

B & G proj. #: 2013-217

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

Check #6224

Date of Notification (1) 11/11/13		Name of Building Owner/Operator (2) Leslie & Marc Kallus	
Agencies Notified	Type Notification	Street Address Fairway Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code West Orange, NJ 07052	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Leslie & Marc Kallus	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Leslie & Marc Kallus			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 5 Fairway Avenue			Square Feet		
City (5) West Orange			County (6) Essex	County Code (7) (State use only)	# of Floors
			Bldg. Age		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			Current Use (Prior if being demolished) residential		
Street Address			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm			City, State, Zip Code Lincoln Park, NJ 07035		
Phone Number			Telephone Number 973-696-6869		
Scheduled Start Date (10) 11/13/13			License Number 0378		
Sched. Completion Date (11) 11/14/13			Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		


Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
boiler room			X	pipe insulation	10 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room			X	VAT	75 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
water & gas meter closets			X	pipe insulation	18 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
laundry room			X	pipe insulation	6 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
soffit area			X	pipe insulation	33 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 11/15/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 11/01/2013

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

Date of Notification (1) <u>10</u> / <u>3</u> / <u>13</u>		Name of Building Owner/Operator (2) St. Luke's - Warren Campus		NOV 6 2013					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>001</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 185 Roseberry Street City, State, Zip Code Phillipsburg, NJ 08865 Name of Contact Ted Ruhf					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St. Luke's Hospital - Warren Campus				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 185 Roseberrrt Street				Square Feet 150000	# of Floors 5				
City (5) Phillipsburg, NJ				Bldg. Age 60					
County (6) Warren		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 00021		Name of Abatement Contractor (9) Alliance Environmental Systems					
Street Address 28 N. Pennell Road		Street Address 550 East Union Street							
City, State, Zip Code Media, PA 19063		City, State, Zip Code West Chester, PA 129382							
Project Manager for Monitoring Firm David Turotsy		Telephone No. (800) 969-6238		License No. 00508					
Start Date (10) <u>11</u> / <u>8</u> / <u>13</u>		Scheduled Completion Date (11) <u>11</u> / <u>8</u> / <u>13</u>		Name of OSHA Monitor AET					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM- <u>4:00</u> PM / <u> </u> PM- <u>1:00</u> AM				Street Address 28 N. Pennell Road City, State, Zip Code Media, PA 19063					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
First Floor - Office/Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor - Office/Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile Mastic	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler N.E.T.S.		NJDEP Waste Hauler ID No. 18947		Cubic Yards of Waste .25	Name of Registered Landfill BFI Imperial				
City, State Hazleton, PA		Disposal Date TBD		City, State Imperial, PA					
Completed By (Print or Type) John Heemer		Title Estimator		Signature 		Date 10/31/13			

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

Ch # 2520

Date of Notification (1) <div style="text-align: center;">10 / 31 / 13</div>		Name of Building Owner/Operator (2) Trustees of Princeton University							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address E.A MacMillan Building							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortega							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University- South Dinky Station		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address University Place		Square Feet 5,000	# of Floors 1						
City (5) Princeton		Bldg. Age 50+							
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.	ASCM No. 00102	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 515 Grove St., Suite 1B		Street Address 1123 BEAVER STREET							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Alan Lloyd	Telephone No. 856-547-0505	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) <div style="text-align: center;">11 / 12 / 13</div>	Scheduled Completion Date (11) <div style="text-align: center;">11 / 15 / 13</div>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ____ PM- ____ AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
Rear portion of station	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basemen pipe tunnel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation Debris	1 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flue Patch material	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rear portion of station	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflective light pads	3 ea.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State BRISTOL, PA 19007			Disposal Date	City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature <i>Brian Scafiro</i>			Date 10/31/13			

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

CR # 2512

Date of Notification (1) 10/31/2013		Name of Building Owner / Operator (2) Hess Corporation							
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"/> Emergency <input type="checkbox"/> Cancellation	Street Address One Hess Plaza City, State & Zip Code Woodbridge, NJ 07095 Name of Contact John Philbin							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hess 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 (i.e. private & commercial buildings, homes, etc.)							
Street Address 123 Derousse Ave.		Square Feet	# of Floors						
City (5) Pennsauken	County (6) Camden	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) Exterior							
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.						
Street Address 28 N. Pennell Road		Street Address 1123 Beaver Street							
City, State & Zip Code Media, PA 19063		City, State & Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm Dave Turotsy		Telephone Number 800-969-6AET	License Number 00509						
Scheduled Start Date (10) 11/11/2013	Scheduled Completion Date (11) 11/13/2013	Name of OSHA Monitor Bristol Environmental Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: Exterior Removal <input checked="" type="checkbox"/> Facility Occupied During Abatement: 7 AM – 3:30 PM		Street Address 1123 Beaver Street							
		City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bridge Line	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 Bristol Environmental Inc.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfill					
City, State Bristol, PA		Disposal Date 11/13/2013	City, State Morrisville, PA						
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni / jl</i>				Date 10/31/13		

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

B & G proj. #: 2013-222

Check # 6229



Date of Notification (1) 11/1/13		Name of Building Owner/Operator (2) Central Regional School District	
Agencies Notified	Type Notification	Street Address 509 Forest Hills Parkway	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Bayville, NJ 08721	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Sam Pepe	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Central Regional Middle School			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs/Homes, etc.)		
Street Address 509 Forest Hills Parkway			Square Feet # of Floors Bldg. Age		
City (5) Bayville	County (6) Ocean	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 11/01/13		Sched. Completion Date (11) 11/02/13	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R c m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Room 157			X	Linoleum	200 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 11/04/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 11/01/2013

B & G proj. #: 2013-222

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

*** EMERGENCY ***

Check #6229

Date of Notification (1) 11/1/13		Name of Building Owner/Operator (2) Central Regional School District	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 509 Forest Hills Parkway		City, State, Zip Code Bayville, NJ 08721	
Name of Contact Sam Pepe		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Central Regional Middle School			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 509 Forest Hills Parkway			Square Feet # of Floors Bldg. Age		
City (5) Bayville	County (6) Ocean	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 11/01/13		Sched. Completion Date (11) 11/02/13	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

☐ Demolition ☒ Renovation
☐ >3 sf or >3 lf ☒ ≥160 sf or ≥260 lf

☐ Full Containment w/negative pressure ☐ wrap & cut
☐ Mini-enclosure ☒ Glovebag procedure
☒ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Room 157			X	Linoleum	200 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 11/04/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 11/01/2013

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

D&S Proj. #: 2013-417

Date of Notification (1) 11/10/13		Name of Building Owner/Operator (2) NANCY BOSS	
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 135 JEFFERSON AVENUE City, State, Zip Code WESTFIELD, NJ 07090 Name of Contact NANCY BOSS	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) NANCY BOSS Street Address 135 JEFFERSON AVENUE City (5) WESTFIELD County (6) UNION County Code (7) (State use only)			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished)
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Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) 11/11/13 Sched. Completion Date (11) 11/26/13 Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 License Number 01169 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503
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Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT & CRAWL SPACE (13X)		<input checked="" type="checkbox"/>		DUCT INSULATION	65 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 11/12/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/30 2013

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

D&S Proj. #: 2013-418

Date of Notification (1) <u>11/1/13</u>		Name of Building Owner/Operator (2) <u>SARA PINTO</u>	
Agencies Notified	Type Notification	Street Address <u>17 WALNUT COURT</u>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code <u>SO. ORANGE, NJ 07079</u>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended		
<input checked="" type="checkbox"/> DOL	Amendment #: _____		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact <u>SARA PINTO</u>	
		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>SARA PINTO</u>			Type of Facility (4)		
Street Address <u>17 WALNUT COURT</u>			<input type="checkbox"/> School (K - 12)		
			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
City (5) <u>SO. ORANGE</u>		County (6) <u>ESSEX</u>	County Code (7) (State use only)		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) <u>D & S RESTORATION, INC.</u>	
Street Address _____		Street Address <u>20 California Ave.</u>		
City, State, Zip Code _____		City, State, Zip Code <u>Paterson, NJ 07503</u>		
Project Manager for Monitoring Firm _____		Phone Number _____	Telephone Number <u>973-345-8020</u>	License Number <u>01169</u>
Start Date (10) <u>11/20/1313</u>		Sched. Completion Date (11) <u>11/29/13</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- Describe: _____				
<input type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>				

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition							
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
BASEMENT	<input checked="" type="checkbox"/>	DUCT INSULATION	90 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<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"/>

Registered Waste Hauler <u>D & S RESTORATION, INC.</u>		NJDEP Hauler ID# <u>13506</u>		Cubic Yards of Waste <u>1 YD</u>		Name of Registered Landfill <u>TULLYTOWN, RESOURCE RECOVERY</u>	
City, State <u>PATERSON, NJ 07503</u>		Disposal Date <u>11/20/13</u>		City, State <u>TULLYTOWN, PA</u>			
Completed by (Print or Type) <u>BOGDAN JOLDZIC</u>		Title <u>PRESIDENT</u>		Signature _____		Date <u>11/01/2013</u>	

