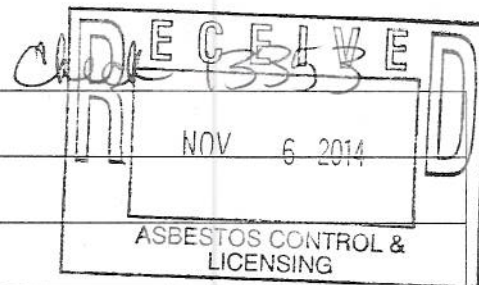


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/3/14		Name of Building Owner/Operator (2) 301 Main Street Associates, LLC							
Agencies Notified	Type Notification	Street Address 1412 Broadway, 3rd Floor							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code New York NY 10018							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Jay Cohen	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 305 Main Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Orange		Square Feet 1500	# of Floors 2						
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) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. _____ License No. 703						
Start Date (10) 11/17/14	Scheduled Completion Date (11) 1/17/15	Name of OSHA Monitor _____							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: working in basement		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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/various locations			x	pipe insulation	190 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste 10	Name of Registered Landfill TBD					
City, State Freehold, NJ		Disposal Date TBD		City, State					
Completed by A Scott Higgins		Title President		Signature 			Date 11/3/14		

CHECK #
3511

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

RECEIVED
NOV 6 2014

Date of Notification (1) 11/4/14		Name of Building Owner/Operator (2) PINELANDS CONSTRUCTION	
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 300 77TH ASBESTOS CONTROL &
			City, State, Zip Code SEA ISLE CITY, N.J. 08243
			Name of Contact FRANK EDUARDI
			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 83 WEST 16TH	Square Feet # of Floors Bldg. Area
City (5) AVALON	County Code (7) (STATE USE ONLY) Current Use (Prior to being demolished) VACANT
County (6) CAPE MAY	

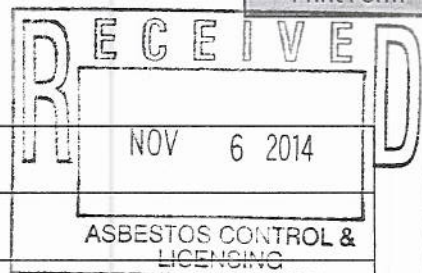
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMMCO INC.
Street Address	Street Address 369 S. SPRUCE AVE.	City, State, Zip Code MAPLE SHADE, N.J. 08052
City, State, Zip Code	Telephone No. 856-779-0472	License No. 00444
Project Manager for Monitoring Firm	Telephone No.	Name of OSHA Monitor JOSEPH KLEMM
Start Date (10) 11/14/14	Scheduled Completion Date (11) 10/27/14	Street Address 369 S. SPRUCE AVE.
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code MAPLE SHADE, N.J. 08052

Scope of Work (Check all that apply)		<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"/> ≥ 3 sf or ≥ 3 ft <input type="checkbox"/> ≥ 160 sf or ≥ 260 ft	<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)			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
SIDING			X	TRANSITE	1800 SF	X	

Name of Registered Waste Hauler KLEMMCO INC.	NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste	Name of Registered Landfill C.M.C.M.V.A.
City, State MAPLE SHADE, N.J.	Disposal Date	City, State WOODBURG, N.J.	
Completed By JOSEPH KLEMM	Title V/P	Signature Joseph Klemm	Date 11/4/14

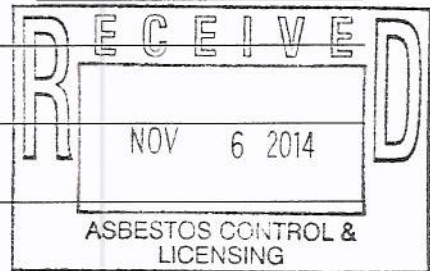
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) October 31-2014		Check #2690		Name of Building Owner/Operator (2) Our Lady of Mount Carmel Church	
Agencies Notified		Type Notification		Street Address 1 Passaic Street	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Ridgewood, NJ 07450	
				Name of Contact Msgr Ronald Rozniak	
				Telephone Number 201-295-1700	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Our Lady of Mount Carmel Church				Type of Facility (4)	
Street Address 1 Passaic St				<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) Ridgewood, NJ 07450				Square Feet	# of Floors 2
				Bldg. Age 50+	
County (6) BERGEN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Church	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) EA Services Corporation	
Street Address				Street Address 426 69th Street	
City, State, Zip Code				City, State, Zip Code Guttenberg, NJ 07093	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-295-1700	License No. 01074
Start Date (10) Nov 1/2014		Scheduled Completion Date (11) Nov 1/2014		Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One)				Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Ground Floor		x		Plaster ceiling	20 SF
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste tbd	Name of Registered Landfill GROWS North Landfill
City, State Freehold, NJ		Disposal Date tbd		City, State Morrisville, PA	
Completed by Gina Salvador		Title Office Manager		Signature 	Date 10/31/2014

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

Date of Notification (1) 10-30-14		Name of Building Owner/Operator (2) Epsey Ferrell	
Agencies Notified	Type Notification	Street Address 46 Hunter Drive	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Morristown, NJ, 07076	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Epsey Ferrell	
<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)	
Street Address		<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)	County (6) Morris	County Code (7) (STATE USE ONLY)	Square Feet 1800 # of Floors 2 Bldg. Age 50
			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) 11-10-14	Sched. Completion Date (11) 11-11-14	Name of OSHA Monitor N/A		
Month Day Year	Month Day Year			
Occupancy Status During Abatement (Check only one)		Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement				
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»		City, State, Zip Code		
<input type="checkbox"/> Other - Describe: «Other Occupancy Descript»				

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

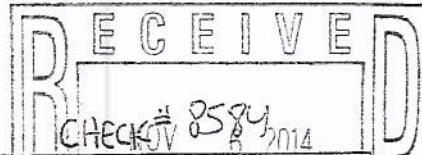
☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Friable Procedure

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	Duct Insulation	120 SF	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 11-12-14	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 10-30-14		

* ON HOLD

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



Date of Notification (1) 10/17/14		Name of Building Owner/Operator (2) CLIFTON CENTRE COMMENCE 3							
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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 87 WEST Passaic St City, State, Zip Code ROCHELLE PARK, N.J. 07663 Name of Contact SUZETTE SMITH Telephone Number 1							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) COMMERCIAL		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 65 INDUSTRIAL STREET S.		Square Feet 40,000	# of Floors 2						
City (5) CLIFTON		Bldg. Age +50							
County (6) PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL							
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		City, State, Zip Code Glen Rock, NJ 07452							
Project Manager for Monitoring Firm		Telephone No. (201)262-5841	License No. 00156						
Start Date (10) ON HOLD	Scheduled Completion Date (11)	Name of OSHA Monitor Omega Environmental Services 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 280 Huyler Street City, State, Zip Code Hackensack, NJ 07605							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
PACKING DEPT & CHEMISTRY LAB			/	VAT	2,120SF	✓			
PACKING DEPT & CHEMISTRY LAB			/	CAWIK	215F	✓			
MANUFACTURING DEPT & LOCKER RM.			/	TRANSITE	1,735SF	✓			
MAIN CORRIDOR @ SUB 2			/	SPRAY ON FIRE PROOF	320SF	✓			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 5	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Riverdale, NJ 07457		Disposal Date 10/27/14		City, State Bethlehem, PA 18015					
Completed by Joseph Vocaturo		Title Vice President		Signature J. Vocaturo		Date 11/3/14			

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

CHECK # 8584

Date of Notification (1) 10/17/14		Name of Building Owner/Operator (2) CLIFTON CENTRE COMMENCE 3							
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 87 WEST PASSAIC ST							
		City, State, Zip Code ROCHELLE PARK, N.J. 07663							
		Name of Contact SUZETTE SMITH	Telephone Number 1-201-262-5841						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) COMMERCIAL		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 65 INDUSTRIAL STREET S.		Square Feet 40,000	# of Floors 2						
City (5) CLIFTON		Bldg. Age +50							
County (6) PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) A.MAC Contracting Inc.							
Street Address		Street Address 105 Lowell Road							
City, State, Zip Code		City, State, Zip Code Glen Rock, NJ 07452							
Project Manager for Monitoring Firm		Telephone No. (201)262-5841	License No. 00156						
Start Date (10) 10/27/14	Scheduled Completion Date (11) 11/8/14	Name of OSHA Monitor Omega Environmental Services 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 280 Huyler Street							
		City, State, Zip Code Hackensack, NJ 07605							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
PACKING DEPT & CHEMISTRY LAB			/	VAT	2,120SF	✓			
PACKING DEPT & CHEMISTRY LAB			/	CAULK	215F	✓			
MANUFACTURING DEPT & LOCKER RM.			/	TRANSITE	1,235SF	✓			
MAIN CORRIDOR @ SUB 2			/	SPRAY ON FIRE PROOF	320SF	✓			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 5	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.				
City, State Riverdale, NJ 07457				Disposal Date 10/27/14	City, State Bethlehem, PA 18015				
Completed by Joseph Vaccaro		Title Vice President		Signature <i>J. Vaccaro</i>	Date 10/17/14				

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

RECEIVED
NOV 6 2014
ASBESTOS CONTROL & TESTING

Date of Notification (1) 10/30/14		Name of Building Owner/Operator (2) Fran R. Fletto	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 4 Surf St		City, State, Zip Code Sea Bright, New Jersey 07760	
Name of Contact Ed		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) Baffetto 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 4 Surf St		Square Feet 2000	# of Floors 2
City (5) Sea Bright		Bldg. Age 75+	
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Ace Insulation Co., Inc.	
City, State, Zip Code		Street Address 95 Montrose Road	
Project Manager for Monitoring Firm		City, State, Zip Code Colts Neck, N.J. 07722	
Telephone No.		Telephone No. 732-294-1757	License No. 00029
Start Date (10) 11/1/14		Scheduled Completion Date (11) 11/3/14	
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 Other - Describe: 7am - 7pm			
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

