

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

RECEIVED

Date of Notification (1) 11/17/14		Name of Building Owner/Operator (2) PSEG		2014 NOV 20 AM 3:18					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 Hadley Road City, State, Zip Code South Plainfield NJ 07068 Name of Contact Gio Bermudez Telephone # _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Warren Point Substation			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 5-45 Banta PL			Square Feet 270	# of Floors 1	Bldg. Age 63				
City (5) Fair Lawn NJ 07410			Current Use (Prior if being demolished) Control Room						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) WRS Environmental Services Inc.					
Street Address n/a		Street Address 17 Old Dock Rd.							
City, State, Zip Code n/a		City, State, Zip Code Yaphank NY 11980							
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 631-924-8111	License No. 01136				
Start Date (10) 12/1/14		Scheduled Completion Date (11) 12/1/14		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address same as above City, State, Zip Code same as above					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Control Room Floor			x	Transite Panels	80SF	x			
Name of Registered Waste Hauler ETGI		NJDEP Waste Hauler ID No. S7107		Cubic Yards of Waste 20	Name of Registered Landfill Conestoga				
City, State Flanders, NJ				Disposal Date 12/3/14	City, State Morgantown, PA				
Completed by Michael J DiMaria		Title Project Mgr		Signature <i>Michael J DiMaria</i>		Date 11/17/14			

CHECK #
3529

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

RECEIVED
NOV 20 2014

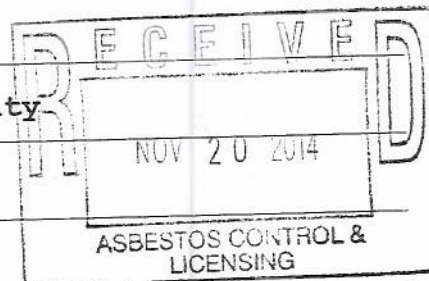
Date of Notification (1) <u>11/17/14</u>	Name of Building Owner/Operator (2) <u>MEU + MACHINES</u>	Street Address <u>225 FREMONT</u>
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <u>WOODBINE, N.J. 08270</u>
Name of Contact <u>LISA</u>		Telephone Number <u>707-088</u>

Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)
Street Address <u>26 W. 31ST ST.</u>	Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>AVULON</u>	Bldg Age <u>40+</u>	Current Use (Prior if being demolished) <u>VACANT</u>
County (6) <u>CAMPBELL</u>	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Street Address <u>369 S. SPRUCE AVE.</u>
Street Address	City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	Telephone No. <u>856-779-0422</u>
City, State, Zip Code	License No. <u>00444</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>
Project Manager for Monitoring Firm	Telephone No.	Street Address <u>369 S. SPRUCE AVE.</u>
Start Date (10) <u>11/27/14</u>	Scheduled Completion Date (11) <u>12/5/14</u>	City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</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:		

Scope of Work (Check all that apply) <input type="checkbox"/> 23 sf or 23 ft <input type="checkbox"/> 2160 sf or 2260 ft		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>2000 lb</u>	Abatement Type Removal <input checked="" type="checkbox"/> Encapsulation <input type="checkbox"/> Other <input type="checkbox"/>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>	NJDEP Waste Hauler ID No. <u>17907</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>	
City, State <u>MAPLE SHADE, N.J. 08052</u>	Disposal Date	City, State <u>WOODBINE, N.J.</u>	Signature <u>Joseph Klemm</u>	Date <u>11/17/14</u>
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>			

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

Date of Notification (1) 11-10-14		Name of Building Owner/Operator (2) Torah Link of Middlesex County	
Agencies Notified	Type Notification	Street Address 261 Dunham's Corner Road	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code East Brunswick, NJ, 08816	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Vincent J Manganiello	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



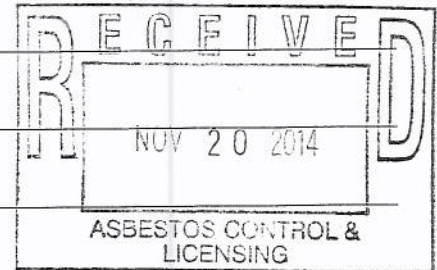
Name of Facility Where Abatement is Taking Place (3) Same as above		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address		Square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

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 Montclair, NJ 07042	
City, State, Zip Code		Telephone Number (973) 744-8800		License Number 00371	
Project Manager for Monitoring Firm		Telephone Number N/A		Name of OSHA Monitor N/A	
Scheduled Start Date (10) 11-11-14		Sched. Completion Date (11) 11-13-14		Street Address	
Month Day Year		Month Day Year		City, State, Zip Code	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>					

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 checked="" type="checkbox"/> Non-Friable Procedure					
<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					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
1st Floor			X	Window Caulking	40 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 11-14-14		City, State Morrisville, PA 19067			
Completed By (Print or Type) Constantine Vivian		Title President		Signature <i>[Signature]</i>		Date 11-10-14	

