEARNY, NJ						
Completed by Bryan Parra		Title Project Manager	Signature 				Date 10/29/14		

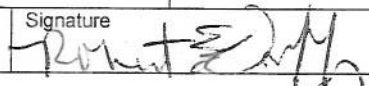


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Print Form

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

RECEIVED

Date of Notification (1) 11-3-14		Name of Building Owner/Operator (2) Chevron Environmental Management							
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 6101 Bollinger Canyon Road		City, State, Zip Code San Ramon, CA 94583							
Name of Contact Lucia Chung		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) former Pirelli Cable Company property		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 236 West 1st Street		Square Feet 900	# of Floors 1						
City (5) Bayonne		Bldg. Age +/- 60							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Pump House/Shed							
Name of Monitoring Firm Hired by Building Owner (8) ARCADIS		ASCM No. NA	Name of Abatement Contractor (9) Abscope Environmental, Inc.						
Street Address 35 Columbia Road		Street Address 7086 Commercial Drive / P.O. Box 487							
City, State, Zip Code Branchburg, NJ 08876		City, State, Zip Code Canastota, NY 13032							
Project Manager for Monitoring Firm Spencer Hawkins		Telephone No. 908.526.1000	Telephone No. 315.697.8437						
License No. 01194									
Start Date (10) 11-17-14	Scheduled Completion Date (11) 12-19-14	Name of OSHA Monitor ECMC							
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 115 Genesee Street							
		City, State, Zip Code Chittenango, NY 13037							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input 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
Roof			x	Roofing, Flashing	900	x			
				Flange Gaskets <1% ACM					
Name of Registered Waste Hauler TBD		NJDEP Waste Hauler ID No. TBD	Cubic Yards of Waste TBD	Name of Registered Landfill TBD					
City, State TBD		Disposal Date TBD		City, State TBD					
Completed by ROBERT E. DUFFY		Title VICE PRESIDENT		Signature 			Date 11-3-14		

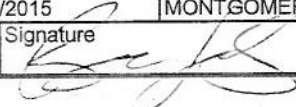


CK#26769

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

<b>Date of Notification (1)</b> <div style="text-align: center;">11 / 4 /14</div>		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #5 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
		<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
		<b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065	
		<b>Name of Contact</b> MIKE LATRONICA	<b>Telephone Number</b> 908-980-1100

<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION			<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commd. bldgs., homes, etc.)
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 33			<b>Square Feet</b> 96,000
			<b># of Floors</b> 7
			<b>Bldg. Age</b> 49
<b>City (5)</b> RAHWAY	<b>County (6)</b> UNION	<b>County Code (7)</b> (STATE USE ONLY)	<b>Current Use (Prior if being demolished)</b> VACANT
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		<b>ASCM No.</b> 17	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION
<b>Street Address</b> 655 WEST SHORE TRAIL		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH		<b>Telephone Number</b> 973-729-5649	<b>Telephone Number</b> 845-369-7500
		<b>License Number</b> 1101	
<b>Expected State Date (10)</b> 11 / 5 /14		<b>Sched. Completion Date (11)</b> 3 / 30 /15	
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" 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: Monday -Friday 5am-1:30 pm		<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480	
		<b>Street Address</b> 117 EAST 30TH STREET	
		<b>City, State, Zip Code</b> NEW YORK, NEW YORK 10016	
<b>Scope of Work (Check all that apply)</b>			
<input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Renovator <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Encl. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
4TH FLOOR ROOM 406	X			SPRAY ON INSULATION	80 SF	X			
ADDITION TO SCOPE:									
ROOF	X			BUILT UP ROOFING	16,000 SF	X			
REDUCTION IN SCOPE (SEE BELOW)									
4TH FLOOR ROOM 418	X			SPRAY ON INSULATION	40 SF	X			
5TH FLOOR ROOM 551	X			SPRAY ON INSULATION	40 SF	X			
6TH FLOOR ROOM 613	X			SPRAY ON INSULATION	40 SF	X			
<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 320	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15					
<b>City, State</b> FREEHOLD, NEW JERSEY		<b>Disposal Date</b> 9/15-03/30/2015		<b>City, State</b> MONTGOMERY, PA 17752					
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 			<b>Date</b> 11/4/14			