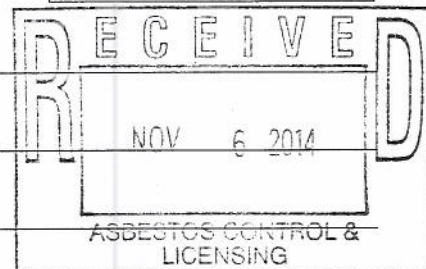
Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Outdoors			<input checked="" type="checkbox"/>	Siding	2000	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill Chrins	
City, State Colts Neck, New Jersey		Disposal Date 11/3/14	City, State Easton, PA		Date 10/30/14
Completed by Bree McGuire		Title Secretary Treasurer		Signature Bree McGuire	

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

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

Date of Notification (1) 10-31-14		Name of Building Owner/Operator (2) James Paraula	
Agencies Notified	Type Notification	Street Address 3209 Pleasant Ave.	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Union City, NJ, 07087	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact James Paraula	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input 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 2500	# of Floors 2	Bldg. Age 94
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) 11-8-14 Month Day Year	Sched. Completion Date (11) 11-10-14 Month Day Year	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

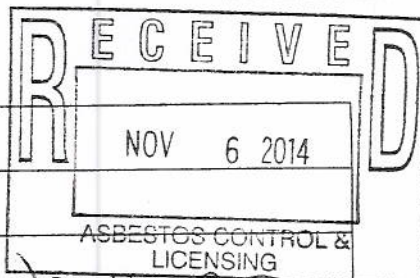
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement			X	Pipe Insulation	195 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 11-11-14		City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian		Title President	Signature 		Date 10-31-14

CK# 2485

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



Date of Notification (1) 11/4/14		Name of Building Owner/Operator (2) Grappi Residence	
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 95 main st		City, State, Zip Code Matawan, New Jersey	
Name of Contact David		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Grappi 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 95 main st		Square Feet 2000	# of Floors 2
City (5) Matawan		Bldg. Age 60+	
County (6) monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Ace Insulation Co., Inc.	
Street Address		Street Address 95 Montrose Road	
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722	
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	License No. 00029
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>am - 7:00</u>		Street Address	
		City, State, Zip Code	

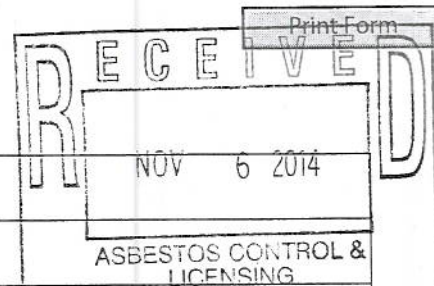
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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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				pipe covering	100 LF				

Name of Registered Waste Hauler Ace Insulation Co., Inc.		NUDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 2	Name of Registered Landfill IESI	
City, State Colts Neck, New Jersey		Disposal Date		City, State Bethlehem, PA	
Completed by Bree McGuire		Title Secretary Treasurer	Signature <i>Bree McGuire</i>	Date 11/4/14	

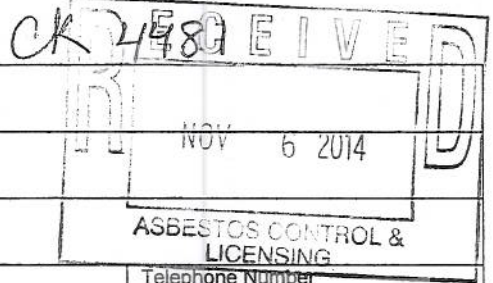
CK 2943

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



Date of Notification (1) 04/01/14		Name of Building Owner/Operator (2) JAMES W. TURNER CONSTRUCTION							
Agencies Notified	Type Notification	Street Address 1433 ROUTE 34, BUILDING C3							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code WALL TWP, NJ 07727							
		Name of Contact TAMMY	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 312 GRANT AVENUE		<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) BAYVILLE, NJ		Square Feet 2000	# of Floors 1						
County (6) OCEAN COUNTY		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOME						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 11/09/14	Scheduled Completion Date (11) 11/10/14	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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	2,000 SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 11/10/14		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature 		Date 9/9/14			

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



Date of Notification (1) 11/3/14		Name of Building Owner/Operator (2) Olivia Byrne Private Home							
Agencies Notified	Type Notification	Street Address 5 West 73rd Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Harvey Cedars NJ 08008							
		Name of Contact Olivia	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Olivia Byrne Private Home		Type of Facility (4)							
Street Address 5 West 73rd Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Harvey Cedars NJ 08008		Square Feet 1000+	# of Floors 2						
County (6) Ocean		Bldg. Age 35+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) Same		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 11/4/14	Scheduled Completion Date (11) 11/7/14	Name of OSHA Monitor Same							
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 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	Exterior Siding	1900 SF	x			
Through -Out			x	Floor Tile	700 sf	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 11/7/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 11/3/14		

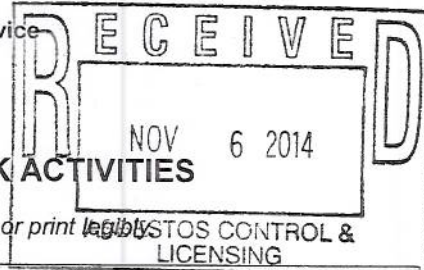
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**



Date of Notification (1) 11-4-14		Name of Building Owner/Operator (2) Tunison Home Improvement						
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	719 Band Brook Road City, State, Zip Code Dunellen NJ 08812						
		Name of Contact Walter Tunison	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling (Vacant)		Type of Facility (4)						
Street Address 5 Buchman Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Piscataway	County (6) Middlesex	Square Feet	# of Floors					
NJ 08854	County Code (7) (STATE USE ONLY)		2					
		Bldg. Age 60+						
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		Telephone No. 609 758-3365	License No. 00394					
Start Date (10) 11-14-14	Scheduled Completion Date (11) 11-18-14	Name of OSHA Monitor EPC Technologies Inc						
Occupancy Status During Abatement (Check Only One)		Street Address P.O. Box 337						
<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 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
Basement	X		Debris on Fitting	<35F	X			
Kitchen		X	Flooring	150 SF	X			
Bathroom		X	Flooring	100 SF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 1	Name of Registered Landfill Waste Management of PA				
City, State New Egypt NJ		Disposal Date 11-18-14		City, State Morrisville PA				
Completed by Steve Schenker		Title President	Signature Steve Schenker	Date 11-4-14				

NOC

New Jersey Department of Health
Consumer, Environmental and Occupational Health Service
PO Box 369
Trenton, NJ 08625-0369
Telephone: 609-826-4950 Fax: 609-826-4975



NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

I. NOTIFICATION INFORMATION

Date of Notification: 11 / 04 / 2014

☒ Initial ☐ Amended ☐ Cancellation ☐ Emergency (must include justification)

Type of Work: ☐ Demolition ☒ Renovation

II. BUILDING INFORMATION

Name of Building Owner/Operator: Christopher Dukart
Street Address: 129 Spring House Road City: Cherry Hill State: NJ Zip: 08002
Name of Contact: Christopher Dukart Telephone No.: _____

III. FACILITY INFORMATION

Name of Facility Where Work Activity is to Take Place: Dukart Residence
Describe Facility Use: Residence
Street Address: 129 Spring House Road City: Cherry Hill State: NJ Zip: 08002
County Name: Camden County Code (State Use Only): _____
Scheduled Start Date: 11 / 24 / 2014 Scheduled Completion Date: 11 / 26 / 2014

Occupancy Status During Activity (check only one):

☒ Facility Closed/Vacated During Entire Activity
☐ Activity Performed Outside Normal Facility Hours—Describe: _____
☐ Other—Describe: _____


Scope of Work (check all that apply):

<input checked="" type="checkbox"/> Floor Tile	Square Footage: <u>622 SF</u>	Percentage Asbestos: <u> </u> %
<input type="checkbox"/> Mastic	Square Footage: <u> </u>	Percentage Asbestos: <u> </u> %
<input type="checkbox"/> Transite	Square Footage: <u> </u>	Percentage Asbestos: <u> </u> %
<input type="checkbox"/> Roofing	Square Footage: <u> </u>	Percentage Asbestos: <u> </u> %
<input type="checkbox"/> Siding	Square Footage: <u> </u>	Percentage Asbestos: <u> </u> %
<input type="checkbox"/> Other: <u> </u>	Square Footage: <u> </u>	Percentage Asbestos: <u> </u> %

IV. CONTRACTOR INFORMATION

Company Name: Shade Environmental, LLC Telephone No.: 856-755-0099
Street Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052
New Jersey Asbestos License Number (if applicable): 00842
Monitoring Firm (if applicable): Mgmt. & Enviro. Consulting Services Telephone No.: 609-298-4070

V. SIGNATURE

Completed By (type or print legibly): Christina Lynch Title: Operations Manager
Signature:  Date: November 4, 2014

C48597

Oct 31 2014 02:50pm

0001/001

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

RECEIVED
APPROVED
NJ Dept. of Health & Senior Services
NOV 6 2014
(signature)
Date: 10/31/14
EDUCATION & LICENSING

Date of Notification (1) 10/31/14		Name of Building Owner/Operator (2) TAKASAGO INTERNATIONAL						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 4 VOLVO DRIVE		City, State, Zip Code ROCKLEIGH, N.J. 07647						
Name of Contact CURTIS CRUMHOLT		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) COMMERCIAL FACILITY		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 100 GREEN ST		Square Feet 30,000						
City (5) TETERBORO		# of Floors 2						
County (6) BERGEN		Bldg. Age +50						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.						
Street Address		Name of Abatement Contractor (9) A.MAC Contracting Inc.						
City, State, Zip Code		Street Address 105 Lowell Road						
Project Manager for Monitoring Firm		City, State, Zip Code Glen Rock, NJ 07452						
Telephone No.		Telephone No. (201)262-6841						
Start Date (10) 11/01/14		License No. 00156						
Scheduled Completion Date (11) 11/10/14		Name of OSHA Monitor Omega Environmental Services 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 280 Huyler Street						
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		Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) WAREHOUSE	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) PIPE INSULATION	Amount (Specify SF or LF) 65LF	Abatement Type		
						Removal	Repair	Encapsulate
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 3		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.		
City, State Rivendale, NJ 07457		Disposal Date 11/01/14		City, State Bethlehem, PA 18015				
Completed by Joseph Vocaturo		Title Vice President		Signature J. Vocaturo		Date 10/31/14		