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

1305-4638

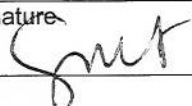
Check#

Date of Notification (1) 10/31/13		Name of Building Owner / Operator (2) NJ DPMC	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	PO Box 034	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #5	City, State & Zip Code Trenton, NJ 08625	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Name of Contact Georgette Bunch	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Telephone Number	
<input type="checkbox"/> DCA			

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) NJ Training School for Boys		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1 State Street		Square Feet	# of Floors
City (5) Jamesburg	County (6) Middlesex	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) Training School	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 120 North Warren Street		Street Address PO Box 25	
City, State & Zip Code Trenton, NJ 08608		City, State & Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Jim Frisbee	Telephone Number 609-392-4200	Telephone Number 609-265-2107	License Number 00529
Scheduled Start Date (10) 5/29/13	Scheduled Completion Date (11) 12/31/13	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.	
		City, State & Zip Code Westmont, NJ 08108	

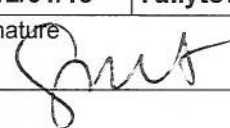
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked=""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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Building #9 Basement Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	75 total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building #9 1 st & 2 nd Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	285 total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building #7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building #7 Perimeter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulk	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building #31 Basement Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building #32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window/Door Glazing	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill TRRF Landfill
City, State Lumberton, NJ	Disposal Date 12/31/13	City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti	Title Opps. Coord.	Signature 	Date 10/31/13

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

1305-4638
Check#5256

Date of Notification (1) 10/31/13		Name of Building Owner / Operator (2) NJ DPMC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #5 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address PO Box 034 City, State & Zip Code Trenton, NJ 08625 Name of Contact Georgette Bunch						
			Telephone Number <div style="text-align: right;">NOV 6 2013</div>						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) NJ Training School for Boys Street Address 1 State Street City (5) Jamesburg County (6) Middlesex County Code (7)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished) Training School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc. Street Address 120 North Warren Street City, State & Zip Code Trenton, NJ 08608 Project Manager for Monitoring Firm Jim Frisbee Telephone Number 609-392-4200		ASCM No. Name of Abatement Contractor (9) AbateTech, Inc. Street Address PO Box 25 City, State & Zip Code Lumberton, NJ 08048 Telephone Number 609-265-2107 License Number 00529							
Scheduled Start Date (10) 5/29/13 Scheduled Completion Date (11) 12/31/13		Name of OSHA Monitor EMSL Analytical Street Address 108 Haddon Ave. City, State & Zip Code Westmont, NJ 08108							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement									
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure </div> </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Removal	Repair	Encapsulate			Enclosure			
Building #8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power House	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	9 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 2	Name of Registered Landfill TRRF Landfill				
City, State Lumberton, NJ		Disposal Date 12/31/13		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.		Signature 			Date 10/31/13		

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

1310-4706
Check #5740

Date of Notification (1) 10/29/13		Name of Building Owner / Operator (2) Verizon Communications	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	100 Greenwood Ave.	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #1	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Jenkintown, PA 19046	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input type="checkbox"/> DCA		Alex Baylor	

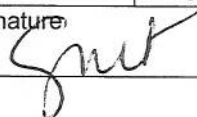
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon- Woodbridge CO			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12)		
138 Main Street			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5)			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Woodbridge			Square Feet	# of Floors	Bldg. Age
County (6)	County Code (7)		Current Use (Prior if being demolished)		
Middlesex			Offices		
Name of Monitoring Firm Hired by Building Owner (8) ESIS		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address		Street Address			
10 Exchange Place, 13th Floor		PO Box 25			
City, State & Zip Code		City, State & Zip Code			
Jersey City, NJ 07302		Lumberton, NJ 08048			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number	License Number	
Brian Kingsbury		201-356-5166	609-265-2107	00529	
Scheduled Start Date (10) 11/4/13	Scheduled Completion Date (11) 11/7/13		Name of OSHA Monitor EMSL Analytical		
Occupancy Status During Abatement (Check only one)			Street Address		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			108 Haddon Ave.		
<input type="checkbox"/> Abatement Performed Outside of Normal Hours			City, State & Zip Code		
Describe:			Westmont, NJ 08108		
<input checked="" type="checkbox"/> Facility Occupied During Abatement					

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Sealant	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coping Stone Caulk	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vent Caulking	26 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 6	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 11/7/13	City, State Tullytown, PA		
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 		Date 10/29/13

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

1310-4706
Check #5740

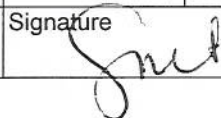
Date of Notification (1) 10/31/13		Name of Building Owner / Operator (2) Verizon Communications	
Agencies Notified	Type Notification	Street Address 100 Greenwood Ave.	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code Jenkintown, PA 19046	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #2	Name of Contact Alex Baylor	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon- Woodbridge CO			Type of Facility (4) <input type="checkbox"/> School (K-12)		
Street Address 138 Main Street			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5) Woodbridge			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County (6) Middlesex	County Code (7)		Square Feet	# of Floors	Bldg. Age
Current Use (Prior if being demolished) Offices					
Name of Monitoring Firm Hired by Building Owner (8) ESIS			Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 10 Exchange Place, 13th Floor			Street Address PO Box 25		
City, State & Zip Code Jersey City, NJ 07302			City, State & Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Brian Kingsbury		Telephone Number 201-356-5166	Telephone Number 609-265-2107	License Number 00529	
Scheduled Start Date (10) 11/4/13	Scheduled Completion Date (11) 11/22/13		Name of OSHA Monitor EMSL Analytical		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 108 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

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

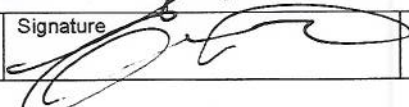
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Sealant	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coping Stone Caulk	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vent Caulking	26 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 6	Name of Registered Landfill TRRF Landfill
City, State Lumberton, NJ	Disposal Date 11/22/13	City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti	Title Opps. Coord.	Signature 	Date 10/31/13

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

MO# 20998935448

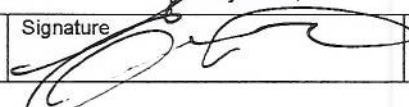
\$ 200-

Date of Notification (1) 10/31/2013		(Page 1 of 2)		Name of Building Owner/Operator (2) BLOOMFIELD BELLEVILLE ASSOCIATES LLC					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		820 MORRIS TURNPIKE					
				City, State, Zip Code SHORT HILLS NJ 07078					
				Name of Contact Daniel Materese					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Commercial				Type of Facility (4)					
Street Address 225 Belleville Ave				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Bloomfield				Square Feet 18500	# of Floors 4	Bldg. Age 50+			
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Abandoned Bldg					
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.	Name of Abatement Contractor (9) America Enterprise Corp					
Street Address			Street Address 29 Northfield Ave Ste 202						
City, State, Zip Code			City, State, Zip Code West Orange NJ 07052						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 877-977-9516		License No. 01203			
Start Date (10) 11/11/2013		Scheduled Completion Date (11) 12/11/2013		Name of OSHA Monitor America Enterprise Corp					
Occupancy Status During Abatement (Check Only One)				Street Address 29 Northfield Ave Ste 202					
<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 West Orange NJ 07052					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor			X	12 x 12 VAT	12000 SF	X			
2nd & 3rd Fl			X	9 x 9 VAT	1600 SF	X			
2nd Floor			X	Floor Covering / mastic	340 SF	X			
Various Locations			X	Transite pipe/ceiling/electric boxes	100 SF	X			
Name of Registered Waste Hauler America Enterprise Corp		NJDEP Waste Hauler ID No. 32980		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S landfill				
City, State West Orange, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Eli Brito		Title Proj. Mngr		Signature 		Date 11/01/2013			

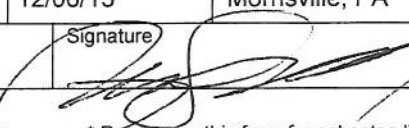
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