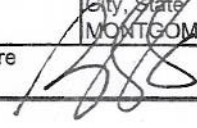


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 10 / 24 /14		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified		Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
Type Notification		City, State, Zip Code	
<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #4 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		RAHWAY, NEW JERSEY 07065	
		Name of Contact	Telephone Number
		MIKE LATRONICA	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 33		Square Feet	# of Floors
		96,000	7
City (5) RAHWAY		County (6) UNION	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	License Number 1101
Expected State Date (10) 10 / 20 /14 Month Day Year		Sched. Completion Date (11) 12 / 30 /14 Month Day Year	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 5 PM- 3 AM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo. <input 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 Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
4TH FLOOR ROOM 406	X			SPRAY ON INSULATION	80 SF	X			
REDUCTION IN SCOPE (SEE BELOW)									
4TH FLOOR ROOM 418	X			SPRAY ON INSULATION	40 SF	X			
5TH FLOOR ROOM 551	X			SPRAY ON INSULATION	40 SF	X			
6TH FLOOR ROOM 613	X			SPRAY ON INSULATION	40 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 10		Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15	
City, State FREEHOLD, NEW JERSEY		Disposal Date 9/15-12/15/2014		City, State MONTGOMERY, PA 17752			
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 10/24/14	



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

<b>Date of Notification (1)</b> 10 / 16 /14		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		<b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065	
<b>Name of Contact</b> MIKE LATRONICA		<b>Telephone Number</b> _____	

FACILITY INFORMATION			
<b>Name of Facility Where Abatement is Taking Place (3)</b>  MERCK SHARP & DOHME CORPORATION		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & comml. bldgs., homes, etc.)	
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 33		<b>Square Feet</b> 96,000	<b># of Floors</b> 7
<b>City (5)</b> RAHWAY		<b>Bldg. Age</b> 49	
<b>County (6)</b> UNION		<b>County Code (7)</b> (STATE USE ONLY)	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		<b>Current Use (Prior if being demolished)</b> VACANT	
<b>Street Address</b> 655 WEST SHORE TRAIL		<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Expected State Date (10)</b> 10 / 20 /14 Month Day Year		<b>Sched. Completion Date (11)</b> 12 / 30 /14 Month Day Year	
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" 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: MONDAY-FRIDAY 5 PM- 3 AM		<b>Telephone Number</b> 973-729-5649	
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
<b>Is Location normally used solely by Maint/Custodial Staff (12)</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<b>License Number</b> 1101	
<b>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</b>		<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480	
<b>Street Address</b> 117 EAST 30TH STREET		<b>City, State, Zip Code</b> NEW YORK, NEW YORK 10016	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
4TH FLOOR ROOM 406	X			SPRAY ON INSULATION	80 SF	X			
REDUCTION IN SCOPE (SEE BELOW)									
4TH FLOOR ROOM 418	X			SPRAY ON INSULATION	40 SF	X			
5TH FLOOR ROOM 551	X			SPRAY ON INSULATION	40 SF	X			
6TH FLOOR ROOM 613	X			SPRAY ON INSULATION	40 SF	X			

<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		<b>NJDEP Waste Hauler ID No.</b> 15939		<b>Cubic Yards of Waste</b> 10		<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15	
<b>City, State</b> FREEHOLD, NEW JERSEY		<b>Disposal Date</b> 9/15-12/15/2014		<b>City, State</b> MONTGOMERY, PA 17752		<b>Signature</b> 	
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS		<b>Date</b> 10/16/14		<b>Date</b> 10/16/14	