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

Date of Notification (1) 11-4-14		Name of Building Owner/Operator (2) Jerry Dean		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV 6 2014 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified	Type Notification	Street Address 115 East Crescent Ave.		
<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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code Ramsey NJ, 07446		
		Name of Contact Jerry Dean	Telephone Number	

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	# of Floors	Bldg. Age
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) 11-13-14 Month Day Year		Sched. Completion Date (11) 11-15-14 Month Day Year		Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»			Street Address		
			City, State, Zip Code		

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

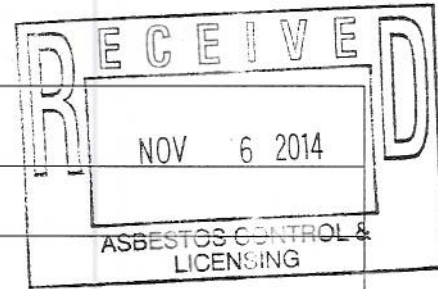
☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement			X	Ductwork	55 SF	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 11-17-14		City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian		Title President		Signature	
				Date 11-4-14	

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



Date of Notification (1) 10 / 31 / 14		Name of Building Owner/Operator (2) Joseph McCaffrey							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 129 3rd Ave.							
		City, State, Zip Code Haddon Heights NJ.							
		Name of Contact Joe McCaffrey	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 and commercial buildings, homes, etc.)							
Street Address 129 3rd St.									
City (5) Haddon Heights		Square Feet 1800	# of Floors 2 Bldg. Age 60+						
County (6) Camden		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Management International,		ASCM No.	Name of Abatement Contractor (9) Luzon, Inc.						
Street Address 34 E Germantown Pike # 204		Street Address 8451 Executive Ave.							
City, State, Zip Code E. Norriton, PA 19401		City, State, Zip Code Philadelphia, Pa. 19153							
Project Manager for Monitoring Firm Raymond Giordano		Telephone No. 610 277 0405	Telephone No. 267-284-1050 License No. 01109						
Start Date (10) 11 / 04 / 14	Scheduled Completion Date (11) 11 / 05 / 14	Name of OSHA Monitor Joseph Maronski							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-8:00PM / ____ PM-____ AM		Street Address 8451 Executive Avenue							
		City, State, Zip Code Philadelphia, Pa. 19153							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	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"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Luzon, Inc.		NJDEP Waste Hauler ID No. 32587	Cubic Yards of Waste 2 CYS.	Name of Registered Landfill Minerva Landfill					
City, State Philadelphia, PA		Disposal Date 11/6/14		City, State Waynesburg, Oh					
Completed By (Print or Type) Piyush Patel		Title Program Manager		Signature 		Date 10/31/14			

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

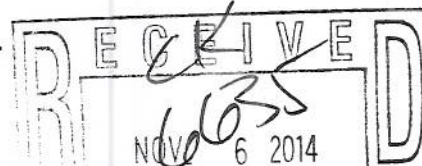
CHECK#24562

Date of Notification (1) 11/3/2014		Name of Building Owner/Operator (2) ROBERT PLATZER		EM NOV -6 AM 12:57				
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 60 LANE OF ACRES					
			City, State, Zip Code HADDONFIELD, NJ 08088					
			Name of Contact DAVID J. D'ANDREA		Telephone Number			
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PRIVATE 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)				
Street Address 60 LANE OF ACRES				Square Feet				
City (5) HADDONFIELD, NJ 08088				# of Floors Bldg. Age				
County CAMDEN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) AMERITECH SERVICES		ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.					
Street Address 1 A ST. LAWRENCE AVENUE		Street Address 15 BLACK FOREST ROAD						
SEASIDE HEIGHTS, NJ 08751		HAMILTON, NJ 08691						
Project Manager for Monitoring Firm ROD MORRIS		Telephone No. 732-664-7788		Telephone No. 609-890-7110	License No. 00676			
Start Date (10) 11/3/2014		Scheduled Completion Date (11) 11/3/2014		Name of OSHA Monitor N/A				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours 5PM-2 AM ESSENTIAL PERSONNEL ONLY				Street Address				
				City, State, Zip Code				
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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 (*) & 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
BASEMENT		<input checked="" type="checkbox"/>	WRAP & CUT	9 L.F.	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler TIMSTER TRUCKING		NJDEP Waste Hauler ID No. 21079	Cubic Yards of Waste 1	Name of Registered Landfill GROWS				
City, State WEST CREEK, NJ			Disposal Date 11/4/2014	City, State MORRISVILLE, PA				
Completed By DAVID D'ANDREA		Title PRESIDENT	Signature 27-Mar <i>David J. D'Andrea</i>		Date 11/3/2014			

ASB-41

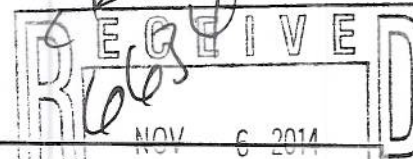
* Do not use this form for asbestos licensure exempted activities

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



Date of Notice 10/30/14 Type Notification		Name of Building Owner / Operator (2) College Ave Redevelopment Assoc.		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA		Emergency Notification <input checked="" type="checkbox"/> Initial Notification Amended Notification Cancellation			
Street Address 120 Albany Street		City, State & Zip Code New Brunswick, NJ 08901		Telephone Number	
Name of Contact Mitch Broder					
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Vacant House			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
29/29A Mine Street			Square Feet # of Floors Bldg. Age 3,000 2 60+		
City (5) New Brunswick	County (6) Middlesex	County Code (7)	Current Use (Prior if being demolished) Warehouse		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Global Abatement Services, LLC		
Street Address		Street Address 443 Schoolhouse Road			
City, State & Zip Code		City, State & Zip Code Monroe Township, NJ 08831			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-605-9062		License Number 00714
Scheduled Start Date (10) 11/12/14	Scheduled Completion Date (11) 11/20/14		Name of OSHA Monitor Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe:			Street Address 443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> Large Project		Quantity is ≥ 3 SF or ≥ 3 LF ACM		<input checked="" type="checkbox"/> Mini-Enclosure	
<input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM				<input checked="" type="checkbox"/> Glovebag Procedure	
<input checked="" type="checkbox"/> Other: Non-friable					
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 Square Feet or Linear Feet)		Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)			
See attached					
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693		Cu. Yds. of Waste 40	
City, State Freehold, NJ		Disposal Date 11/20/14		Name of Registered Landfill TRRF	
City, State Freehold, NJ		Disposal Date 11/20/14		City, State Tullytown, Pa	
Completed By (Print or Type) Dominick Tringali		Title Project Manager		Signature <i>Dominick Tringali</i>	
				Date 10/30/14	

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



Date of Notice 10/30/14 Type Notification		Name of Building Owner / Operator (2) College Ave Redevelopment Assoc.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Emergency Notification <input checked="" type="checkbox"/> Initial Notification Amended Notification Cancellation	Street Address 120 Albany Street	
		City, State & Zip Code New Brunswick, NJ 08901	
		Name of Contact Mitch Border	
		Telephone Number	

FACILITY INFORMATION

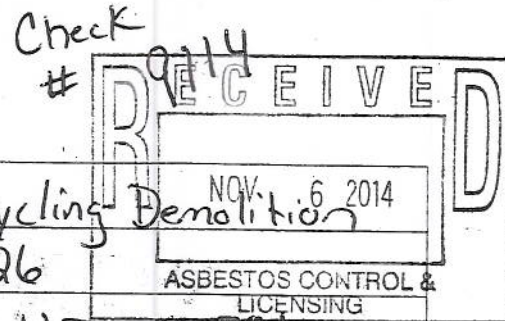
Name of Facility Where Abatement is Taking Place (3) Vacant House			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
17 Mine Street			Square Feet # of Floors Bldg. Age 3,000 2 60+		
City (5) New Brunswick	County (6) Middlesex	County Code (7)	Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Global Abatement Services, LLC		
Street Address			Street Address 443 Schoolhouse Road		
City, State & Zip Code			City, State & Zip Code Monroe Township, NJ 08831		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-605-9062		License Number 00714
Scheduled Start Date (10) 11/10/14	Scheduled Completion Date (11) 11/20/14		Name of OSHA Monitor Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe:			Street Address 443 Schoolhouse Road		
			City, State & Zip Code Monroe Township, NJ 08831		

Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> Large Project		<input checked="" type="checkbox"/> Mini-Enclosure	
Quantity is ≥ 3 SF or ≥ 3 LF ACM		<input checked="" type="checkbox"/> Glovebag Procedure	
<input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM		<input checked="" type="checkbox"/> Other: Non-friable	

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 Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Porch/Window Roofs	N/A	Roofing/flashing	145 SF	Removal
3rd Fl/Basement Stairs	N/A	Sheet Flooring	46 SF	Removal
Basement wall	N/A	Breach cement	1 SF	Removal

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 10	Name of Registered Landfill TRRF	
City, State Freehold, NJ		Disposal Date 11/20/14		City, State Tullytown, Pa	
Completed By (Print or Type) Dominick Tringali		Title Project Manager		Signature <i>Dominick Tringali</i>	
				Date 10/30/14	