1107 20998935448

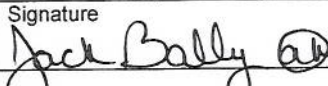
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Date of Notification (1) 10/31/2013		(Page 1 of 2)		Name of Building Owner/Operator (2) BLOOMFIELD BELLEVILLE ASSOCIATES LLC								
Agencies Notified		Type Notification		Street Address								
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		820 MORRIS TURNPIKE								
				City, State, Zip Code SHORT HILLS NJ 07078								
				Name of Contact Daniel Materese								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Private Commercial				Type of Facility (4)								
Street Address 225 Belleville Ave				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Bloomfield				Square Feet 18500		# of Floors 4						
County (6) Essex				County Code (7) (STATE USE ONLY)		Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8)				ASCM No.		Name of Abatement Contractor (9) America Enterprise Corp						
Street Address				Street Address 29 Northfield Ave Ste 202								
City, State, Zip Code				City, State, Zip Code West Orange NJ 07052								
Project Manager for Monitoring Firm				Telephone No.		Telephone No. 877-977-9516						
						License No. 01203						
Start Date (10) 11/11/2013		Scheduled Completion Date (11) 12/11/2013		Name of OSHA Monitor America Enterprise Corp								
Occupancy Status During Abatement (Check Only One)				Street Address 29 Northfield Ave Ste 202								
<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 West Orange NJ 07052								
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) <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				
								Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A								
2nd Floor				X	12 x 12 VAT		12000 SF		X			
2nd & 3rd Fl				X	9 x 9 VAT		1600 SF		X			
2nd Floor				X	Floor Covering / mastic		340 SF		X			
Various Locations				X	Transite pipe/ceiling/electric boxes		100 SF		X			
Name of Registered Waste Hauler America Enterprise Corp				NJDEP Waste Hauler ID No. 32980		Cubic Yards of Waste TBD		Name of Registered Landfill G.R.O.W.S landfill				
City, State West Orange, NJ				Disposal Date TBD		City, State Tullytown, PA						
Completed by Eli Brito				Title Proj. Mngr		Signature 		Date 11/01/2013				

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

Date of Notification (1) 11/01/13		Name of Building Owner/Operator (2) Buckeye Pipe Line Company, L.P.							
Agencies Notified	Type Notification	Street Address 380 Maurer Road							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Perth Amboy, NJ 08861							
		Name of Contact John Phillips							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Buckeye Pipe Line Right-of-Way		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 50 feet west of the western edge of 112 State Street		Square Feet 84 sf	# of Floors Bldg. Age						
City (5) Sewaren		Current Use (Prior if being demolished) Pipeline (out of service)							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____								
Name of Monitoring Firm Hired by Building Owner (8) The Napp-Grecco Company		ASCM No.	Name of Abatement Contractor (9) The Napp-Grecco Company						
Street Address 1500 McCarter Highway		Street Address 1500 McCarter Highway							
City, State, Zip Code Newark, NJ 07104		City, State, Zip Code Newark, NJ 07104							
Project Manager for Monitoring Firm Anthony Russomano		Telephone No. 973-482-3500	License No. 01182						
Start Date (10) 11/18/13	Scheduled Completion Date (11) 11/29/13	Name of OSHA Monitor The Napp-Grecco Company							
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: Not applicable - Out of service pipeline		Street Address 1500 McCarter Highway							
		City, State, Zip Code Newark, NJ 07104							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Coating exterior of pipeline			x	Pipe coating	84 sf	x		x	
Name of Registered Waste Hauler Auchter Industrial Services		NJDEP Waste Hauler ID No. 16648	Cubic Yards of Waste 0.5	Name of Registered Landfill Waste Management Grows Landfill					
City, State Cinder NJ		Disposal Date 12/06/13		City, State Morrisville, PA					
Completed by John Phillips		Title Senior Project Manager		Signature 		Date 11/01/13			


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

Date of Notification (1) 11/4/13		Name of Building Owner/Operator (2) Aspen Hills Healthcare Center							
Agencies Notified	Type Notification	Street Address 600 Pemberton Browns Mill Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Pemberton, NJ 08068							
		Name of Contact Elie Jakobovits							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Aspen Hills Healthcare Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 600 Pemberton Browns Mill Road		Square Feet 100,000	# of Floors 3						
City (5) Pemberton		Bldg. Age 60+							
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Medical / Nursing Home							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Management International		ASCM No. _____	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 34 E. Germantown Pike		Street Address 407 West Lincoln Highway, Suite 500							
City, State, Zip Code East Norriton, PA 19401		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Ray Giordano		Telephone No. 610-277-0405	License No. 01161						
Start Date (10) 11/18/13	Scheduled Completion Date (11) 12/20/13	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Work on unoccupied floors		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor / 2nd floor			X	VAT	20,000 SF	X			
2nd floor			X	TSI	250 LF	X			
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 60	Name of Registered Landfill GROWS Landfill					
City, State Ewing, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager	Signature 			Date 11/4/13			

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

CK 25201

Date of Notification (1) 11 / 4 /13		Name of Building Owner/Operator (2) VERIZON C/O ESIS	
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address PO BOX 430		City, State, Zip Code N. VERSAILLES, PA 15137	
Name of Contact DAN PETROVAY		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) VERIZON				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 621 WILLIAM STREET				Square Feet 20,000		# of Floors 4	
City (5) EAST ORANGE		County (6) ESSEX		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) TELECOMMUNICATION	
Name of Monitoring Firm Hired by Building Owner (8) ESIS				ASCM No. 17		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 10 EXCHANGE PLACE				Street Address 313 SPOOK ROCK ROAD			
City, State, Zip Code JERSEY CITY, NEW JERSEY 07302				City, State, Zip Code SUFFERN, NEW YORK 10901			
Project Manager for Monitoring Firm BRIAN KINGSBURY		Telephone Number 201-356-5166		Telephone Number 845-369-7500		License Number 460	
Expected State Date (10) 11 / 13 /13		Sched. Completion Date (11) 10 / 31 /14		Name of OSHA Monitor QUALITY ENVIRONMENTAL			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM				Street Address 1376 ROUTE 9			
				City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590			
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclo: H <input checked="" 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) Yes No N/A		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
				PARAPET MASTIC		2,900 SF	
				WALL MASTIC		1,160 SF	
				BLOCK PIPE SEALANT		10 SF	
3RD FLOOR				PIPE FITTINGS		5 LF	
Name of Registered Waste Hauler DJM TRANSPORT, LLC		NJDEP Waste Hauler ID No. 26981		Cubic Yards of Waste 10		Name of Registered Landfill GROWS LANDFILL	
City, State KEARNEY, NEW JERSEY		Disposal Date 11/13-13-10/15/2014		City, State MORRISVILLE, PA			
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 11/4/13	

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)
ANNUAL NOTIFICATION

Check # 1574

Date of Notification (1) 06 / 26 / 13		Name of Building Owner / Operator (2) ALCATEL/LUCENT TECHNOLOGIES INC.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 600 MOUNTAIN AVENUE		City, State, Zip Code MURRAY HILL, NJ 07974	
Name of Contact JOEY SOUSA		Telephone Number	

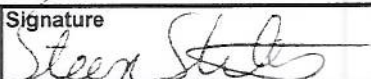
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) ALCATEL/LUCENT		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
Street Address 600 MOUNTAIN AVENUE		Building Age 20-50	
City (5) MURRAY HILL	County (6) SOMERSET	County Code (7)	Square Feet 500,000
			# Of Floors 5
		Current Use (Prior if being demolished) OFFICE /RESEARCH	
Name of Monitoring Firm Hired by Bldg. Owner (8) WCD		ASCM NO 111	Name of Abatement Contractor (9) LVI Demolition Services Inc.
Street Address 23 ROUTE 31 NORTH		Street Address	
City, State, Zip Code PENNINGTON, NJ 08534		32 Williams Parkway	
Project Mngr. For Monitoring Firm MIKE GARAMBONE		Telephone Number 212-631-9000	City, State, Zip Code East Hanover, NJ 07936
Scheduled Start Date (10) 07 / 16 / 13	Sched. Completion Date (11) 01 / 31 / 14	Telephone Number 973-772-3660	License Number 00860
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: M-F 7AM - 11:30PM SAT - 7AM - 3:30PM		Name of OSHA Monitor LVI Demolition Services Inc.	
		Street Address 32 Williams Parkway	
		City, State, Zip Code East Hanover, NJ 07936	

Scope of Work (Check All That Apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >3sf or >3lf		<input checked="" type="checkbox"/> Mini - Enclosure
<input checked="" type="checkbox"/> >160 sf or >260 lf		<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			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
	YES NO N/A						
BLDG 1	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE FITTINGS	325 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 1	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE	10620 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 1	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	HEAT SHIELD	2848 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 1	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	WINDOW GLAZING	31710 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Newark Carting	NJDEP Waste Cubic Yards of Waste 4509	Name of Registered Landfill I.E.S.I
City, State NEWARK, NJ	Disposal Date	City, State BETHLEHEM, PA