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

<b>Date of Notification (1)</b> 10 / 9 /14				<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.			
<b>Agencies Notified</b>				<b>Street Address</b>			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA				126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414			
<b>Type Notification</b>				<b>City, State, Zip Code</b>			
<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION				RAHWAY, NEW JERSEY 07065			
				<b>Name of Contact</b>		<b>Telephone Number</b>	
				MIKE LATRONICA			

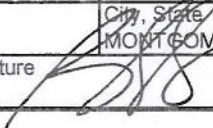
  

<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION			<b>Type of Facility (4)</b>
			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 33			<b>Square Feet</b> 96,000 <b># of Floors</b> 7 <b>Bldg. Age</b> 49
<b>City (5)</b> RAHWAY	<b>County (6)</b> UNION	<b>County Code (7)</b> (STATE USE ONLY)	<b>Current Use (Prior if being demolished)</b> VACANT
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMETAL HEALTH INVESTIGATIONS, INC.		<b>ASCM No.</b> 17	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION
<b>Street Address</b> 655 WEST SHORE TRAIL		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH		<b>Telephone Number</b> 973-729-5649	<b>Telephone Number</b> 845-369-7500 <b>License Number</b> 1101
<b>Expected State Date (10)</b> 10 / 20 /14 Month Day Year		<b>Sched. Completion Date (11)</b> 12 / 30 /14 Month Day Year	
		<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480	
<b>Occupancy Status During Abatement (Check only one)</b>			<b>Street Address</b> 117 EAST 30TH STREET
<input checked="" 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: MONDAY-FRIDAY 5 PM- 3 AM			<b>City, State, Zip Code</b> NEW YORK, NEW YORK 10016
<b>Scope of Work (Check all that apply)</b>			
<input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Renovator	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Encl. <input 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 Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
4TH FLOOR ROOM 406	X			SPRAY ON INSULATION	80 SF	X			
REDUCTION IN SCOPE (SEE BELOW)									
4TH FLOOR ROOM 418	X			SPRAY ON INSULATION	40 SF	X			
5TH FLOOR ROOM 551	X			SPRAY ON INSULATION	40 SF	X			
6TH FLOOR ROOM 613	X			SPRAY ON INSULATION	40 SF	X			

<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 10	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15
<b>City, State</b> FREEHOLD, NEW JERSEY	<b>Disposal Date</b> 9/15-12/15/2014	<b>City, State</b> MONTGOMERY, PA 17752	
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ	<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 	<b>Date</b> 10/9/14

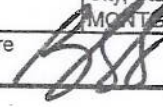


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

<b>Date of Notification (1)</b> 9 / 12 /14			<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.		
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		
<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414			<b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065		
<b>Name of Contact</b> MIKE LATRONICA			<b>Telephone Number</b>		

<b>FACILITY INFORMATION</b>					
<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION				<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 33				<b>Square Feet</b> 96,000	<b># of Floors</b> 7
<b>City (5)</b> RAHWAY				<b>Bldg. Age</b> 49	
<b>County (6)</b> UNION		<b>County Code (7) (STATE USE ONLY)</b>		<b>Current Use (Prior if being demolished)</b> VACANT	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.				<b>ASCM No.</b> 17	
<b>Street Address</b> 655 WEST SHORE TRAIL				<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871				<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH				<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Expected State Date (10)</b> 9 / 15 /14				<b>Sched. Completion Date (11)</b> 10 / 9 /14	
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe: MONDAY-FRIDAY 5 PM- 3 AM				<b>Telephone Number</b> 845-369-7500	
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<b>License Number</b> 1101	
<input checked="" type="checkbox"/> Renovation				<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480	
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure				<b>Street Address</b> 117 EAST 30TH STREET	
<b>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</b>				<b>City, State, Zip Code</b> NEW YORK, NEW YORK 10016	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
4TH FLOOR ROOM 406	X			SPRAY ON INSULATION	80 SF	X			
4TH FLOOR ROOM 418	X			SPRAY ON INSULATION	40 SF	X			
5TH FLOOR ROOM 551	X			SPRAY ON INSULATION	40 SF	X			
6TH FLOOR ROOM 613	X			SPRAY ON INSULATION	40 SF	X			