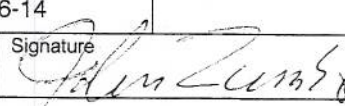
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11-3-14		Name of Building Owner/Operator (2) Red Bank Recycling Demolition	
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 P.O. Box 2126		City, State, Zip Code Red Bank NJ 07701	
Name of Contact Matt Meeker		Telephone Number	
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 96 Birch AVE		Square Feet 2	
City (5) Little Silver NJ 07739		# of Floors 50+	
County (6) Monmouth		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) Nov 13, 2014		Scheduled Completion Date (11) Nov 15, 2014	
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	
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		Street Address P.O. Box 337	
City, State, Zip Code New Egypt NJ 08533			
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	
Basement		X	
2nd floor		X	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Floor Tile		300 SF	
		350 SF	
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	
City, State New Egypt NJ		Cubic Yards of Waste 2	
Disposal Date 11/17/14		Name of Registered Landfill Waste Management of PA	
City, State Morrisville PA			
Completed by Steve Schenker		Title President	
Signature Steve Schenker		Date 11-3-14	

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

Check # 4533

Date of Notification (1) 11-3-14		Name of Building Owner/Operator (2) Mary Donnelly							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 215 N Suffolk Ave City, State, Zip Code Ventnor City, NJ 08406 Name of Contact same as above						
			Telephone Number _____						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 215 N Suffolk Ave		Square Feet 1900	# of Floors 2						
City (5) Ventnor City, NJ 08406		Bldg. Age 65							
County (6) Atlantic		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) Connell Greene		Name of Abatement Contractor (9) Assured Environmental Services, Inc.							
Street Address 904 Kings Arm Drive		Street Address 570 Clems, Run							
City, State, Zip Code Downingtown, PA 19335		City, State, Zip Code Mullica, Hill, NJ 08062							
Project Manager for Monitoring Firm Rick Pellissier		Telephone No. 484-432-9363	License No. 0145						
Start Date (10) 11-5-14		Scheduled Completion Date (11) 11-6-14							
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: _____		Name of OSHA Monitor Emsl							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Crawl Space			x	Pipe Insulation	60 LF	x			
Name of Registered Waste Hauler Assured Environmental Services, Inc.		NJDEP Waste Hauler ID No. 0034895		Cubic Yards of Waste 1		Name of Registered Landfill Minerva Landfill			
City, State Mullica Hill, NJ		Disposal Date 11-6-14		City, State					
Completed by John Zumbo		Title President		Signature 		Date 11-3-14			

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

CL # 2725

Date of Notification (1) 7/8/14		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#2-10/31/14 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 15 E. MONTGOMERY PLACE	
	City, State & Zip Code PITTSBURGH, PA 15212		
	Name of Contact ANTHONY PORTA		
	Telephone Number		

RECEIVED

NOV 6 2014

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) VERIZON JERSEY CITY CENTRAL OFFICE		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 773 SUMMIT AVE		Square Feet 8000	# of Floors 3
City (5) JERSEY CITY	County (6) HUDSON	Bldg. Age 90+/-	
County Code (7)		Current Use (Prior if being demolished) COMMUNICATIONS	
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT INC		ASCM No.	
Street Address 8436 ENTERPRISE AVENUE		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC	
City, State & Zip Code PHILADELPHIA, PA 19153		Street Address 1123 BEAVER STREET	
Project Manager for Monitoring Firm MARK JENKINS		Telephone Number 215-365-5810	License Number 00509
Scheduled Start Date (10) 7/31/14	Scheduled Completion Date (11) BACK ON SITE 11/3/14 - 11/12/14		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 5:00 PM - 1:30 AM <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET	
		City, State & Zip Code BRISTOL, PA 19007	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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
Basement Storage Rm & BMS Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/Mastic	390 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Floor AC Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Floor Storage Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Glue Daubs & Ceiling Tile	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd FI Locker Rm, Super Office, Hallway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/Mastic & Ceiling Tile	780 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Hallway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT and Mastic	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT	9 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date		City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) PATRICK T. DeCARO		Title PROJ. MGR.	Signature <i>Patrick T. DeCaro</i>		Date 7/8/14

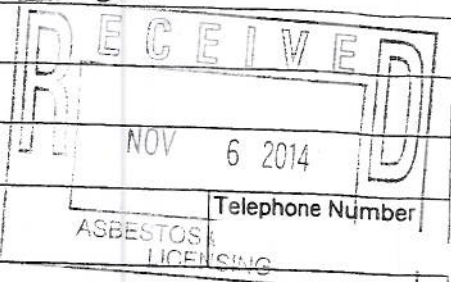
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 7/8/14		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED NOV 6 2014 ASBESTOS LICENSING </div>					
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#1-8/11/14 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	15 E. MONTGOMERY PLACE City, State & Zip Code PITTSBURGH, PA 15212 Name of Contact ANTHONY PORTA							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VERIZON JERSEY CITY CENTRAL OFFICE			Type of Facility (4)						
Street Address 773 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) JERSEY CITY	County (6) HUDSON	County Code (7)	Square Feet 8000	# of Floors 3	Bldg. Age 90+/-				
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT INC			Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC						
Street Address 8436 ENTERPRISE AVENUE			Street Address 1123 BEAVER STREET						
City, State & Zip Code PHILADELPHIA, PA 19153			City, State & Zip Code BRISTOL, PA 19007						
Project Manager for Monitoring Firm MARK JENKINS			Telephone Number 215-365-5810		License Number 00509				
Scheduled Start Date (10) 7/31/14		Scheduled Completion Date (11) ON HOLD		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC					
Occupancy Status During Abatement (Check only one)			Street Address 1123 BEAVER STREET						
<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: 5:00 PM – 1:30 AM <input checked="" type="checkbox"/> Facility Occupied During Abatement			City, State & Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> 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
Basement Storage Rm & BMS Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/Mastic	390 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Floor AC Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Floor Storage Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Glue Daubs & Ceiling Tile	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Fl Locker Rm, Super Office, Hallway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/Mastic & Ceiling Tile	780 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE 19720		Disposal Date		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) PATRICK T. DeCARO		Title PROJ. MGR.		Signature <i>Patrick T. DeCaro</i>			Date 7/8/14		

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

CR# 2656

Date of Notification (1) 7/8/14		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS	
Agencies Notified <input checked="" type="checkbox"/> EPA 9999 <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 8958 <input checked="" type="checkbox"/> DOH 9890 <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 15 E. MONTGOMERY PLACE		City, State & Zip Code PITTSBURGH, PA 15212	
Name of Contact ANTHONY PORTA		Telephone Number ASBESTOS LICENSING	



Name of Facility Where Abatement is Taking Place (3) VERIZON JERSEY CITY CENTRAL OFFICE			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 773 SUMMIT AVE			Square Feet 8000		
City (5) JERSEY CITY			# of Floors 3		
County (6) HUDSON			Bldg. Age 90+/-		
County Code (7)			Current Use (Prior if being demolished) COMMUNICATIONS		
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT INC			Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 8436 ENTERPRISE AVENUE			Street Address 1123 BEAVER STREET		
City, State & Zip Code PHILADELPHIA, PA 19153			City, State & Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm MARK JENKINS			Telephone Number 215-365-5810		
Telephone Number 215-365-5810			License Number 00509		
Scheduled Start Date (10) 7/31/14			Scheduled Completion Date (11) 8/14/14		
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: 5:00 PM - 1:30 AM <input checked="" type="checkbox"/> Facility Occupied During Abatement			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 type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
Basement Storage Rm & BMS Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/Mastic	390 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Floor AC Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Floor Storage Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Glue Daubs & Ceiling Tile	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Fl Locker Rm, Super Office, Hallway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/Mastic & Ceiling Tile	780 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date		City, State WAYNESBURG, OH 44688			
Completed By (Print or Type) PATRICK T. DeCARO		Title PROJ. MGR.		Signature <i>Patrick T. DeCaro</i>		Date 7/8/14	

EMERGENCY
REQUEST FOR(10 DAY)
(WAIVER)State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check 533 FIVE

APPROVED

N.J. Dept. of Health & Senior Services

Paul C. [Signature]

Date: 11/3/14 Time: 8:11 AM

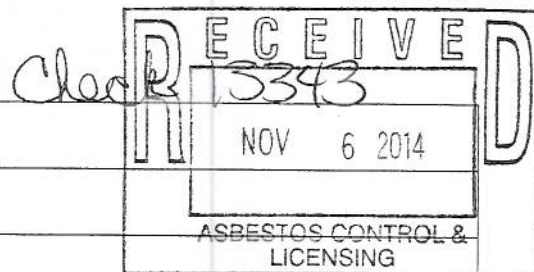
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10-31-14		Name of Building Owner/Operator (2) D. SCHIER	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including jurisdiction) <input type="checkbox"/> Cancellation	Street Address 11 Brookside Road City, State, Zip Code WEST ORANGE, NJ 07052 Name of Contact D. SCHIER Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) D. SCHIER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & noncommercial buildings, homes, etc.)	
Street Address 11 Brookside Road		Square Feet 2800..	# of Floors 2
City (5) WEST ORANGE		Bldg. Age 100 yrs	
County (6) ESSEX		Country Code (7) (STATE USE ONLY) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) 11-4-14		Scheduled Completion Date (11) 11-6-14	
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: 8AM 5PM		Name of OSHA Monitor Omega Environmental	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 ft		Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 07606	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Action Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BASEMENT		Amount (Specify SF or LF) 325 SF	
Abatement Type Removal Repair Encapsulate Enclosure		Abatement Type Removal Repair Encapsulate Enclosure	
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 142 yds
City, State Hackensack, N.J. 07601		Disposal Date 11-6-14	Name of Registered Landfill Minerva Enterprises, LLC
City, State Waynesburg, Oh. 44688		Signature R. Veldran	
Completed by R. Veldran		Title Estimator	
Date 10-31-14		Date 10-31-14	

ASB-41

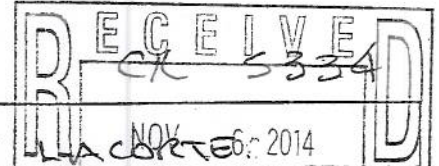
* Do not use this form for asbestos licensure exempted activities.