Completed by (Print or Type) STEVE STILES	Title PROJECT MANAGER	Signature 	Date 11/04/13
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 11 / 4 / 13		Name of Building Owner/Operator (2) Journal Square Associates, LLC							
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 520 US Highway 22 ----PO Box 6872							
		City, State, Zip Code Bridgewater, NJ 08807							
		Name of Contact Kiva Bartik	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Block 9501 Lot 8		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 605 Pavonia Ave		Square Feet 20,000	# of Floors 5						
City (5) Jersey City		Bldg. Age 50+							
County (6) Hudson	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Apartment Bldg							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety		ASCM No. 117	Name of Abatement Contractor (9) Controlled Environmental Systems						
Street Address 318 12th Street		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-704-8850	License No. 00847						
Start Date (10) 11 / 18 / 13	Scheduled Completion Date (11) 12 / 13 / 13		Name of OSHA Monitor CES						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement-SW corner	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement-SW corner	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Length insulation	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Gasket	1 unit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thru-out building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tile	310SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	4800 Sq	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Geppert Recycling		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 80 yards	Name of Registered Landfill Western Berks Community Landfill					
City, State Hatfield PA 19440		Disposal Date 12/13/13	City, State Birdsboro, PA						
Completed By (Print or Type) Patricia Visco	Title Office Manager	Signature <i>Patricia Visco</i>	Date 11/14/13						

CHECK #
3035

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

Date of Notification (1) <u>11/2/13</u>		Name of Building Owner/Operator (2) <u>CANEX TECH CONTRACTING</u>			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 RT. 50</u>			
		City, State, Zip Code <u>GREENFIELD, N.J. 08230</u>			
		Name of Contact <u>BRUCE BREUNIG</u>	Telephone Number		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)			
Street Address <u>3101 SIMPSON AVE.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>		
City (5) <u>OCEAN CITY</u>		Bldg Age <u>40+</u>			
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		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>856-779-0422</u>	License No. <u>00444</u>		
Start Date (10) <u>11/14/13</u>	Scheduled Completion Date (11) <u>11/21/13</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"/> 23.51 or 23.11 <input type="checkbox"/> 2160.51 or 2260.11 <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible 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>2500#</u>	Abatement Type	
				Removal	Encinw
<u>SIDING</u>		<u>TRANSITE</u>		<input checked="" type="checkbox"/>	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NUDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>	
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>		
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>11/2/13</u>		

CHECK #
303-7

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

Date of Notification (1) <u>11/4/13</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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 77TH ST.</u>	
		City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u>	
		Name of Contact <u>FRANK EDUARDI</u>	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>151 30TH STREET</u>		Square Feet	# of Floors
City (5) <u>AVAILON</u>		Bldg. Age	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if 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		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.	Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>
Start Date (10) <u>11/15/13</u>	Scheduled Completion Date (11) <u>11/22/13</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"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Amount (Specify SF or LF)
	Yes	No	
<u>SIDING</u>			<u>X</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>WOODBRIDGE, N.J.</u>	
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>11/4/13</u>

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

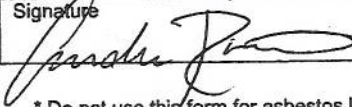
Check # 9044

Date of Notification (1) November 1, 2013		Name of Building Owner / Operator (2) Bank of America							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	46 Parsonage Road City, State & Zip Code Edison, NJ 08837							
		Name of Contact Ryan Schnupp	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4)							
Street Address 46 Parsonage Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)							
City (5) Edison		Square Feet 12,000	# of Floors 2						
County (6) Middlesex		Bldg. Age 70							
County Code (7) USE ONLY		Current Use (Prior if being demolished) Bank							
Name of Monitoring Firm Hired by Building Owner (8) New York Environmental		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.						
Street Address 88 Harbor Road									
City, State & Zip Code Port Washington, NY 11050									
Project Manager for Monitoring Firm Michael Baudo		Telephone Number 516-944-9500	License Number 00817						
Scheduled Start Date (10) November 12, 2013	Scheduled Completion Date (11) December 12, 2013	Name of OSHA Monitor Synatech, Inc.							
Occupancy Status During Abatement (Check only one)		Street Address 829 Radio Road							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code Little Egg Harbor, NJ 08087							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥ 50 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Windows			X	Window Caulk	480 LF	X			
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 4	Name of Registered Landfill Grows Landfill					
City, State Little Egg Harbor, NJ 08087		Disposal Date December 13, 2013		City, State Morrisville, PA					
Completed By Diane Aloia		Title Executive Administrator	Signature <i>Diane Aloia</i>		Date November 1, 2013				

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

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

NOV 6 2013

Date of Notification (1) 10/28/13		Name of Building Owner/Operator (2) Florence Rotondo							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 46 Merion Lane City, State, Zip Code Maple Shade NJ 08052 Name of Contact Andrew Ricco						
			Telephone Number						
	FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Residence Street Address 46 Merion Lane City (5) Maple Shade County (6) Burlington								
Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		Square Feet 1104 # of Floors 1 Bldg. Age 63							
County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) residence.		Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code Project Manager for Monitoring Firm Telephone No.							
Name of Abatement Contractor (9) Ricco Construction Corp Street Address 282 Creek Rd City, State, Zip Code Bellmawr NJ 08031 Telephone No. 856-466-6452 License No. 01204		Name of OSHA Monitor Andrew Ricco Street Address 282 Creek Road City, State, Zip Code Bellmawr NJ 08031							
Start Date (10) 11/11/13 Scheduled Completion Date (11) 11/15/13		Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior -			X	Pipe insulation	45 LF	X			
Name of Registered Waste Hauler Ricco Construction Corp		NJDEP Waste Hauler ID No. 28909		Cubic Yards of Waste		Name of Registered Landfill Salem County			
City, State Bellmawr NJ 08031		Disposal Date TBD		City, State Alloway NJ					
Completed by Andrew Ricco		Title owner		Signature 		Date 10/28/13			

CHE 4751

ASB-41

* Do not use this form for asbestos licensure exempted activities

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:120)**

Date of Notification (1) 11-1-13		Name of Building Owner/Operator (2) M. LICHTARSKA		NOV 6 2013	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 18 MEOLA PLACE		
			City, State, Zip Code MIDLAND PARK, NJ 07432		
			Name of Contact M. LICHTARSKA		Telephone Number _____
FACILITY INFORMATION					
Name of Facility Whose Abatement is Taking Place (3) M. LICHTARSKA				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 18 MEOLA PLACE				Square Feet 1850	# of Floors 2
City (5) MIDLAND PARK				Blg. Age 68 YRS	
County (6) BERGEN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)	
Street Address				Best Removal Inc	
City, State, Zip Code				Street Address 450 S. River St	
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code Hackensack, N.J. 07601	
				Telephone No. 201-329-7444	License No. 00388
Start Date (10) 11-12-13		Scheduled Completion Date (11) 11-13-13		Name of OSHA Monitor Omega Environmental Inc	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM 5 PM				Street Address 280 Huyler St	
				City, State, Zip Code South Hackensack, N.J. 07606	
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥ 3 of or ≥ 3 F <input type="checkbox"/> ≥ 100 of or ≥ 200 F		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Printable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
KITCHEN			X	VAT	148 SF X
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 114 yd	Name of Registered Landfill Minerva Enterprises
City, State Hackensack, N.J. 07601		Disposal Date 11-13-13		City, State Waynesburg, Oh	
Completed by R. VELDRAN	Title Estimator	Signature <i>R. Veldran</i>			Date 11-1-13

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

Date of Notification (1) <u>11-1-13</u>		Name of Building Owner/Operator (2) <u>NOV</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>136 WALDRON RD</u>	
		City, State, Zip Code <u>TOMS RIVER NJ 08753</u>	
		Name of Contact <u>ERIC PLACKIS</u>	Telephone Number <u>1-800-747-7474</u>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address <u>136 WALDRON RD</u>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City (5) <u>TOMS RIVER NJ</u>	Square Feet <u>1600</u>	# of Floors <u>2</u>	Bldg. Age <u>50</u>
County (6) <u>OCEAN</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)	
Street Address		<u>BRICK INDUSTRIES INC</u>	
City, State, Zip Code		Street Address <u>145 NATICK TR.</u>	
Project Manager for Monitoring Firm	Telephone No.	City, State, Zip Code <u>BRICK, NJ, 08724</u>	
		Telephone No. <u>732-899-7499</u>	License No. <u>01196</u>
Start Date (10) <u>11-10-13</u>	Scheduled Completion Date (11) <u>11-17-13</u>	Name of OSHA Monitor	
Occupancy Status During Abatement (Check only one)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code	
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> >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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN FACILITY</u> (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) <u>1600 SF</u>		
<u>SIDING</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>TRANSITE</u>
Name of Registered Waste Hauler <u>BRICK INDUSTRIES INC</u>		NUDEP Waste Hauler ID No. <u>21602</u>	Cubic Yards of Waste <u>5</u>
City, State <u>BRICK, NJ</u>		Disposal Date <u>11-21-13</u>	Name of Registered Landfill <u>G.R.O.W.S</u>
City, State <u>PA</u>			
Completed By <u>ERIC PLACKIS</u>	Title <u>PRES.</u>	Signature <u>[Signature]</u>	Date <u>11-1-13</u>

