

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

Ch# 23075

Date of Notification (1) November 19, 2013		Name of Building Owner/Operator (2) Kim Ward	
Agencies Notified	Type of Notification	Street Address 221 Cherryville Road	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Flemington	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification Amendment # _____		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency (including justification)	Name of Contact Kim Ward	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA		Telephone Number 973-980-8544	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 225 Durborow Avenue			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Ortley Beach			Square feet 800 sf		
			# of Floors 1		
County (6) Ocean			Bldg. Age 61		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-340-0032		License Number 00624
Scheduled Start Date (10) 12/02/2013		Scheduled Completion Date (11) 12/03/2013		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and NonFriable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)	YES	NO	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
							R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X			Asbestos siding	500 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 12/11/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 11/19/2013

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

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

ck # 23094

Date of Notification (1) November 19, 2013		Name of Building Owner/Operator (2) Ashley Management	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	411 Ashley Ave	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #	Lakewood, NJ 08701	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Abe	732-278-0744

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence			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.)		
145 Green Street					
City	County (6)	County Code (7) (STATE USE ONLY)	Square feet	# of Floors	Bldg. Age
Lakewood	Ocean		1050 sf	1	35
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address			
		1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code			
		Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
			732-349-9932		00624
Scheduled Start Date (10) 12/03/2013		Scheduled Completion Date (11) 12/04/2013		Name of OSHA Monitor E.M.S.L. Analytical	
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 _____			1056 Stelton Road		
			City, State, Zip Code		
			Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1250 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 12/05/2013		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>				Date 11/19/2013	

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



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

ck# 23091

Date of Notification (1) November 19, 2013		Name of Building Owner/Operator (2) Alpha Environmental	
Agencies Notified	Type of Notification	Street Address PO Box 8297	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Trenton, NJ 08650	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification Amendment # _____		
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact Rod Richardson	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA		Telephone Number 609-847-2956	

**FACILITY INFORMATION**

NOV 22 2013

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 1314 H Street			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K-12)		
City Belmar			Square feet 1300 sf		
			# of Floors 2		
County (6) Monmouth			Bldg. Age 91		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		
Street Address			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number			Telephone Number		
Scheduled Start Date (10) 11/20/2013			License Number 00624		
Scheduled Completion Date (11) 11/22/2013			Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)	YES	NO	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
							R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	X				Asbestos siding – house and garage	4500 sf	X			
Interior	X				Floor tile	180sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.										
NJDEP Waste Hauler ID No. 20223										
Cubic Yards of Waste 3										
Name of Registered Landfill T.R.R.F.										
City, State Toms River, New Jersey										
Disposal Date 11/25/2013										
City, State Tullytown, Pennsylvania										
Completed by (Print or Type) Nicholas Fernicola										
Title Project Manager										
Signature <i>Nicholas Fernicola</i>										
Date 11/19/2013										

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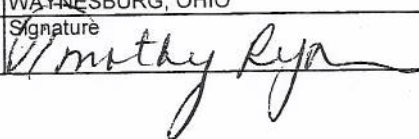
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

VIA U.S. MAIL  
 Ch #1069

Date of Notification (1) 11/19/13		Name of Building Owner/Operator (2) Mrs LINDA RIESELING, EXECUTRIX								
Agency Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 26 DAUGHERTY AVE NOV 22 2013								
		City, State, Zip Code GILLETE N.J.								
		Name of Contact MR DAVID	Telephone Number 908-468-7272							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3)		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 26 DAUGHERTY AVE		Square Feet 2,100	# of Floors 1							
City (5) GILLETE N.J.		Bldg. Age 65								
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENT								
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) NOVATECH INC								
Street Address		Street Address P.O. Box 814								
City, State, Zip Code		City, State, Zip Code OLD BRIDGE N.J. 08857								
Project Manager for Monitoring Firm	Telephone No.	License No. 00806								
Start Date (10) 11/28/13	Scheduled Completion Date (11) 12/28/13	Name of Job Site Monitor NOVATECH 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 P.O. Box 814								
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 OLD BRIDGE N.J. 08857								
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure.								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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	210 LF	X				
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18301	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S. P.A.						
City, State OLD BRIDGE N.J. 08857		Disposal Date 12/29/13	City, State HARRISBURG P.A.							
Completed by CARLOS ALMEIDA		Title PRESIDENT	Signature <i>[Signature]</i>		Date 11/19/13					