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



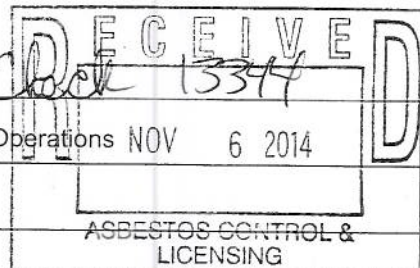
Date of Notification (1) 10/31/14		Name of Building Owner/Operator (2) Our Lady of Victories							
Agencies Notified	Type Notification	Street Address 42 Main Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Sayreville, NJ 08872							
		Name of Contact Jack Conlon	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Our Lady of Victories		Type of Facility (4)							
Street Address 42 Main Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Sayreville		Square Feet 2100	# of Floors 2						
County (6) Middlesex		Bldg. Age 50							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-583-8500	License No. 703						
Start Date (10) 11/7/14	Scheduled Completion Date (11) 11/21/14	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>working in basement</u>		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input 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
basement			X	pipe insulation	10 LF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste 10	Name of Registered Landfill TBD					
City, State Freehold, NJ		Disposal Date TBD		City, State					
Completed by A Scott Higgins		Title President		Signature 			Date 10/31/14		

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



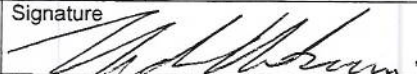
Date of Notification (1) 11/3/2014		Name of Building Owner/Operator (2) ESTATE OF DIANE LACORTE						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <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 28 LINCOLN DRIVE	City, State, Zip Code ROCHELLE PARK, NJ. 07662					
		Name of Contact MS. HECHT	Telephone Number ASBESTOS CONTROL & LICENSING					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) ESTATE OF DIANE LACORTE		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 28 LINCOLN DRIVE		Square Feet 2000	# of Floors 2					
City (5) ROCHELLE PARK		Bldg. Age 75 years						
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)						
Street Address		Street Address						
City, State, Zip Code		City, State, Zip Code						
Project Manager for Monitoring Firm		Telephone No.						
Telephone No.		License No.						
Start Date (10) 11/18/14	Scheduled Completion Date (11) 11/19/14	Name of OSHA Monitor Omega Environmental						
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: 7am to 5 PM		Street Address 280 Huyler St						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		City, State, Zip Code S. Hackensack, N.J. 07606						
		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
BASEMENT			X	THERMAL INSULATION	45 LF	X		
1st Floor Kitchen			X	THERMAL SURFACE INSULATION	75 SF	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 1/2 yd	Name of Registered Landfill Minerva Enterprises, LLC				
City, State Hackensack, N.J. 07601		Disposal Date 11/19/14		City, State Waynesburg, Oh, 44688				
Completed by J. Maiorano	Title Estimator		Signature <i>[Signature]</i>			Date 11/3/14		

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



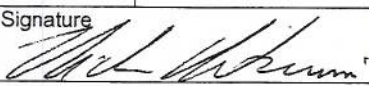
Date of Notification (1) 11/3/14		Name of Building Owner/Operator (2) Carrington Property Services/Rental Operations NOV 6 2014							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1610 E Saint Andrew Place, B-150							
		City, State, Zip Code Santa Ana, CA 92705							
		Name of Contact Kayne Doughty	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)							
Street Address 96 Troy Hills 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, homes, etc.)							
City (5) Whippany		Square Feet 1500	# of Floors 1						
County (6) Morris		Bldg. Age 50							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		ABS Environmental Services, LLC							
City, State, Zip Code		Street Address 4 E Gate Drive, PO Box 483							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-583-8500	License No. 703						
Start Date (10) 11/13/14	Scheduled Completion Date (11) 12/1/14	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>working in basement</u>		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input 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
basement			x	pipe insulation	100 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste 10	Name of Registered Landfill TBD					
City, State Freehold, NJ		Disposal Date TBD		City, State					
Completed by A Scott Higgins		Title President		Signature 			Date 11/3/14		

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

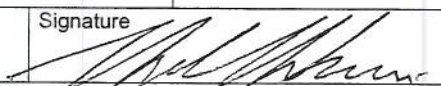
Date of Notification (1) 10 / 31 / 14		Name of Building Owner/Operator (2) Home Properties, LP - Hackensack Gardens							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Wood Ave South Ste 630 City, State, Zip Code Iselin, NJ 08830 Name of Contact Craig Marschke Telephone Number 10 1000							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hackensack Gardens No.'s 520, 120, 110, 90, 84, 80,11 (Block 245 Lot 1)		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 520 Essex St/ 80,84,90,110,120 Arcadia Rd/11 Berkshire Pl		Square Feet 50,000 (all)	# of Floors 2 Bldg. Age 50+						
City (5) Hackensack	County (6) Bergen	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residential Apartment Complex						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations, Inc		ASCM No. 29737	Name of Abatement Contractor (9) Superior Abatement Inc						
Street Address 655 West Shore Trail		Street Address 2 Henderson Drive							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Jean Paul Von Doehren		Telephone No. (609) 704-8850	Telephone No. (973) 808-1616 License No. 00411						
Start Date (10) 11 / 11 / 14	Scheduled Completion Date (11) 12 / 12 / 14		Name of OSHA Monitor Superior Abatement 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 - Describe Time of Abatement: 8:00AM-4:30PM/ PM- AM		Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006							
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 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
Crawl Spaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,535 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl Spaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation Debris	923 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl Spaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Repair	1,000 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 40	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 12/12/2014		City, State Waynesburgh, OH					
Completed By (Print or Type) Nick Petrovski		Title President		Signature 			Date 10-31-14		

CK 24099

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

Date of Notification (1) 10 / 31 / 14			Name of Building Owner/Operator (2) Home Properties, LP - Hackensack Gardens						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 100 Wood Ave South Ste 630 City, State, Zip Code Iselin, NJ 08830 Name of Contact Craig Marschke					
				Telephone Number 704-0500					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hackensack Gardens No.'s 67,75,105,115,125,500 (Block 246 Lot 1)				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 67,75,105,115,125 Arcadia Rd / 500 Essex St.				Square Feet 50,000 (all)					
City (5) Hackensack				# of Floors 2					
County (6) Bergen				Bldg. Age 50+					
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residential Apartment Complex							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations, Inc		ASCM No. 29737		Name of Abatement Contractor (9) Superior Abatement Inc					
Street Address 655 West Shore Trail		Street Address 2 Henderson Drive							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Jean Paul Von Doehren		Telephone No. (609) 704-8850		License No. 00411					
Start Date (10) 11 / 11 / 14		Scheduled Completion Date (11) 12 / 12 / 14		Name of OSHA Monitor Superior Abatement 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 - Describe Time of Abatement: 8:00AM-4:30PM / PM - AM				Street Address 2 Henderson Drive					
				City, State, Zip Code West Caldwell, NJ 07006					
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 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
Crawl Spaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,260 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl Spaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation Debris	640 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl Spaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Repair	1,040 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117		Cubic Yards of Waste 40	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE		Disposal Date 12/12/2014		City, State Waynesburgh, OH					
Completed By (Print or Type) Nick Petrovski		Title President		Signature 		Date 10-31-14			

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

Date of Notification (1) 10 / 31 / 14			Name of Building Owner/Operator (2) Home Properties, LP - Hackensack Gardens								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 100 Wood Ave South Ste 630 City, State, Zip Code Iselin, NJ 08830 Name of Contact Craig Marschke Telephone Number 732-441-1111							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Hackensack Gardens No.'s 44, 50, 60, 66, 70, 12 (Block 247 Lot 1)				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 44, 50, 60, 66, 70 Arcadia Rd/12 Berkshire Pl				City (5) Hackensack							
County (6) Bergen		County Code (7)(STATE USE ONLY)		Square Feet 50,000 (all)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations, Inc		ASCM No. 29737		Name of Abatement Contractor (9) Superior Abatement Inc							
Street Address 655 West Shore Trail		City, State, Zip Code Sparta, NJ 07871		Street Address 2 Henderson Drive							
Project Manager for Monitoring Firm Jean Paul Von Doehren		Telephone No. (609) 704-8850		City, State, Zip Code West Caldwell, NJ 07006							
Start Date (10) 11 / 11 / 14		Scheduled Completion Date (11) 12 / 12 / 14		Telephone No. (973) 808-1616							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-4:30PM PM- AM		License No. 00411		Name of OSHA Monitor Superior Abatement Inc							
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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				Street Address 2 Henderson Drive							
City, State, Zip Code West Caldwell, NJ 07006											
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
Crawl Spaces		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Pipe Insulation		1,565 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl Spaces		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Insulation Debris		910 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl Spaces		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Pipe Repair		1055 LF		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117		Cubic Yards of Waste 40		Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 12/12/2014		City, State Waynesburgh, OH							
Completed By (Print or Type) Nick Petrovski		Title President		Signature 				Date 10-31-14			

OK 009066

Print Form

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

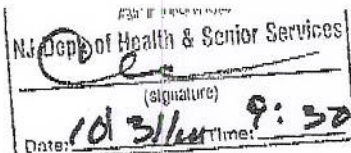
Date of Notification (1) 10/30/14		Name of Building Owner/Operator (2) City of Orange Township - Division of Housing							
Agencies Notified	Type Notification	Street Address 29 North Day Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Orange, NJ 07050							
		Name of Contact Wendy C. Brown	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4)							
Street Address 204 Central Place		<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) Orange		Square Feet 3,000	# of Floors 2						
		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Burnt Out Abandoned Structure							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address		Street Address 152 Route 206 South							
City, State, Zip Code		City, State, Zip Code Hillsborough, NJ 08844							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-218-0884						
		License No. 01228							
Start Date (10) 11/10/14	Scheduled Completion Date (11) 11/30/14	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 12 Route 206 South							
<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 Hillsborough, NJ 08844							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Entire Structure			x	Unknown	Unknown	x			
				Burnt Out Structure					
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 200	Name of Registered Landfill Grand Central Sanitation					
City, State Hillsborough, NJ		Disposal Date 11/30/14		City, State Penn Argyl, PA					
Completed by Anna Bastos		Title Administrative Assistant		Signature <i>Anna Bastos</i>		Date 10/30/14			