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

Check#1759

Date of Notification (1) 11 / 01 / 13		Name of Building Owner/Operator (2) Darlene Cheese-Jones							
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 161 William Street City, State, Zip Code Perth Amboy, NJ 08861							
		Name of Contact Darlene Cheese-Jones	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 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 161 William Street		Square Feet	# of Floors						
City (5) Perth Amboy, NJ 08861		Bidg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC						
Street Address		Street Address 576 Valley Rd #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127						
Start Date (10) 11 / 10 / 13	Scheduled Completion Date (11) 11 / 11 / 13	Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		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 type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	115 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 11/01/2013			

ASB-41

MAY 11

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

APPROVED: CINDY MITCHELL, NJDOH

CR# 2522

Date of Notification (1) 11/1/2013		Name of Building Owner / Operator (2) St. Francis Medical Center							
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 checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 601 Hamilton Avenue						
			City, State & Zip Code Trenton, NJ 08629						
			Name of Contact Mr. Charles Lawson						
			Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St. Francis Medical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 601 Hamilton Ave.		Square Feet	# of Floors						
City (5) Trenton	County (6) Mercer	Bldg. Age							
Current Use (Prior if being demolished) Hospital									
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.							
Street Address 120 North Warren Street		Name of Abatement Contractor (9) Bristol Environmental, Inc.							
City, State & Zip Code Trenton, NJ 08010		Street Address 1123 Beaver Street							
Project Manager for Monitoring Firm Jim Frisbee		Telephone Number 609-392-4200	City, State & Zip Code Bristol, PA 19007						
Scheduled Start Date (10) 11/4/2013	Scheduled Completion Date (11) 11/4/2013	Telephone Number (215)788-6040	License Number 00509						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement: 7AM to 3PM		Name of OSHA Monitor Bristol Environmental Inc.							
Street Address 1123 Beaver Street									
City, State & Zip Code Bristol, PA 19007									
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 Bristol Environmental, Inc.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste 2 Cu yd	Name of Registered Landfill GROWS Landfill				
City, State Bristol, PA		Disposal Date 11/5/2013		City, State Waynesburg, OH					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager		Signature <i>Gino Pizzigoni</i>			Date 11/1/13		

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

APPROVED: TOM VOORHEES, NJDOL

CR# 2521

Date of Notification (1) 11/1/2013		Name of Building Owner / Operator (2) Wells Fargo Bank	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	One South Broad Street	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency	Philadelphia, PA 19107	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input type="checkbox"/> DCA		Orville Bishcoff	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Wells Fargo Bank			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12)		
650 Anderson Ave.			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5)			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Cliffside Park			Square Feet	# of Floors	Bldg. Age
County (6)	County Code (7)		Current Use (Prior if being demolished)		
Bergen			Bank		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address			Street Address		
120 North Warren Street			1123 Beaver Street		
City, State & Zip Code			City, State & Zip Code		
Trenton, NJ 08608			Bristol, PA 19007		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
Jim Frisbee		609-392-4200	(215)788-6040		00509
Scheduled Start Date (10)	Scheduled Completion Date (11)		Name of OSHA Monitor		
11/1/2013	11/2/2013		Bristol Environmental Inc.		
Occupancy Status During Abatement (Check only one)			Street Address		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			1123 Beaver Street		
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours			City, State & Zip Code		
Describe: 5:00 PM – 3:00 PM			Bristol, PA 19007		
<input type="checkbox"/> Facility Occupied During Abatement					

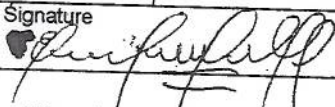
Scope of Work (Check all that apply)

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

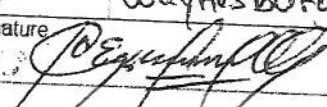
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fittings	19 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill	
Service Transport Inc.		20990	1	Minerva Landfill	
City, State		Disposal Date	City, State		
New Castle, DE		11/4/2013	Waynesburg, Ohio		
Completed By (Print or Type)		Title	Signature	Date	
Gino Pizzigoni		Project Manager	<i>Gino Pizzigoni</i>	11/1/13	

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

Date of Notification (1) 10/25/2013		Name of Building Owner/Operator (2) BLAIR DEMOLITION							
Agencies Notified	Type Notification	Street Address 294 MIDDLE ROAD							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HOLMDEL. N.J. 07601 Name of Contact J. BLAIR							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4)							
Street Address 15 ATLANTIC WAY.		<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) SEA BRIGHT N.J.		Square Feet 1400 SF	# of Floors 1						
County (6)		Bldg. Age 76							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) YES							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC.						
Street Address		Street Address 22 VAN ORDEN PLACE							
City, State, Zip Code		City, State, Zip Code HACKENSACK N.J.							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 -708- 4270						
Start Date (10) 11/04/2013		Scheduled Completion Date (11) 11/05/2013	License No. 01135						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor EMSL ANALYTICAL INC.							
<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 307 - WEST 38th STREET.							
Scope of Work (Check All That Apply)		City, State, Zip Code NEW YORK N.Y. 10018							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR SIDING		X		SHINGLES SIDING	1,352 SF.	X			
Name of Registered Waste Hauler SHARON QUALITY CONSTRUCTION LLC.		NJDEP Waste Hauler ID No. 0033967	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC.					
City, State HACKENSACK N.J.		Disposal Date TBD		City, State WAYNESBURG OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER		Signature 			Date 10/25/2013		

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

Date of Notification (1) 10-29-2013		Name of Building Owner/Operator (2) Hillside Office Park							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 1350 - Liberty Ave		City, State, Zip Code Hillside, N.J. 07205							
Name of Contact Jim Janone		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private		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 1350 - Liberty Ave.		Square Feet 28,000							
City (5) Hillside N.J.		# of Floors 4							
County (6)		Bldg. Age 76							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Yes							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Sharon Quality Construc.							
Street Address		Street Address 22 Van Orden Pl.							
City, State, Zip Code		City, State, Zip Code Hackensack N.J. 07601							
Project Manager for Monitoring Firm N/A		Telephone No. 201-708-4270							
Start Date (10) 11/07/2013		License No. 07135							
Scheduled Completion Date (11) 11/16/2013		Name of OSHA Monitor EMSL - ANALYTICAL 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 307 West 38th St. New York							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		City, State, Zip Code New York, N.Y. 10018							
		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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-Frangible Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3rd and 4th Floor balconies		<input checked="" type="checkbox"/>		Floor Tile	330 SF.	<input checked="" type="checkbox"/>			
Basement Elev. bank hallway		<input checked="" type="checkbox"/>		Floor Tile	80 SF.	<input checked="" type="checkbox"/>			
Basement Room B-26				Pipe Joint Insulation Elbow 2 L.F.		<input checked="" type="checkbox"/>			
Floors (1, 2, 3, 4)				Transite windows panels 621		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Sharon Quality Construction		NJDEP Waste Hauler ID No. 0033967		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Enterprise			
City, State Hackensack N.J.		Disposal Date TBD		City, State Waynesburg Ohio					
Completed by Carlos Esquivel		Title Safety Manager		Signature 		Date 10/29/2013			

Date of Notification (1) 10-29-13		Name of Building Owner/Operator (2) Richard C Simon	
Agencies Notified	Type Notification	Street Address 37 Ogden Place	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Morristown, NJ, 07960	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Richard C Simon	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet 5000	# of Floors 3	Bldg. Age 118
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address			Street Address 86 Christopher St.	
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371
Scheduled Start Date (10) 11-8-13	Sched. Completion Date (11) 11-9-13	Name of OSHA Monitor N/A		
Month Day Year		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: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>		Street Address		
		City, State, Zip Code		

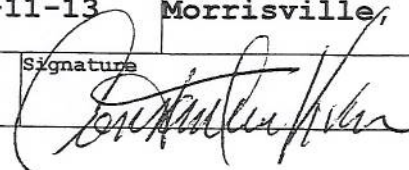
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	7 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 11-11-13	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 10-29-13		

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

Date of Notification (1) 10-31-13		Name of Building Owner/Operator (2) Sharon Victor	
Agencies Notified	Type Notification	Street Address 268 Winthrop Terrace	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code South Orange, NJ, 07079	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Sharon Victor	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet 1600		
City (5)			County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors 2
			Bldg. Age 80		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 11-1-13	Sched. Completion Date (11) 11-4-13	Name of OSHA Monitor N/A		
Month Day Year	Month Day Year	Street Address		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		City, State, Zip Code		

Scope of Work (Check all that apply)

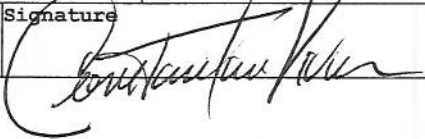
☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Boiler	20 SF	X			
				Pipe Insulation	80 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 11-5-13	City, State Morrisville PA 19067		

Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 10-31-13
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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 10-29-13		Name of Building Owner/Operator (2) Charles Heyer - First Presbyterian Church	
Agencies Notified	Type Notification	Street Address 10 Fairview Ave	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Verona, NJ,	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Charles Heyer	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