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

Date of Notification 1   1   1   9   1   3			Name of Building Owner/Operator MACY'S CORPORATE SERVICES (FEDERATED)		
Agencies Notified USEPA X DEP X DCA/DOL X DOH		Type of Notification X Initial Notification Amended Cancellation		Street Address 7 WEST SEVENTH STREET	
				City, State, Zip Code CINCINNATI, OHIO 45202	
Name of Contact Tia Wenrich				Telephone Number 513-579-7241	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place MACYS STORE			Type of Facility ( ) School (K-12) ( ) Sub-Chapter 8 (Other than K-12) ( X ) Other (I.e. private & Commercial buildings, homes, etc.)		
Street Address 1750 Almonesson Road			SF of Bldg. 1 MILLION +SF		# Floor 3
City Deptford NJ 08096	County	County Code State use Only	Age of Bldg. 50+		
Name of Monitoring Firm Hired by Building Owner BUREAU VERITAS NORTH AMERICA INC.			Name of Abatement Contractor ACM CONSULTING CORP.		
Street Address 160 FIELDCREST AVENUE			Street Address 2150 STANLEY TERRACE		
City, State, Zip Code EDISON, NJ 08837			City, State, Zip Code UNION, NJ 07083		
Project Manager for Monitoring Firm TO BE DETERMINED		Telephone No. TO BE DETERMINED	Telephone Number 908-687-1008		License Number 00575
Scheduled Start Date 12   2   2013		Scheduled Completion Date 12   4   2013		Name of OSHA Monitor EMSL ANALYTICAL	
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement X Abatement Outside Normal Facility Hours X Describe: 10:00PM TO 6:30AM Other - Describe:			Street Address 307 WEST 38TH STREET City, State, Zip Code NEW YORK, NY 10118		
Scope of Work (Check Only One) Demolition >3sf or >3lf X ≥ 160sf or ≥ 260lf Renovation			Abatement Method X Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Friable Procedure		
Location of ACM Facility Mechanical Room- Hot Water Heater		Is Location Normally Used by Custodial Staff Yes NO N/A	Description of ACM to be Removed Flue Insulation	Amount to be Removed (Specify SF/LF) 35 SF	Abatement Type Rem. Rep. Enc. Encl. X
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste ID No. SW1896	Cubic Yds waste TBD	Name of Registered Landfill MINERVA ENTERPRISES, INC	
City, State BRONX, NY		Disposal Date TBD	City, State of Registered Landfill WAYNESBURG, OHIO		
Completed By (Print or Type) TIMOTHY RYAN		Title GENERAL MANAGER	Signature 		Date 11/19/2013

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

CK# 0383

Date of Notification (1) 11-12-2013		Name of Building Owner/Operator (2) Yannuzzi and Sons Demolition		APPROVED NJ Dept. of Health & Senior Services <i>Paul C. Brown</i> (Signature) Date: 11/13/13 Time: 7:00AM	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 152 US Highway 206 City, State, Zip Code Hillsborough, NJ 08844 Name of Contact Joe Giannetti Telephone Number 908-219-0880	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) House for Demo				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 35 Hudson Ave.				Square Foot # of Floors Bldg. Age	
City (5) Tenafly				2 50+	
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Loznica Management Corporation	
Street Address n/a		Street Address 22 Troy Lane		City, State, Zip Code Lincoln Park, NJ 07035	
City, State, Zip Code n/a		Telephone No. n/a		Telephone No. Licenses No. 01193	
Project Manager for Monitoring Firm n/a		Scheduled Completion Date (11) 11-25-2013		Name of OSHA Monitor Loznica Management Corp.	
Start Date (10) 11-19-2013				Street Address 22 Troy Lane	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:				City, State, Zip Code Lincoln Park, NJ 07035	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> ≥180 sf or ≥250 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"/> Gloving 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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Basement		X		9x9 VAT	
Basement		X		Pipe Insulation	
Basement		X		Flue Pipe Cement & Debris	
Attic		X		Window Caulking	
Amount (Specify SF or LF)		Removal		Repair	
140 SF		X		Encapsulate	
31 LF + 7 fittings		X		Enclosure	
8 SF		X			
All windows in Attic		X			
Name of Registered Waste Hauler Loznica Management Corp.		NJDEP Waste Hauler ID No. 33137		Cubic Yards of Waste TBD	
City, State Lincoln Park, NJ		Disposal Date TBD		Name of Registered Landfill GROWS Landfill	
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>	
				Date 11-12-2013	