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



Date of Notification (1) 11-13-14		Name of Building Owner/Operator (2) Beverly Reilly	
Agenies Notified	Type Notification	Street Address 56 Lenox Terrace	
[] EPA	[X] Initial Notification	City, State, Zip Code West Orange, NJ, 07052	
[] DEP	[] Amended Notification	Name of Contact Beverly Reilly	Telephone Number
[X] DOL	[] EMERGENCY		
[X] DOH	[] Cancellation		
[] DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] 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) 11-21-14	Sched. Completion Date (11) 11-24-14		Name of OSHA Monitor N/A	
Month Day Year		Month Day Year		
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement		Street Address		
[] Abatement Performed Outside of Normal Facility Hours - Describe: <u>«OffHours Descript»</u>		City, State, Zip Code		
[] Other - Describe: <u>«Other Occupancy Descript»</u>				

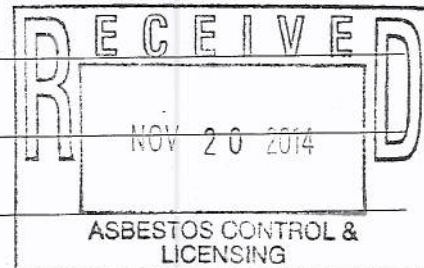
Scope of Work (Check all that apply)

[X] >3 sf or >3 lf	[X] Renovation	[] Full Containment with Negative Pressure
[] >160 sf or >260 lf	[] Demolition	[] Mini-Enclosure
		[X] Glovebag Procedure
		[] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement			X	Pipe Insulation	65 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 11-25-14	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian		Title President	Signature <i>CVivian</i>		Date 11-13-14

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



Date of Notification (1) 11-14-14		Name of Building Owner/Operator (2) Gavin Watson	
Agencies Notified [] EPA [] DEP [X] DOL [X] DOH [] DCA	Type Notification [X] Initial Notification [] Amended Notification [] EMERGENCY [] Cancellation	Street Address 2 Hampton Road	
	City, State, Zip Code Mendham Boro, NJ, 07945		
	Name of Contact Gavin Watson	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above		Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] 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		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) 11-22-14	Sched. Completion Date (11) 11-28-14	Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» [] Other - Describe: «Other Occupancy Descript»		Street Address	
		City, State, Zip Code	

Scope of Work (Check all that apply)

- | | | |
|------------------------|----------------|---|
| [X] >3 sf or >3 lf | [X] Renovation | [X] Full Containment with Negative Pressure |
| [] >160 sf or >260 lf | [] Demolition | [] 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
Attic			X	Vermiculite (contaminated)	800 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 12-1-14	City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>CVivian</i>	Date 11-14-14

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

Date of Notification (1) 11-10-14		Name of Building Owner/Operator (2) John Feinberg		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV 20 2014 ASBESTOS CONTROL & LICENSING </div>
Agenencies Notified	Type Notification	Street Address 54 Warfield		
<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 Montclair, NJ, 07042		
		Name of Contact John Feinberg	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			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) 11-26-14		Sched. Completion Date (11) 11-28-14		Name of OSHA Monitor N/A	
Month Day Year		Month Day Year			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u><OffHours Descript></u> <input type="checkbox"/> Other - Describe: <u><Other Occupancy Descript></u>			Street Address		
			City, State, Zip Code		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E	
Basement			X	Pipe Insulation	160 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 12-1-14	City, State Morrisville, PA 19067
Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>CV</i>	Date 11-10-14

CR# 2497

Emergency Siding

Print Form

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

RECEIVED	NOV 20 2014
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/14/14		Name of Building Owner/Operator (2) Bob Wade	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	102 Ortley Ave	
		City, State, Zip Code Lakewood, New Jersey 08735	
		Name of Contact Dene	Telephone Number

Name of Facility Where Abatement is Taking Place (3) Wade Residence		Type of Facility (4)	
Street Address 102 Ortley 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) Lakewood	Square Feet 1500	# of Floors 1	Bldg. Age 65+
County (6) Ocean	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		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) 11/16/14	Scheduled Completion Date (11) 11/17/14	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
<input checked="" type="checkbox"/> Other - Describe: 7am - 7pm			

Scope of Work (Check All That Apply)		Full Containment with Negative Pressure						
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	Mini-Enclosure						
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	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
Outside			✓ Siding	1500	✓			

Name of Registered Waste Hauler Ace Insulation Co., Inc.	NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 2	Name of Registered Landfill Chrins
City, State Colts Neck, New Jersey		Disposal Date 11/17/14	City, State Easton, PA
Completed by Bree McGuire	Title Secretary Treasurer	Signature Bree	Date 11/14/14