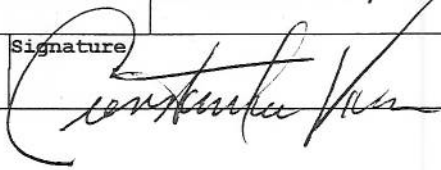
Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet 3200	# of Floors 3	Bldg. Age 82
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address			Street Address 86 Christopher St.	
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm	Telephone Number N/A		Telephone Number (973) 744-8800	License Number 00371
Scheduled Start Date (10) 10-11-13	Sched. Completion Date (11) 10-12-13	Name of OSHA Monitor N/A		
Month Day Year		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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	125 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 11-13-13	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 10-29-13		

Date of Notification (1) 10-31-13		Name of Building Owner/Operator (2) Danielle Barnett	
Agencies Notified	Type Notification	Street Address 86 Mountain	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code West Orange, NJ,	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Danielle Barnett	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number _____	
<input checked="" type="checkbox"/> DOR	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address		Square Feet 2900	# of Floors 2
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Bldg. Age 85
		Current Use (Prior if being demolished)	

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address				Street Address 86 Christopher St.	
City, State, Zip Code				City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm		Telephone Number N/A		Telephone Number (973) 744-8800	
				License Number 00371	

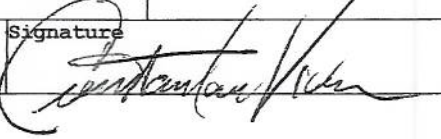
Scheduled Start Date (10) 11-12-13		Sched. Completion Date (11) 11-15-13		Name of OSHA Monitor N/A	
Month	Day	Year	Month	Day	Year
Occupancy Status During Abatement (Check only one)					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement					
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u><OffHours Descript></u>					
<input type="checkbox"/> Other - Describe: <u><Other Occupancy Descript></u>					
Street Address					
City, State, Zip Code					

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement N. Crawl Space			X	Pipe Insulation	120 LF	X			
Basement			X	Pipe Insulation	210 LF				
Basement S. Crawl Space			X	Duct Insulation	90 SF				X

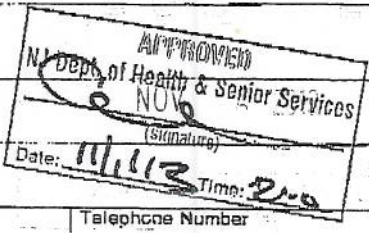
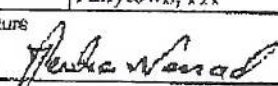
Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040		Cubic Yards of Waste 2.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 11-18-13		City, State Morrisville, PA 19067		

Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 10-31-13
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:16)

Check#1760

Emergency Notification

Date of Notification (1) 11 / 01 / 13		Name of Building Owner/Operator (2) Martin Hoeffner							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Street Address 5 Sherman Place							
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Morris Plains, NJ 07950							
		Name of Contact Eric Vitale							
<p align="center">FACILITY INFORMATION</p>									
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 B (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 5 Sherman Place				Square Feet					
City (5) Morris Plains, NJ 07950				# of Floors					
County (6) Morris				Bldg. Age					
County Code (7) (STATE USE ONLY) Morris		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Gr Tech LLC		ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC					
Street Address				Street Address 576 Valley Rd #283					
City, State, Zip Code				City, State, Zip Code Wayne, NJ 07470					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-638-1777					
Start Date (10) 11 / 01 / 13		Scheduled Completion Date (11) 11 / 02 / 13		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 type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler insulation	20 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 		Date 11/01/2013			

ASB-47

MAY 11

* Do not use this form for asbestos clean-up exempted activities.

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

Date of Notification (1) 10/28/13		Name of Building Owner / Operator (2) State of New Jersey Department of Human Services							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#2-10/31/13 <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address P.O. Box 700, 222 South Warren Street City, State & Zip Code Trenton, NJ 08625 Name of Contact Pam Harlan							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Woodbridge Developmental – Exterior Grounds		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 1289 Rahway Avenue		Square Feet N/A	# of Floors N/A						
City (5) Avenel	County (6) Middlesex	Bldg. Age N/A							
County Code (7)		Current Use (Prior if being demolished) Various Services							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.		Name of Abatement Contractor (9) Bristol Environmental, Inc.							
Street Address 120 North Warren Street		Street Address 1123 Beaver Street							
City, State & Zip Code Trenton, NJ 08608		City, State & Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm Brian Holbig		Telephone Number 609-392-4200	License Number 00509						
Scheduled Start Date (10) 10/29/13 (Rev #1-10/31/13)	Scheduled Completion Date (11) ON HOLD	Name of OSHA Monitor Bristol Environmental Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 8:00 AM – 4:30 PM <input checked="" type="checkbox"/> Facility Occupied During Abatement 7:00 – 3:30		Street Address 1123 Beaver Street							
		City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Rickwell between Cottages #2 & #3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rev #1-Add'l. Scope of Work same area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1 Cu YD	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 10/7/11		City, State Waynesburg, OH					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni / jl</i>				Date 10/28/13		

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

APPROVED: PAUL HORNER
NJDOH

Date of Notification (1) 10/30/13		Name of Building Owner / Operator (2) State of NJ Department of Corrections							
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"/> Emergency <input type="checkbox"/> Cancellation	Street Address PO Box 11401 City, State & Zip Code Yardville, NJ 08620 Name of Contact Ed Weldon							
		Telephone Number NOV 6 2013							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mountainview Correctional Facility-Industrial Bldg		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 31 Petticoat Lane		Square Feet 20000	# of Floors 2						
City (5) Annadale	County (6) Hunderton	Bldg. Age 30+							
County Code (7)		Current Use (Prior if being demolished) Correctional							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCN No.							
Street Address 120 N. Warren St		Name of Abatement Contractor (9) Bristol Environmental, Inc.							
City, State & Zip Code Trenton, NJ 08608		Street Address 1123 Beaver Street							
Project Manager for Monitoring Firm Jim Frisbee		City, State & Zip Code Bristol, PA 19007							
Telephone Number 609-392-4200		Telephone Number (215)788-6040	License Number 00509						
Scheduled Start Date (10) 10/30/13	Scheduled Completion Date (11) 10/30/13	Name of OSHA Monitor Bristol Environmental Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: 4:00 PM - 8:00 PM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street							
		City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Video Conference Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	9 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 10/31/13		City, State Waynesburg, Ohio					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni / fl</i>			Date 10/30/13			

Oct 24 2013 02:55pm

P001/001

Check # 8289
8298State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 10/24/13		Name of Building Owner/Operator (2) HARTZ MOUNTAIN INDUSTRIES		APPROVED NJ Dept. of Health & Senior Services Paul C. Horner (signature) Date: 10/24/13 Time: 1:55 PM	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 400 PLAZA DRIVE / P.O. Box 1575 City, State, Zip Code SECAUCUS, NJ 07096 Name of Contact DAVE H. Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) FORMER PANASONIC BUILDING				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 1 PANASONIC WAY				Square Feet 59,000	
City (5) SECAUCUS				# of Floors 3	
County (6) HURSON				Bldg. Age 52	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) NO DEMO OFFICE / DEMO WAREHOUSE	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
Street Address		Street Address 105 Lowell Road		City, State, Zip Code Glen Rock, N.J. 07452	
City, State, Zip Code		Telephone No. 201-282-5841		License No. 00156	
Project Manager for Monitoring Firm		Start Date (10) 10/25/13		Scheduled Completion Date (11) 12/9/13	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Omega Environmental Services Inc.			
Street Address 280 Huyler Street		City, State, Zip Code Hackensack, NJ 07606			
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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 (12)		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)	
ROOF FLASHING		Yes		VENTS	
2ND FLOOR		No		TAR PAPER	
1ST, 2ND, 3RD FLOORS		N/A		MASTIC + TILE	
ROOF ELEVATOR SHAFT		Yes		MASTIC	
ROOF MECHANICAL ROOM		No		TRANSITE	
Amount (Specify SF or LF)		Abatement Type			
200 SF	Removal	X	Repair		
180 SF	Removal	X	Repair		
228,032 SF	Removal	X	Repair		
30 SF	Removal	X	Repair		
1,960 SF	Removal	X	Repair		
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 180	
City, State Riverdale, New Jersey 07457		Disposal Date 10/25/13		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State Bethlehem, PA 18015		Completed by R. McDonald		Signature R. McDonald	
Title President		Date 10/30/13			

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

Check # 7313

Date of Notification (1) 11/1/13		Name of Building Owner/Operator (2) Montclair State University	
Agencies Notified	Type of Notification	Street Address Normal Avenue	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	City, State, Zip Code Upper Montclair, NJ 07043	
		Name of Contact Amy Ferdinand	Telephone Number ...