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

CK# 0393

Date of Notification (1) 11-12-2013		Name of Building Owner/Operator (2) Yannuzzi and Sons Demolition		APPROVED NJ Dept. of Health & Senior Services <i>Paul C. Horner</i> (Signature) Date: 11/13/13 Time: 7:20am					
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 152 US Highway 206 City, State, Zip Code Hillsborough, NJ 08844 Name of Contact Joe Giannetti Telephone Number 908-218-0880					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House for Demo			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 49 Madison Ave.			Square Feet # of Floors Bldg. Age						
City (5) Tenafly			2 50+						
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House					
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Loznica Management Corporation					
Street Address n/a		Street Address 22 Troy Lane		City, State, Zip Code Lincoln Park, NJ 07035					
City, State, Zip Code n/a		Telephone No. n/a		License No. 01193					
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Name of OSHA Monitor Loznica Management Corp.					
Start Date (10) 11-13-2013		Scheduled Completion Date (11) 11-25-2013		Street Address 22 Troy Lane					
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 Lincoln Park, NJ 07035					
Scope of Work (Check All That Apply) <input type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> ≥160 sf or ≥280 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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Laundry Area			X	Air Cell Pipe Covering	10 LF	X			
Basement Boiler Room			X	Flue Pipe Cement	3 SF	X			
Basement Boiler Room			X	Pipe Insulation Debris	2 SF	X			
Exterior Shed			X	Window Caulking	All windows in Shed	X			
Name of Registered Waste Hauler Loznica Management Corp.		NJDEP Waste Hauler ID No. 33137		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Lincoln Park, NJ		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>		Date 11-12-2013			



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

Check # 9128

Date of Notification (1) <b>November 18, 2013</b>		Name of Building Owner / Operator (2) <b>Palisades Interstate Parks Commission</b>	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Cancellation	<b>Alpine Approach Road</b>  City, State & Zip Code <b>Alpine, NJ 07620</b>	
		Name of Contact <b>Christoph Szeglin</b>	Telephone Number <b>201-768-1360</b>

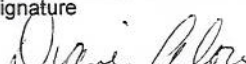
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Headquarters Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address <b>Alpine Approach Road</b>		Square Feet <b>2,000</b>	# of Floors <b>1</b>
City (5) <b>Alpine</b>		Bldg. Age <b>55</b>	
County (6) <b>Bergen</b>		Current Use (Prior if being demolished) <b>Garage</b>	
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>PM Environmental</b>		ASCM No.	
Street Address <b>170 Changebridge Road, Building C5-4</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
City, State & Zip Code <b>Montvale, NJ 07045</b>		Street Address <b>829 Radio Road</b>	
Project Manager for Monitoring Firm <b>William Mener</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Telephone Number <b>973-479-6475</b>		Telephone Number <b>800-999-6916</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>December 7, 2013</b>	Scheduled Completion Date (11) <b>January 6, 2014</b>	Name of OSHA Monitor <b>Synatech, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

Scope of Work (Check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> ≥3 sf or ≥ 50 lf              | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure              |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition            | <input 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) <b>TO BE ABATED</b> 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
Steam Lines in Basement			X	Pipe Fittings/Insulation	40 LF	X			
Lobby			X	Floor Tile and Mastic	400 SF	X			

Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>Grows Landfill</b>	
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>January 7, 2014</b>		City, State <b>Morrisville, PA</b>	
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature 		Date <b>November 18, 2013</b>	