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

Date of Notification (1) 10/31/14		Name of Building Owner/Operator (2) FRED PARCELS							
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 type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 129 HADDON PLACE							
		City, State, Zip Code MONTCLAIR, N.J. 07042							
		Name of Contact _____ 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 129 HADDON PLACE		Square Feet 1,450	# of Floors 2						
City (5) MONTCLAIR		Bldg. Age +50							
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL							
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		City, State, Zip Code Glen Rock, NJ 07452							
Project Manager for Monitoring Firm		Telephone No. (201)262-5841	License No. 00156						
Start Date (10) 11/17/14	Scheduled Completion Date (11) 11/30/14	Name of OSHA Monitor Omega Environmental Services 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 280 Huyler Street							
		City, State, Zip Code Hackensack, NJ 07605							
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) TO BE ABATED In Facility (13) Basement	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) PIPE INSULATION	Amount (Specify SF or LF) 60LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 1 cy.	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Riverdale, NJ 07457		Disposal Date 11/17/14		City, State Bethlehem, PA 18015					
Completed by Joseph Vocaturo		Title Vice President		Signature J. Vocaturo			Date 10/31/14		

Oct 31 2014 08:28am

P001/001



CHECK # 8595

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

2014 NOV -6 PM 11:52

Date of Notification (1) 10/30/14		Name of Building Owner/Operator (2) ROSE PENN						
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 260 SANTIAGO AVE City, State, Zip Code RUTHERFORD, N.J. 07070 Name of Contact TODD WALKER 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 B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 260 SANTIAGO AVE		Square Feet 1,560						
City (5) RUTHERFORD		# of Floors 2						
County (6) BERGEN		Bldg. Age +50						
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) A.MAC Contracting Inc.						
Street Address		Street Address 105 Lowell Road						
City, State, Zip Code		City, State, Zip Code Glen Rock, NJ 07452						
Project Manager for Monitoring Firm		Telephone No. (201)262-5841						
Telephone No.		License No. 00156						
Start Date (10) 10/31/14		Scheduled Completion Date (11) 11/15/14						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Omega Environmental Services Inc. Street Address 280 Huyler Street City, State, Zip Code Hackensack, NJ 07605						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 280 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
BASEMENT			PIPE INSULATION	73 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 1	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.				
City, State Riverdale, NJ 07457		Disposal Date 10/31/14		City, State Bethlehem, PA 18015				
Completed by Joseph Vocaturo		Title Vice President		Signature J. Vocaturo		Date 10/30/14		

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

CHECK#24561

Date of Notification (1) 10/31/2014		Name of Building Owner/Operator (2) PRIVATE RESIDENCE						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 66 LAKE RD.						
		FAR HILLS, NJ						
		Name of Contact David D'Andrea	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PRIVATE 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)						
Street Address 66 LAKE RD.		Square Feet						
City (5) FAR HILLS		# of Floors						
County SOMERSET		Bldg. Age						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) AMERTECH		ASCM No.						
Street Address 78 E. ATLANTIC WAY		Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.						
City, State, Zip Code LAVALLETTE, NJ 08735		Street Address 15 BLACK FOREST ROAD						
Project Manager for Monitoring Firm ROD MORRIS		City, State, Zip Code HAMILTON, NJ 08691						
Telephone No. 732-664-7788	Telephone No. 609-890-7110	License No. 00676						
Start Date (10) 11/3/2014	Scheduled Completion Date (11) 11/3/2014	Name of OSHA Monitor						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		Street Address						
		City, State, Zip Code						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & 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		X	INSULATION	220 L.F.	X			
BASEMENT		X	NFVAT	400 S.F.	X			
Name of Registered Waste Hauler TIMSTER TRUCKING		NJDEP Waste Hauler ID No. 21079	Cubic Yards of Waste 2 YD	Name of Registered Landfill GROWS				
City, State WEST CREEK, NJ		Disposal Date 11/4/2014	City, State MORRISVILLE, PA					
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature <i>David D'Andrea</i>	Date 10/31/2014					

ASB-41

* Do not use this form for asbestos licensure exempted activities

CHECK# 8593

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

Date of Notification (1) 10/29/14		Name of Building Owner/Operator (2) NOVUS FINE CHEMICALS		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 50 CRAWWOOD RD STE 205	
	City, State, Zip Code SOUTH PLAINFIELD, N.J. 07080		Name of Contact IVAN DORIAN TORO	
	Telephone Number 			
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) CHEMICAL PLANT		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 426 ORCHARD ST		Square Feet 115,000	# of Floors 1	
City (5) CARLSTADT		Bldg. Age +50		
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A.MAC Contracting Inc.	
Street Address		Street Address 105 Lowell Road		
City, State, Zip Code		City, State, Zip Code Glen Rock, NJ 07452		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. (201)262-5841	
License No. 00156				
Start Date (10) 11/10/14		Scheduled Completion Date (11) 12/31/14		
Name of OSHA Monitor Omega Environmental Services 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 280 Huyler Street		
		City, State, Zip Code Hackensack, NJ 07605		
Scope of Work (Check All That Apply)				
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
	Yes	No		N/A
SEE ATTACHED SURVEY QUANTIFIED ITEMS ONLY			SEE ATTACHED SURVEY QUANTIFIED ITEMS ONLY	
Amount (Specify SF or LF)		Abatement Type		
		Removal	Repair	
		Encapsulate	Enclosure	
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 160	
Name of Registered Landfill IESI PA Bethlehem Landfill Corp.				
City, State Riverdale, NJ 07457		Disposal Date 11/10/14	City, State Bethlehem, PA 18015	
Completed by Joseph Vocaturo		Title Vice President	Signature J. Vocaturo	
		Date 10/29/14		

Oct 30 2014 07:34am

P001/001

CHECK # 8593

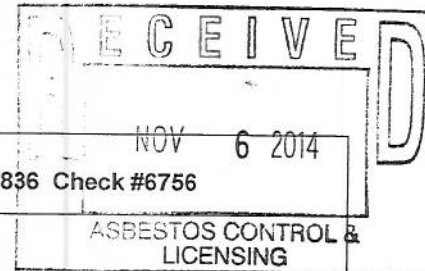
2014 NOV -6 PM 11:11

APPROVED
NJ Dept of Health & Senior Services
[Signature]

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

Date of Notification (1) Date: <u>10/29/14</u> Time: <u>7:29 AM</u>		Name of Building Owner/Operator (2) <u>CERTIFICATE ACQUISITIONS LLC.</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <u>535 DOLEMUS AVE.</u>		City, State, Zip Code <u>GLEN ROCK, N.J. 07452</u>							
Name of Contact <u>ALLEN STRAUSS</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 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <u>525 DOLEMUS AVE.</u>		Square Feet <u>1,400</u>							
City (5) <u>GLEN ROCK</u>		# of Floors <u>2</u>							
County (6) <u>BERGEN</u>		Bldg. Age <u>150</u>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>RESIDENCE</u>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) <u>A.MAC Contracting Inc.</u>							
City, State, Zip Code		Street Address <u>105 Lowell Road</u>							
Project Manager for Monitoring Firm		City, State, Zip Code <u>Glen Rock, NJ 07452</u>							
Telephone No.		Telephone No. <u>(201)262-5841</u>							
Start Date (10) <u>10/30/14</u>		License No. <u>00156</u>							
Scheduled Completion Date (11) <u>11/15/14</u>		Name of OSHA Monitor <u>Omega Environmental Services Inc.</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>280 Huyler Street</u>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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		City, State, Zip Code <u>Hackensack, NJ 07605</u>							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Basement</u>			/	<u>PIPE INSULATION</u>	<u>100LF</u>	<input checked="" type="checkbox"/>			
<u>Basement</u>			/	<u>THORMAN SUSPENSION INSULATION</u>	<u>40 SF</u>				
Name of Registered Waste Hauler <u>Rovic Transport</u>		NJDEP Waste Hauler ID No. <u>20785</u>		Cubic Yards of Waste <u>2</u>		Name of Registered Landfill <u>IESI PA Bethlehem Landfill Corp.</u>			
City, State <u>Riverdale, NJ 07457</u>		Disposal Date <u>10/30/14</u>		City, State <u>Bethlehem, PA 18015</u>					
Completed by <u>Joseph Vocaturo</u>		Title <u>Vice President</u>		Signature <u>J. Vocaturo</u>		Date <u>10/29/14</u>			

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



Date of Notification (1) 11 / 3 / 14		Name of Building Owner/Operator (2) Verizon Communications / Job #1410-4836 Check #6756	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Greenwood Avenue	
		City, State, Zip Code Jenkintown, PA 19046	
		Name of Contact Alex Baylor	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Robertsville CO		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 408 Tennent Road		Square Feet	# of Floors
City (5) Morganville		Bldg. Age	
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Offices	

Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 8436 Enterprise Ave.		Street Address 30 Maple Ave. PO Box 25		
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810	Telephone No. 609-265-2107	License No. 00529

Start Date (10) 11 / 17 / 14		Scheduled Completion Date (11) 11 / 28 / 14		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 Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM				Street Address 200 Route 130 North	
				City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

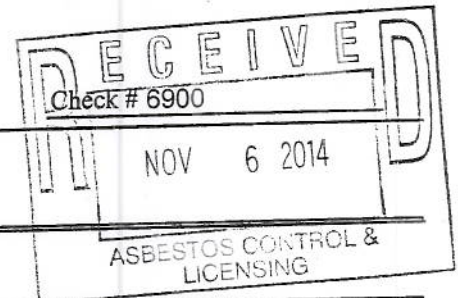
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
***See Attached Sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	***See Attached Sheets		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 20	Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Lumberton, NJ		Disposal Date 11/28/14		City, State Tullytown, PA	
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator	Signature 		Date 11/3/14

B & G proj. #: 2014-197

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



Date of Notification (1)

11/01/13 11/11/14

Name of Building Owner/Operator (2)

Constance Rosiac

Agencies Notified

- ☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

- ☒ Initial
☐ Amendment
☐ Cancellation

Street Address

8 Myrtle Avenue

City, State, Zip Code

Madison, NJ 07940

Name of Contact

Constance Rosiac

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Constance Rosiac

Street Address

8 Myrtle Avenue

City (5)

Madison, NJ 07960

County (6)

Morris

County Code (7)

(State use only)

Type of Facility (4)

- ☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

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

00378

Scheduled Start Date (10)

11/13/2014

Sched. Completion Date (11)

11/14/2014

Occupancy Status During Abatement (Check only one)

- ☒ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-
Describe: _____
☐ Other-Describe: _____

Name of OSHA Monitor

B & G Restoration, Inc.