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Morehead Hall, Montclair State University			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 1 Normal Avenue			Square Feet 20000	# of Floors 2	Bldg. Age ~ 50
City (5) Upper Montclair	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) educational		
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.		ASCM No.	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 7 Pleasant Hill Road			Street Address 3 Lynn Court		
City, State, Zip Code Cranford, NJ 08512			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 11/4/13	Sched. Completion Date (11) 11/11/13		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacated</u>			Street Address 2333 Route 22 W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | | <input checked="" type="checkbox"/> Mini – Enclosure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | | <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 Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	R	E	E
Main floor		X		VAT	70 SF	X			

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 1	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 11/22/13		City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 11/1/13

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

Date of Notification (1) 11-01-2013		Name of Building Owner/Operator (2) Kettler Management, Inc		NOV 6 2013					
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 1751 Pinnacle Dr # 700 City, State, Zip Code McLean, VA 22102 Name of Contact Steven Weber Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pavilion apartments				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 108-136 Martin Luther King				Square Feet 200,000	# of Floors 23				
City (5) Newark, NJ 07104				Bldg. Age 60+					
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) Green Environmental Services, LLC					
Street Address				Street Address 235 Virginia Avenue					
City, State, Zip Code				City, State, Zip Code Jersey City, NJ 07304					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-333-8855	License No. 01174				
Start Date (10) 11-12-2013		Scheduled Completion Date (11) 11-12-2013		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input type="checkbox"/> Glovebag Procedure					
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
Hallway B-14		X		VAT	850 SF	X			
Name of Registered Waste Hauler Tri-State Transfer Assoc.		NJDEP Waste Hauler ID No. 2A456		Cubic Yards of Waste	Name of Registered Landfill Minerva Enterprise				
City, State Bronx, NY		Disposal Date 11-12-2013		City, State Wynesburg- Ohio					
Completed by Liliana Serrano		Title Office Manager		Signature <i>Liliana Serrano</i>			Date 11-01-2013		

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

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) November 1, 2013		Name of Building Owner/Operator (2) Miller Homes	
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 112 Giffordtown Lane	
		City, State, Zip Code Tuckerton, NJ 08087	
		Name of Contact Jim Miller	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 1271 Mill Creek Road			Square feet 1000 sf		
City Beach Haven West	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			Current Use (Prior if being demolished) Residence		
Street Address			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number			Telephone Number 732-349-9932		
Scheduled Start Date (10) 11/01/13			License Number 00624		
Scheduled Completion Date (11) 11/04/13			Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1000 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 11/05/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 11/1/13

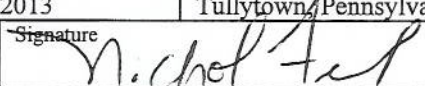
*Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1) <div style="text-align: center;">11/1/2013</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Seminole Construction</div>	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [] Initial Notification [] Amended Notification Amendment # _____ [x] Emergency (including justification) [] Cancellation	Street Address <div style="text-align: center;">128 Bartlett Avenue</div> City, State, Zip Code <div style="text-align: center;">West Creek, NJ 08092</div>	
		Name of Contact <div style="text-align: center;">Joyce Corliss</div>	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4) [] School (K-12) [] Subchapter 8 (other than K-12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <div style="text-align: center;">20 W. 24th St</div>					
City <div style="text-align: center;">Barnegat Light.</div>	County (6) <div style="text-align: center;">Ocean</div>	County Code (7) (STATE USE ONLY)	Square feet <div style="text-align: center;">300 sf</div>	# of Floors <div style="text-align: center;">1</div>	Bldg. Age <div style="text-align: center;">60</div>
			Current Use (Prior if being demolished) <div style="text-align: center;">Residence</div>		
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>		ASCM No.	Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
Street Address			Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>		
City, State, Zip Code			City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Project Manager for Monitoring Firm	Telephone Number		Telephone Number <div style="text-align: center;">732-349-9932</div>	License Number <div style="text-align: center;">00624</div>	
Scheduled Start Date (10) <div style="text-align: center;">11/05/2013</div>	Scheduled Completion Date (11) <div style="text-align: center;">11/07/2013</div>		Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>		
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Street Address <div style="text-align: center;">1056 Stelton Road</div>		
			City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div>		
Scope of Work (Check all that apply)					
[] >3 sf or ≥3 lf		[] Renovation		[] Full Containment with Negative Pressure	
[x] ≥160 sf or ≥260 lf		[x] Demolition		[] Mini-Enclosure	
				[] Glovebag Procedure	
				[x] Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V E M E N T P R O C E D U R E	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 garage		X		Asbestos siding	300 sf	X			
Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>		NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>		Cubic Yards of Waste <div style="text-align: center;">3</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>				
City, State <div style="text-align: center;">Toms River, New Jersey</div>		Disposal Date <div style="text-align: center;">11/08/2013</div>		City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>					
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>		Title <div style="text-align: center;">Project Manager</div>		Signature 			Date <div style="text-align: center;">11/1/2013</div>		

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

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) 11/1/2013		Name of Building Owner/Operator (2) A to Z Site Contractors, Inc. ck # 22934	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [x] Initial Notification [] Amended Notification Amendment # _____ [] Emergency (including justification) [] Cancellation	Street Address 940 Park Avenue NOV 6 2013 City, State, Zip Code Lakewood, New Jersey 08701 Name of Contact Irving Perlstein Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k-12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 2052 W. County Line Rd.			Square feet 2050 sf		
City Jackson	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 2	Bldg. Age 55	
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) 11/15/2013		Scheduled Completion Date (11) 11/19/2013		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) [x] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf			[] Full Containment with Negative Pressure [] Mini-Enclosure [] Glovebag Procedure [x] Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Exterior		X		Asbestos siding	2000 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 11/20/2013		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>			Date 11/1/2013		

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

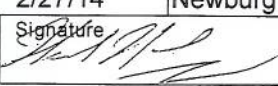
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 8765

Date of Notification (1) 11-2-13		Name of Building Owner/Operator (2) D. Villane Construction ELC							
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 2376 South AVE						
			City, State, Zip Code Scotch Plains, NJ 07076						
			Name of Contact Don Villane						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 633 Cumberland Street		Square Feet 2							
City (5) Westfield NJ 07090		Bldg. Age 75+							
County (6) Union		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		Name of Abatement Contractor (9) EPC Technologies Inc							
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		License No. 00394							
Start Date (10) 11-18-13		Scheduled Completion Date (11) 11-22-13							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor EPC Technologies Inc							
		Street Address P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Basement + 1st Floor	x			Pipe Insulation	180 LF	x			
Basement	x			Floor Tiles 12x12	400 SF	x			
Kitchen		x		Linoeum Flooring	150 SF	x			
exterior walls on Garage			x	Siding Shingles	900 SF	x			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000		Cubic Yards of Waste 12		Name of Registered Landfill Waste Management of PA			
City, State New Egypt NJ		Disposal Date		City, State Morrisville PA					
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 11-2-13			

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

917

Date of Notification (1) October 31, 2013		Name of Building Owner/Operator (2) Jacobus Pharmaceutical Co.							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2	County Road 683							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Plainsboro Township, NJ							
		Name of Contact Tom Santoli	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jacobus Pharmaceutical Co.		Type of Facility (4)							
Street Address County Road 683		<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) Plainsboro Township, NJ		Square Feet	# of Floors						
County (6) Middlesex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Pharmaceutical							
Name of Monitoring Firm Hired by Building Owner (8) Sabre Health		Name of Abatement Contractor (9) The MACK Group, LLC							
Street Address 1015 Zucksville Road		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Easton, PA 18040		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Brent Altemose, CIH, CSP		Telephone No. 866.734.0127	License No. 00781						
Start Date (10) 2/27/13	Scheduled Completion Date (11) 2/27/14	Name of OSHA Monitor The MACK Group, LLC.							
Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Cherry Hill, NJ 08034							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours									
<input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Penthouse		<input checked="" type="checkbox"/>		8" pipe insulation	4lf	<input checked="" type="checkbox"/>			
Corridor		<input checked="" type="checkbox"/>		4" pipe insulation	4lf	<input checked="" type="checkbox"/>			
2 storage rooms next to loading dock	<input checked="" type="checkbox"/>			asbestos duct	18lf	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			asbestos insulation on ducts	120sf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold / Newark Carting / Rovic		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 1.5	Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF					
City, State Freehold / Newark / Riverdale, NJ		Disposal Date 2/27/14		City, State Newburg / Imperial / Morrisville, PA					
Completed by Mike Cooper		Title President	Signature 	Date 10/31/13					