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

X

CK# 2163

Date of Notification (1) <b>11/20/13</b>		Name of Building Owner/Operator (2) <b>Fercon Industries</b>							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>10 Jacqueline Ct.</b> City, State, Zip Code <b>Glenmont N.J. 08830</b>							
		Name of Contact <b>Dave</b>	Telephone Number <b>609 214-0012</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Former Furniture Store (gutter warehouse)</b>		Type of Facility (4)							
Street Address <b>527 Lake Ave</b>		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>Asbury Park</b>		Square Feet <b>4000</b>	# of Floors <b>1</b>						
County (6) <b>Monmouth</b>		County Code (7) (STATE USE ONLY) _____	Bldg. Age <b>50+</b>						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) <b>Warehouse</b>							
ASCM No.		Name of Abatement Contractor (9) <b>Ace Insulation Co., Inc.</b>							
Street Address		Street Address <b>95 Montrose Road</b>							
City, State, Zip Code		City, State, Zip Code <b>Colts Neck, N.J. 07722</b>							
Project Manager for Monitoring Firm		Telephone No. <b>732-294-1757</b>	License No. <b>00029</b>						
Start Date (10) <b>11/29/13</b>	Scheduled Completion Date (11) <b>12/4/13</b>	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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: <b>7am-7pm</b>		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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) <b>36 sq ft</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>indoor</b>			<input checked="" type="checkbox"/>	<b>floor tile w/mastic</b>		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Ace Insulation Co., Inc.</b>		NJDEP Waste Hauler ID No. <b>12086</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Chrins</b>					
City, State <b>Colts Neck, New Jersey</b>		Disposal Date <b>12/4/13</b>		City, State <b>Easton, Pa</b>					
Completed by <b>George Wuest</b>		Title <b>President</b>		Signature <b>George Wuest</b>			Date <b>11/20/13</b>		

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

CK#2103

Date of Notification (1) <b>11-19-13</b>		Name of Building Owner/Operator (2) <b>HAYSAND RESIDENCE</b>	
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 <b>204 NO LAGOON</b>	
		City, State, Zip Code <b>LAVAFETTE NJ NOV 20 2013</b>	
		Name of Contact <b>FRANK</b>	Telephone Number <b>732-235-0054</b>

<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>HAYSAND RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>204 NO LAGOON</b>		Square Feet <b>1400</b>	# of Floors <b>1</b>
City (5) <b>LAVAFETTE</b>		Bldg. Age <b>55+</b>	
County (6) <b>OCEAN</b>		County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Ace Insulation Co., Inc.</b>	
Street Address		Street Address <b>95 Montrose Road</b>	
City, State, Zip Code		City, State, Zip Code <b>Colts Neck, N.J. 07722</b>	
Project Manager for Monitoring Firm		Telephone No. <b>732-234-1757</b>	License No. <b>00029</b>
Start Date (10) <b>11-29-13</b>	Scheduled Completion Date (11) <b>12-2-13</b>	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: <b>7AM - 7PM</b>		Street Address	
		City, State, Zip Code	

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

Location of Asbestos-Containing Material (ACM) In Facility (13) <b>TO BE ABATED</b>	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
<b>outdoors</b>			<input checked="" type="checkbox"/>	<b>3101NG</b>	<b>2000 SF</b>	<input checked="" type="checkbox"/>			
<b>kitchen/den</b>			<input checked="" type="checkbox"/>	<b>flc tile</b>	<b>700 SF</b>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>Ace Insulation Co., Inc.</b>		NJDEP Waste Hauler ID No. <b>12086</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Chrins</b>	
City, State <b>Colts Neck, New Jersey</b>		Disposal Date <b>12-2-13</b>		City, State <b>Easton, Pa</b>	
Completed by <b>George Wuest</b>		Title <b>President</b>	Signature <b>George Wuest</b>		Date <b>11-19-13</b>



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

Date of Notification (1) 11/19/13		Name of Building Owner/Operator (2) DAVID SPEISER	
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 150-152 VAN HOUTEN AVE	
		City, State, Zip Code PASSAIC, NJ 07055	
		Name of Contact DAVID SPEISER	Telephone Number 845-434-9068