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 ☒ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ 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						
basement			<input checked="" type="checkbox"/>	pipe insulation	122 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	pipe	36 lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
2½

Name of Registered Landfill

Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date

11/14/2014

City, State

Tullytown, PA

Completed by (Print or Type)
Gordana LunaTitle
Secretary/Treasurer

Signature

Gordana Luna

Date

10/31/2014

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

B & G proj. #: 2014-197

Date of Notification (1) <u>11/01/13</u> / <u>11</u> / <u>14</u>		Name of Building Owner/Operator (2) Constance Rosiac	
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 8 Myrtle Avenue	
		City, State, Zip Code Madison, NJ 07940	
		Name of Contact Constance Rosiac	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Constance Rosiac			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 8 Myrtle Avenue					
City (5) Madison, NJ 07960	County (6) Morris	County Code (7) (State use only)	Square Feet	# 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) 11/13/2014			License Number 00378		
Sched. Completion Date (11) 11/14/2014			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 LincolnPark, NJ 07035		

Scope of Work (check all that apply)

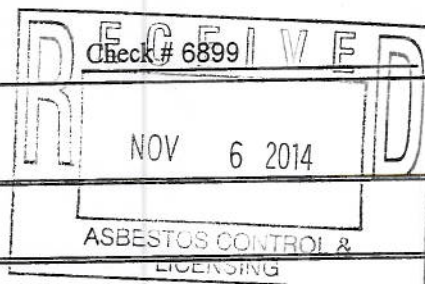
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input 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 e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	122 lf	<input checked="" type="checkbox"/>			
basement			<input checked="" type="checkbox"/>	pipe	36 lf			<input checked="" type="checkbox"/>	

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2 1/2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 11/14/2014		City, State Tullytown, PA
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 10/31/2014

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

B & G proj. #: 2014-205



Date of Notification (1) 11/01/13 11/14/14		Name of Building Owner/Operator (2) Michael Haras	
Agencies Notified	Type Notification	Street Address 5 - 7 Gunther Place	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Passaic, NJ 07055	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Michael Haras	
<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) Michael Haras			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 - 7 Gunther Place			Square Feet # of Floors Bldg. Age		
City (5) Passaic, NJ 07055	County (6) Passaic	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 00378
Scheduled Start Date (10) 11/12/2014		Sched. Completion Date (11) 11/13/2014	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 ☒ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ 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						
5 Gunther basement			<input checked="" type="checkbox"/>	pipe insulation	72 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Gunther basement			<input checked="" type="checkbox"/>	pipe insulation	96 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"/>

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	Disposal Date 11/13/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 10/31/2014

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

B & G proj. #: 2014-205

Check # 6884

Date of Notification (1) <u>11/01/13</u> <u>11/14</u>		Name of Building Owner/Operator (2) Michael Haras	
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 5 - 7 Gunther Place	
		City, State, Zip Code Passaic, NJ 07055	
		Name of Contact Michael Haras	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Michael Haras			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 - 7 Gunther Place			Square Feet # of Floors Bldg. Age		
City (5) Passaic, NJ 07055	County (6) Passaic	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 00378
Scheduled Start Date (10) 11/12/2014		Sched. Completion Date (11) 11/13/2014		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 LincolnPark, NJ 07035			

Scope of Work (check all that apply)

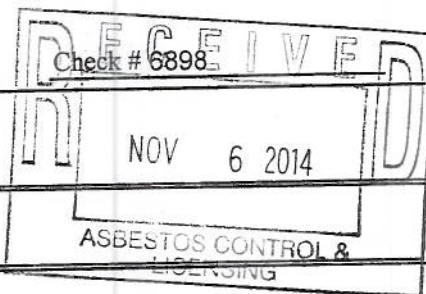
- | | | | |
|----------------------------------------------------|------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input 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 e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
5 Gunther basement			<input checked="" type="checkbox"/>	pipe insulation	72 lf	<input checked="" type="checkbox"/>			
7 Gunther basement			<input checked="" type="checkbox"/>	pipe insulation	96 lf	<input checked="" 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	Disposal Date 11/13/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 10/31/2014

B & G proj. #: 2014-200

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



Date of Notification (1) 11/01/13 11/11/14		Name of Building Owner/Operator (2) Marlene Deyo	
Agencies Notified	Type Notification	Street Address 46 Park Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Caldwell, NJ 07006	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Marlene Deyo	
<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) Marlene Deyo			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 46 Park Avenue			Square Feet		
City (5) Caldwell, NJ 07006			# of Floors		
County (6) Essex			Bldg. Age		
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	
Scheduled Start Date (10) 11/11/2014		Sched. Completion Date (11) 11/12/2014		License Number 00378	
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:				Name of OSHA Monitor B & G Restoration, Inc.	
				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 ☒ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ 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						
basement			<input checked="" type="checkbox"/>	pipe insulation	110 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 1/2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 11/12/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 10/31/2014

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

B & G proj. #: 2014-200

Check # 6883

Date of Notification (1) <u>11/01/13</u> / <u>11/14</u>		Name of Building Owner/Operator (2) <u>Marlene Deyo</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address <u>46 Park Avenue</u>	
		City, State, Zip Code <u>Caldwell, NJ 07006</u>	
		Name of Contact <u>Marlene Deyo</u>	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Marlene Deyo</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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>46 Park Avenue</u>			Square Feet # of Floors Bldg. Age		
City (5) <u>Caldwell, NJ 07006</u>	County (6) <u>Essex</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>residential</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u>		ASCM No.	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
Street Address			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>(973)696-6869</u>		License Number <u>00378</u>
Scheduled Start Date (10) <u>11/11/2014</u>		Sched. Completion Date (11) <u>11/12/2014</u>	Name of OSHA Monitor <u>B & G Restoration, Inc.</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- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address <u>105 Ryerson Road</u>		
			City, State, Zip Code <u>LincolnPark, NJ 07035</u>		

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 checked="" type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input 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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	110 lf	<input checked="" type="checkbox"/>			

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1 1/2</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ</u>	Disposal Date <u>11/12/2014</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>10/31/2014</u>

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

B & G proj. #: 2014-195

RECEIVED	
Check # 6897	NOV 6 2014
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 11/03/14		Name of Building Owner/Operator (2) Steven Weber	
Agencies Notified	Type Notification	Street Address 31 Brookside Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Livingston, NJ 07039	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Steven Weber	
<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) Steven Weber			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 31 Brookside Avenue			Square Feet # of Floors Bldg. Age		
City (5) Livingston, NJ 07039	County (6) Essex	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 00378
Scheduled Start Date (10) 11/10/2014		Sched. Completion Date (11) 11/11/2014	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 LincolnPark, 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 checked="" type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input 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 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 laundry room			<input checked="" type="checkbox"/>	contaminated armaflex	6 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement laundry room			<input checked="" type="checkbox"/>	contaminated fiberglass 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1/2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 11/11/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 10/31/2014

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

B & G proj. #: 2014-195

Check # 6882

Date of Notification (1) <u>1</u> / <u>0</u> / <u>13</u> / <u>11</u> / <u>14</u>		Name of Building Owner/Operator (2) <u>Steven Weber</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address <u>31 Brookside Avenue</u>	
		City, State, Zip Code <u>Livingston, NJ 07039</u>	
		Name of Contact <u>Steven Weber</u>	Telephone Number _____

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Steven Weber</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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>31 Brookside Avenue</u>			Square Feet # of Floors Bldg. Age		
City (5) <u>Livingston, NJ 07039</u>	County (6) <u>Essex</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>residential</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u>		ASCM No.	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
Street Address _____			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code _____			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm _____		Phone Number _____	Telephone Number <u>(973)696-6869</u>		License Number <u>00378</u>
Scheduled Start Date (10) <u>11/10/2014</u>		Sched. Completion Date (11) <u>11/11/2014</u>	Name of OSHA Monitor <u>B & G Restoration, Inc.</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- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address <u>105 Ryerson Road</u>		
			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		

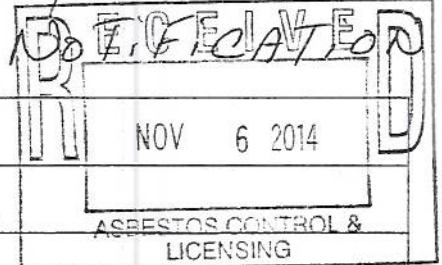
Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input 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 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 laundry room			<input checked="" type="checkbox"/>	contaminated armaflex	6 lf	<input checked="" type="checkbox"/>			
basement laundry room			<input checked="" type="checkbox"/>	contaminated fiberglass insulation	9 lf	<input checked="" type="checkbox"/>			

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1/2</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ</u>	Disposal Date <u>11/11/2014</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>10/31/2014</u>