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

Date of Notification (1) 10/28/13 \$200 Chk#2873		Name of Building Owner/Operator (2) Ramapo Indian Hills High School District							
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 131 Yawpo Avenue							
		City, State, Zip Code Oakland, New Jersey 07436							
		Name of Contact c/o Greg Lynch Panoramic Window Doors							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ramapo High School, Wing 200		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 331 George Street									
City (5) Franklin Lakes, New Jersey 07417		Square Feet 30,000	# of Floors 2						
		Bldg. Age 55+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior to being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) Rk Occupational & Environmental Analysis Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 401 Saint James Avenue		Street Address 606 McBride Avenue							
City, State, Zip Code Phillipsburg, New Jersey 08865		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm John Gilbert	Telephone No. 856-625-2045	Telephone No. 973-225-8400	License No. 01104						
Start Date (10) 11/06/13	Scheduled Completion Date (11) 12/30/13	Name of OSHA Monitor J&S Environmental Labs							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Wed 3PM Start, rest of schedule 7AM-7PM		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior		X		Windows including Transite	50	X			
Exterior		X		Double Doors	3	X			
Room 219, 220 & 222B		X		VAT(Non Friable)	405 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, NJ 07424		Disposal Date 01/02/13		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>		Date 10/28/13			

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

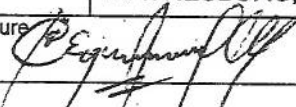
CK 4747

Date of Notification (1) 10/31/13		Name of Building Owner/Operator (2) MS. R. TULLY						
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 75 COUNTY SIDE DRIVE						
		City, State, Zip Code BERKELEY HEIGHTS, NJ 07922						
		Name of Contact M. J. ROBB						
		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MS. TULLY		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 75 COUNTY SIDE DRIVE		Square Feet 2800	# of Floors 2					
City (5) BERKELEY HEIGHTS		Bldg. Age 1945						
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc						
Street Address		Street Address 450 S. River St						
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601						
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388					
Start Date (10) 11/11/13	Scheduled Completion Date (11) 11/12/13	Name of OSHA Monitor Omega Environmental Inc						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler St						
		City, State, Zip Code South Hackensack, N.J. 07606						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
BASEMENT				THERMAL INSULATION	140SF	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 1/2	Name of Registered Landfill Minerva Enterprises				
City, State Hackensack, N.J. 07601		Disposal Date 11/12/13		City, State Waynesburg, Oh				
Completed by J. Maiorano	Title Estimator	Signature <i>[Signature]</i>			Date 10/31/13			

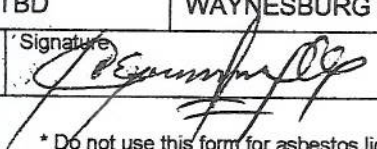
ASB-41

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

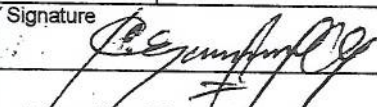
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 11/01/2013		Name of Building Owner/Operator (2) TBLUE INVESTMENT LLC.							
Agencies Notified	Type Notification	Street Address 57 BRANT AVE. NOV 6 2013							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CLARK N.J. 07066							
		Name of Contact RAY BUTTER	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4)							
Street Address 714 - 716 THOMAS ST. ELIZABETH N.J.		<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)		Square Feet 2,300	# of Floors 2						
County (6)		County Code (7) (STATE USE ONLY)	Bldg. Age 79						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) N/A							
ASCN No.		Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC.							
Street Address		Street Address 22 VAN ORDEN PLACE.							
City, State, Zip Code		City, State, Zip Code HACKENSACK N.J. 07601							
Project Manager for Monitoring Firm N/A		Telephone No. 201. 708.4270	License No. 01135						
Start Date (10) 11/11/2013	Scheduled Completion Date (11) 11/12/2013	Name of OSHA Monitor EMSL ANALYTICAL INC.							
Occupancy Status During Abatement (Check Only One)		Street Address 307 WEST. 38TH ST.							
<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 NEW YORK, NEW YORK 10018							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf ✓ <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure ✓ <input checked="" type="checkbox"/> Glovebag Procedure ✓ <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	115 L.F	X			
Name of Registered Waste Hauler SHARON QUALITY CONSTRUCTION LLC.		NJDEP Waste Hauler ID No. 0033967	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC.					
City, State HACKENSACK N.J. 07601		Disposal Date TBD		City, State WAYNESBURG, OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 	Date 11/01/2013					

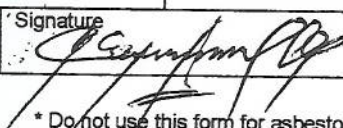
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 11/01/2013		Name of Building Owner/Operator (2) Kevin Hobbs		NOV 6 2013					
Agencies Notified	Type Notification	Street Address 330 - Prospect Ave.							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HACKENSACK N.J. 07601							
		Name of Contact KEVIN HOBBS		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE			Type of Facility (4)						
Street Address 329 PROSPECT AVE.			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) HACKENSACK N.J.			Square Feet 3,000	# of Floors 2	Bldg. Age 86				
County (6)		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) YES						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC.						
Street Address		Street Address 22 VAN ORDEN PLACE.							
City, State, Zip Code		City, State, Zip Code HACKENSACK N.J. 07601							
Project Manager for Monitoring Firm N/A		Telephone No.	Telephone No. 201.708.4270	License No. 01135					
Start Date (10) 11/11/2013		Scheduled Completion Date (11) 11/15/2013		Name of OSHA Monitor EMSL ANALYTICAL INC.					
Occupancy Status During Abatement (Check Only One)			Street Address 307 WEST. 38TH. STR.						
<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 NEW YORK N.Y. 10018						
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		FLOOR TILE 9X9 (BEIGE)	400 SQ.	X			
BASEMENT		X		PIPE INSULATION (GREY)	50 LF.	X			
Name of Registered Waste Hauler SHARON QUALITY CONSTRUCTION LLC.		NJDEP Waste Hauler ID No. 0033967		Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC.				
City, State HACKENSACK N.J.				Disposal Date TBD	City, State WAYNESBURG OHIO				
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER		Signature 		Date 11/01/2013			

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

Date of Notification (1) 11/01/2013		Name of Building Owner/Operator (2) Kevin Hobbs							
Agencies Notified	Type Notification	Street Address 330 - Prospect Ave.							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HACKENSACK N.J. 07601							
		Name of Contact KEVIN HOBBS	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4)							
Street Address 316 SUMMIT AVE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) HACKENSACK N.J.		Square Feet 2,800	# of Floors 2						
County (6)		Bldg. Age 92							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) YES							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC.							
Street Address		Street Address 22 VAN ORDEN PLACE.							
City, State, Zip Code		City, State, Zip Code HACKENSACK N.J. 07601							
Project Manager for Monitoring Firm N/A		Telephone No. 201.708.4270	License No. 01135						
Start Date (10) 11/11/2013	Scheduled Completion Date (11) 11/15/2013	Name of OSHA Monitor EMSL ANALYTICAL INC.							
Occupancy Status During Abatement (Check Only One)		Street Address 307 WEST. 38TH. STR.							
<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 NEW YORK N.Y. 10018							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	120 L.F	X			
BEDROOM # 1 - 2ND FLOOR		X		FLOOR TILE 9X9 - RED	538 SQ.	X			
BEDROOM # 1 - 2ND FLOOR		X		MASTIC	538 SQ.	X			
Name of Registered Waste Hauler SHARON QUALITY CONSTRUCTION LLC.		NJDEP Waste Hauler ID No. 0033967	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC.					
City, State HACKENSACK N.J.			Disposal Date TBD	City, State WAYNESBURG OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 	Date 11/01/2013					

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

Date of Notification (1) 11/01/2013		Name of Building Owner/Operator (2) Kevin Hobbs		NOV 6 2013	
Agencies Notified		Type Notification		Street Address	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		330 - Prospect Ave.	
		City, State, Zip Code HACKENSACK N.J. 07601		Name of Contact KEVIN HOBBS	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) PRIVATE				Type of Facility (4)	
Street Address 324 - SUMMIT AVE.				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) HACKENSACK N.J.				Square Feet 2,800	# of Floors 2
County (6)				Bldg. Age 86	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) YES			
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.	Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC.	
Street Address			Street Address 22 VAN ORDEN PLACE.		
City, State, Zip Code			City, State, Zip Code HACKENSACK N.J. 07601		
Project Manager for Monitoring Firm N/A		Telephone No.		Telephone No. 201.708.4270	License No. 01135
Start Date (10) 11/11/2013		Scheduled Completion Date (11) 11/15/2013		Name of OSHA Monitor EMSL ANALYTICAL INC.	
Occupancy Status During Abatement (Check Only One)				Street Address 307 WEST. 38TH. STR.	
<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 NEW YORK N.Y. 10018	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
SECOND FLOOR (ATTIC)		X		TAN FLOOR TILE 9X9	421 SQ.
Name of Registered Waste Hauler SHARON QUALITY CONSTRUCTION LLC.		NJDEP Waste Hauler ID No. 0033967		Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC.
City, State HACKENSACK N.J.		Disposal Date TBD		City, State WAYNESBURG OHIO	
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER		Signature 	Date 11/01/2013