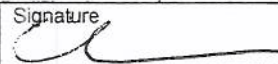
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <u>11/17/14</u>		Name of Building Owner/Operator (2) <u>Shannon Terry</u>		RECEIVED					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>5818 Marks Avenue</u> City, State, Zip Code <u>Westfield, NJ 07090</u> Telephone Number <u>908-233-1111</u>					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>5818 St. Marks Avenue</u>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>5818 St. Marks Avenue</u>				Square Feet <u>1300</u>	# of Floors <u>2</u>				
City (5) <u>Westfield</u>				Bldg. Age <u>50</u>					
County (6) <u>Union</u>				County Code (7) (STATE USE ONLY) <u>None</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>Brick Industries Inc.</u>		Name of Abatement Contractor (9) <u>Brick Industries Inc.</u>							
Street Address <u>P.O. Box 915</u>		Street Address <u>P.O. Box 915</u>							
City, State, Zip Code <u>Westfield, NJ 07090</u>		City, State, Zip Code <u>Brick, NJ 08734</u>							
Project Manager for Monitoring Firm <u>Eric Plouhis</u>		Telephone No. <u>732-899-7499</u>		License No. <u>01196</u>					
Start Date (10) <u>11/18/14</u>		Scheduled Completion Date (11) <u>11/21/14</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: _____									
Scope of Work (Check all that apply) <input 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>TO BE ABATED</u>				<u>8 Broken floor tile</u>	<u>250sf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Brick Industries Inc.</u>		NJDEP Waste Hauler ID No. <u>21602</u>		Cubic Yards of Waste <u>4</u>		Name of Registered Landfill <u>GROWS</u>			
City, State <u>Brick, NJ</u>		Disposal Date <u>11/24/14</u>		City, State <u>PA</u>					
Completed By <u>Eric Plouhis</u>		Title <u>President</u>		Signature <u>Eric Plouhis</u>		Date <u>11/17/14</u>			

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

Emergency

RECEIVED 2014 NOV 20 PM 11:59 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/18/14		Name of Building Owner/Operator (2) Stephen & Mary Grous Private Home							
Agencies Notified	Type Notification	Street Address 2011 Penna							
<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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ship Bottom NJ 08008							
		Name of Contact Stephen	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Stephen & Mary Grous Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2011 Penna		Square Feet 1000	# of Floors 1						
City (5) Ship Bottom NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 11/19/14	Scheduled Completion Date (11) 11/21/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	800 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 11/21/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 11/18/14			

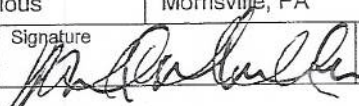
NO CK

RECEIVED

Print Form

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

2014 NOV 20 PM 11:58

Date of Notification (1) 11/10/14		Name of Building Owner/Operator (2) Hess Corporation						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 615 River Rd		City, State, Zip Code Edgewater, NJ 07603						
Name of Contact Paul Marino		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Hess Corporation		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 238 West Fort Lee Rd		Square Feet 18 acres						
City (5) Bogata		# of Floors various						
County (6) Bergen		Bldg. Age 54						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.						
Street Address		Name of Abatement Contractor (9) SCE Environmental Group						
City, State, Zip Code		Street Address 1380 Mt Cobb Rd						
Project Manager for Monitoring Firm		City, State, Zip Code Lake Ariel, PA 18436						
Telephone No.		Telephone No. 570-383-4151						
Start Date (10)		License No. 01216						
Scheduled Completion Date (11)		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code						
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
Please see attached					X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste		Name of Registered Landfill IESI Bethlehem		
City, State Newark, NJ		Disposal Date various		City, State Morrisville, PA				
Completed by Mariah Wheeler		Title PMA		Signature 		Date 11/10/14		

Thread

2 of 2



Hess Bogota					
Asbestos					
	Item	Qty	Unit cost	Unit cost (rev)	Ext Cost
Dispatch Building	Tile & mastic	1000 sf			
Dispatch Building	Window caulking	100 lf			
Dispatch Building	Roof Flashing	25 sf			
Loading Rack	Transite Panels	865 sf			
Loading Rack	Roof Tar	250 sf			
Tank Field	Pipe Insulation	650 lf			
Tank Field	Pipe Fittings	10 sf			
Lift Rental					



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

Date of Notification (1) 11-13-14		Name of Building Owner/Operator (2) Tim Cordes	
Agencies Notified	Type Notification	Street Address 69 Rugby Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Cedar Grove NJ, 07009	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Tim Cordes	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

RECEIVED

2014 NOV 20 PM 11:57

ASBESTOS CONTROL

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) Essex	County Code (7) (STATE USE ONLY)	Square Feet 1425 # of Floors 2 Bldg. Age 99
		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) 12-2-14		Sched. Completion Date (11) 12-3-14		Name of OSHA Monitor N/A	
Month Day Year Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»				Street Address	
				City, State, Zip Code	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	45 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 12-4-14		City, State Morrisville, PA 19067			
Completed By (Print or Type) Constantine Vivian		Title President		Signature <i>Constantine Vivian</i>		Date 11-13-14	