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



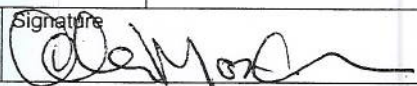
Date of Notification (1) 11/5/14		Name of Building Owner/Operator (2) P.S.E.G.						
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080						
		Name of Contact JOHN KILLIAN	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PSE&G - m-1339 MANHOLES		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 300 45 RT. 46		Square Feet N/A	# of Floors N/A					
City (5) LITTLE FERRY		Bldg. Age N/A						
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA					
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.						
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882						
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	License No. 01111					
Start Date (10) 11/15/14	Scheduled Completion Date (11) 12/31/14	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA						
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: OUTDOORS		Street Address 396 WHITEHEAD AVE.						
		City, State, Zip Code SOUTH RIVER, NJ 08882						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
OUTSIDE		X	ACM PIPE SOMATIC	10 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPR 1	Name of Registered Landfill GROWS NORTH				
City, State ELIZABETH, NJ		Disposal Date TBD	City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature Carol Raimo		Date 11/5/14			

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

Date of Notification (1) 11 / 3 / 14		Name of Building Owner/Operator (2) New Hanover LLC c/o Vornado Realty Trust Job # 1410-1928 Chk. #3827							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 210 Route 4 East							
		City, State, Zip Code Paramus, NJ 07652							
			Name of Contact Mr. John Baytala		Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) East Hanover Former Car Wash				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 280 Route 10 West				Square Feet 1544	# of Floors 1				
City (5) East Hanover				Bldg. Age 50					
County (6) Morris		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Former Carwash - Vacant					
Name of Monitoring Firm Hired by Building Owner (8) Absolutely Clean Environmentl		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 53 Orleans Green		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Coram, NY 11727		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Jeff Sheridan		Telephone No. 516-644-3253		Telephone No. 609-702-0400	License No. 00862				
Start Date (10) 11 / 17 / 14		Scheduled Completion Date (11) 11 / 21 / 14		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 - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 200 U.S. Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing/Flashing	1,700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior - AC Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Aircell 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"/>
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfill				
City, State Freehold, NJ		Disposal Date 11/21/14		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature <i>Kimberly Trumbetti</i>		Date 11-3-14			

CK 1802

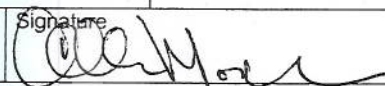
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 11 / 3 / 14		Name of Building Owner/Operator (2) Division of Property Management & Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 W. State Street, 3rd Flr.							
		City, State, Zip Code Trenton, NJ 08608							
		Name of Contact Rick Ferrera	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2 Martin Avenue									
City (5) South River, NJ 08882		Square Feet	# of Floors						
County (6) Middlesex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 1188						
Start Date (10) 11 / 5 / 14	Scheduled Completion Date (11) 12 / 31 / 14		Name of OSHA Monitor ALL PRO MANAGEMENT LLC						
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 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heat Pipe Insulation	5 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1st & 2nd Fl Walls & Ceilings	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tan Plaster	2000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature 		Date 4/3/14			

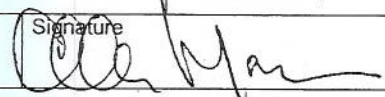
CK 1802

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

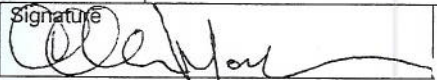
2011/03/14 - 5 AM 2:20

Date of Notification (1) 11 / 3 / 14			Name of Building Owner/Operator (2) Division of Property Management & Construction.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 20 W. State Street, 3rd Flr.						
		City, State, Zip Code Trenton, NJ 08608		Name of Contact Rick Ferrera						
				Telephone Number						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residential House				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 6 Martin Avenue				Square Feet						
City (5) South River, NJ 08882				# of Floors						
County (6) Middlesex				Bldg. Age						
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224				Street Address 27 Outwater Lane						
City, State, Zip Code Union, NJ				City, State, Zip Code Garfield, NJ 07026						
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762		Telephone No. 973-928-4888						
Start Date (10) 11 / 5 / 14		Scheduled Completion Date (11) 12 / 31 / 14		License No. 1188						
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 ALL PRO MANAGEMENT LLC						
				Street Address 27 Outwater Lane						
				City, State, Zip Code Garfield, NJ 07026						
Scope of Work (Check all that apply)										
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
		Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding Shingles	3600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rear Porch Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vinyl Tiles	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill					
City, State Newark, NJ				Disposal Date TBD	City, State Bethlehem, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature 			Date 11/3/14			

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

Date of Notification (1) 11 / 3 / 14			Name of Building Owner/Operator (2) Division of Property Management & Construction						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 20 W. State Street, 3rd Flr. City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrera Telephone Number 					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 9 Little Martin Avenue			City (5) South River, NJ 08882						
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
Street Address P.O. Box 1224		City, State, Zip Code Union, NJ		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026					
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762		Telephone No. 973-928-4888 License No. 1188					
Start Date (10) 11 / 5 / 14		Scheduled Completion Date (11) 12 / 31 / 14		Name of OSHA Monitor ALL PRO MANAGEMENT LLC					
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 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Under 1 st Floor Ceramic Tiles	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vapor Barrier	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste As Needed		Name of Registered Landfill IESI Landfill			
City, State Newark, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature 		Date 1/3/14			

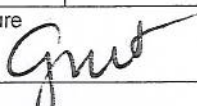
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 11 / 3 / 14		Name of Building Owner/Operator (2) Division of Property Management & Construction					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 W. State Street, 3rd Flr.					
		City, State, Zip Code Trenton, NJ 08608					
		Name of Contact Rick Ferrera	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 19 Water Street		Square Feet					
City (5) South River, NJ 08882		# of Floors					
County (6) Middlesex		Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCN No.					
Street Address P.O. Box 1224		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
City, State, Zip Code Union, NJ		Street Address 27 Outwater Lane					
Project Manager for Monitoring Firm Rick Eustaquio		City, State, Zip Code Garfield, NJ 07026					
Telephone No. 973-494-3762		Telephone No. 973-928-4888					
License No. 1188		Name of OSHA Monitor ALL PRO MANAGEMENT LLC					
Start Date (10) 11 / 5 / 14		Scheduled Completion Date (11) 12 / 31 / 14					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 27 Outwater Lane					
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		City, State, Zip Code Garfield, NJ 07026					
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Living Room & 1 st Fl. Closet Walls	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Tan Texture on plaster	520 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Kitchen, Laundry, Foyer & Closer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Fl. Tiles and Mastic	225 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Roof	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Black Roof Material	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill			
City, State Newark, NJ		Disposal Date TBD		City, State Bethlehem, PA			
Completed By (Print or Type) Allen Monchik		Title Project Manager	Signature 	Date 11/3/14			

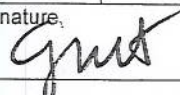
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**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

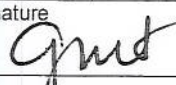
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PAGE 1 OF 3

Date of Notification (1) 10 / 31 / 14		Name of Building Owner/Operator (2) Trustees of Princeton / Job #1408-4803 C							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Trustees of Princeton University E.A. MacMillan Bldg.							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortego, P.E.	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University – Firestone Library		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 One Washington Road		Square Feet 1,000,000	# of Floors 8						
City (5) Princeton		Bldg. Age 72							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University Library							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates	ASCM No. 00098	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Michael R. Keehn	Telephone No. 609-386-8800	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 09 / 02 / 14	Scheduled Completion Date (11) 11 / 28 / 14	Name of OSHA Monitor BMSL Analytical							
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: 4AM-12:30PM / PM - AM		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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Work Area #A1 Level A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	1,230 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #A1 Level A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe and Fitting Insulation	400 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #A1 Level A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hanger Pads on Fiberglass Lines	20 Each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #1A Level 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe and Fitting Insulation	60 LF	<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 520	Name of Registered Landfill G.R.O.W.S. Landfill						
City, State Lumberton, NJ		Disposal Date 11/28/14	City, State Tullytown, PA						
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 10/31/14						

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

Date of Notification (1) 10 / 31 / 14		Name of Building Owner/Operator (2) Trustees of Princeton / Job #1408-4803		PAGE 2 OF 3						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address Trustees of Princeton University E.A. MacMillan Bldg. City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego, P.E.						
				Telephone Number						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Princeton University – Firestone Library				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 One Washington Road				Square Feet 1,000,000						
City (5) Princeton				# of Floors 8						
County (6) Mercer				Bldg. Age 72						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) University Library								
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates		ASCM No. 00098		Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25								
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048								
Project Manager for Monitoring Firm Michael R. Keehn		Telephone No. 609-386-8800		License No. 00529						
Start Date (10) 09 / 02 / 14		Scheduled Completion Date (11) 11 / 28 / 14		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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 4AM-12:30PM / PM - AM				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 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)					
		Yes	No			N/A				
Work Area #A2 Level A		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	7,910 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #A2 Level A		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe and Fitting Insulation	2,250 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #A2 Level A		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hanger pads on fiberglass lines	60 Each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #A2 Level A		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Joint Compound w/drywall walls	3,350 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 520	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 11/28/14		City, State Tullytown, PA						
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 10/31/14				

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

Date of Notification (1) 10 / 31 / 14		Name of Building Owner/Operator (2) Trustees of Princeton / Job #1408-4803		PAGE 3 OF 3					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address Trustees of Princeton University E.A. MacMillan Bldg. City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego, P.E.					
				Telephone Number 609					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University – Firestone Library				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 One Washington Road				Square Feet					
City (5) Princeton				# of Floors					
County (6) Mercer				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) University Library							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates		ASCM No. 00098		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Michael R. Keehn		Telephone No. 609-386-8800		License No. 00529					
Start Date (10) 09 / 02 / 14		Scheduled Completion Date (11) 11 / 28 / 14		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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 4AM-12:30PM / PM - AM				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 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) 60 LF	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Work Area #1B Level 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe and Fitting Insulation	<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 520		Name of Registered Landfill G.R.O.W.S. Landfill			
City, State Lumberton, NJ		Disposal Date 11/28/14		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 10/31/14			