<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 10	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752	
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 	<b>Date</b> 9/12/14	

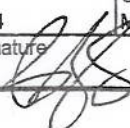


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

<b>Date of Notification (1)</b> <div style="text-align: center;">8 / 29 /14</div>			<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.		
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			<b>Type Notification</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		
<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414			<b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065		
<b>Name of Contact</b> MIKE LATRONICA			<b>Telephone Number</b> _____		

<b>FACILITY INFORMATION</b>					
<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION			<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 33			<b>Square Feet</b> 96,000		<b># of Floors</b> 7
<b>City (5)</b> RAHWAY			<b>County (6)</b> UNION		<b>Bldg. Age</b> 49
<b>County Code (7) (STATE USE ONLY)</b>			<b>Current Use (Prior if being demolished)</b> VACANT		
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.			<b>ASCM No.</b> 17		<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION
<b>Street Address</b> 655 WEST SHORE TRAIL			<b>Street Address</b> 313 SPOOK ROCK ROAD		
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871			<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901		
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH			<b>Telephone Number</b> 973-729-5649		<b>License Number</b> 1101
<b>Expected State Date (10)</b> 9 / 15 /14			<b>Sched. Completion Date (11)</b> 10 / 9 /14		<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" 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: MONDAY-FRIDAY 5 PM- 3 AM			<b>Street Address</b> 117 EAST 30TH STREET		
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			<input checked="" type="checkbox"/> Renovation		<b>City, State, Zip Code</b> NEW YORK, NEW YORK 10016
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclos. <input 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 Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
4TH FLOOR ROOM 406	X			SPRAY ON INSULATION	80 SF	X			
4TH FLOOR ROOM 418	X			SPRAY ON INSULATION	40 SF	X			
5TH FLOOR ROOM 551	X			SPRAY ON INSULATION	40 SF	X			
6TH FLOOR ROOM 613	X			SPRAY ON INSULATION	40 SF	X			

<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 10	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752	
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 	<b>Date</b> 8/29/14	

OK 14594

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

RECEIVED

Date of Notification (1) 10/28/2014		Name of Building Owner/Operator (2) Warren Township Board of Education	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 213 Mt Horeb Road		City, State, Zip Code Warren, NJ 07059	
Name of Contact Diano Bonanno		Tel. Number	

2014 OCT 31 AM 3:58  
 ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) Warren Middle 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 100 Old Stirling Road				
City (5) Warren	County (6) Somerset	County Code (7) (State Use Only)		
Name of Monitoring Firm Hired by Bldg. Owner (8) LEW Corporation		ASCM No.	Name of Contractor (9) MTM Metro Corporation	
Street Address 1090 Bristol Road		Street Address 135-137 McBride Avenue		
City, State, Zip Code Mountainside, NJ 07092		City State, ZipCode Paterson, NJ 07501		
Project Manager for Monitoring Firm David Sang		Telephone Number 908-654-8068	Telephone Number 973-742-5030	License Number 00809
Scheduled Start Date (10) 11/10/2014		Scheduled Completion Date (11) 12/05/2014		Name of OSHA Monitor MTM Metro Corporation
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 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 checked="" 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 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)			Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			Rem.	Rep.	Encap	Enclose
Exterior Windows			X	Window glazing	1320LF	X		X	

Name of Reg. Waste Hauler MTM Metro Corporation		NJDEP Waste Hauler ID # 26552	Cubic Yards of Waste 30	Name of Reg. Landfill Tullytown	
City, State Paterson, NJ 07501		Disp. Date 12/05/2014		City, State Tullytown, PA	

Completed by (Print or Type) Elizabeth Maslarkov	Title Business Administrator	Signature Elizabeth Maslarkov	Date 10/28/2014
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ASB-41

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