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  Street Address 150-152 VAN HOUTEN AVE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) PASSAIC	Square Feet	# of Floors	Bldg. Age
County (6) PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) 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.	Telephone No.	License No. 1200
Start Date (10) 12/01/13	Scheduled Completion Date (11) 12/02/13	Name of OSHA Monitor AAA LEAD PROFESSIONALS	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT	
		City, State, Zip Code LAKEWOOD, NJ 08701	

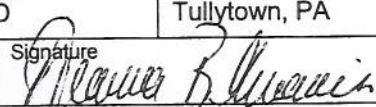
Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<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
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (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
				PIPE INSULATION	252 LF	X			
				FLOOR TILES	100 SF	X			

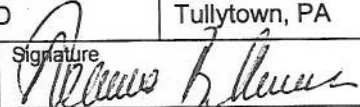
Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill IESI
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM PA
Completed by JOSEPH PERLSTEIN	Title OWNER	Signature	Date

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

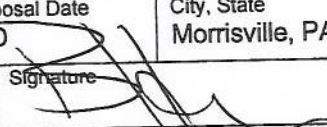
Date of Notification (1) 11/15/16		Name of Building Owner/Operator (2) Elizabeth Sewing Machine Outlet							
Agencies Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1164 East Jersey Street							
		City, State, Zip Code Elizabeth, NJ 07201							
		Name of Contact Anthony Gazzo	Telephone Number 732-598-7910						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Elizabeth Sewing Machine Outlet		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 1164 East Jersey Street		Square Feet N/A	# of Floors N/A						
City (5) Elizabeth		Bldg. Age N/A							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. _____	License No. #00675						
Start Date (10) 12/03/13	Scheduled Completion Date (11) 12/04/13	Name of OSHA Monitor D&S 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 <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	237 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager	Signature 	Date 11/15/13					



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

Date of Notification (1) 11/15/16		Name of Building Owner/Operator (2) Lisa Lau		NOV 22 2016					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		31 Cypress Street					
				City, State, Zip Code Millburn, NJ 07041					
		Name of Contact Lisa Lau		Telephone Number 908-377-4907					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Home				Type of Facility (4)					
Street Address 31 Cypress 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) Millburn				Square Feet N/A	# of Floors N/A				
County (6) Union				Bldg. Age N/A					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCN No.		Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.		Telephone No.	License No. #00675				
Start Date (10) 12/04/13		Scheduled Completion Date (11) 12/05/13		Name of OSHA Monitor D&S Abatement, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 11 Rosengren Avenue					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>				City, State, Zip Code Totowa, NJ 07512					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	14 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996		Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA				
City, State Totowa, NJ				Disposal Date TBD	City, State Tullytown, PA				
Completed by Deanna Brkusanin		Title Project Manager		Signature 			Date 11/15/13		

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

Date of Notification (1) November 15, 2013		Name of Building Owner/Operator (2) 19 Roszel Road, LLC c/o Mountain Development							
Agencies Notified	Type Notification	Street Address 3 Garret Mountain Plaza							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Woodland Park, NJ 07424							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Dan Lacz	Telephone Number (908) 730-6909 x1003						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 19 Roszel Road		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 19 Roszel Road		Square Feet 10,400	# of Floors 1						
City (5) West Windsor		Bldg. Age							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Office and Workshop							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Consulting, Inc.		ASCM No. N/A	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address 2002 Renaissance Boulevard, Suite 110		Street Address 2115 Hamilton Ave, Ste 202							
City, State, Zip Code King of Prussia, Pennsylvania 19406		City, State, Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Richard S. Werner		Telephone No. 610-279-7070	License No. 01185						
Start Date (10) 12-02-2013		Scheduled Completion Date (11) 12-30-2013							
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 J&S Environmental Laboratories, Inc.							
		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Beneath floor tile and carpet			x	Black Mastic	6,000 SF	x			
Record Vault			x	Drywall	532 SF	x			
Above & below perimeter windows			x	Exterior transite panels	525 SF	x			
Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill					
City, State Voorhees, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Brian J. Haney		Title President	Signature 			Date 11/15/2013			



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

Date of Notification (1) 11/19/13		Name of Building Owner/Operator (2) Gloria Peter Private Home	
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 12 east 27 St	
		City, State, Zip Code Beach Haven Gardens NJ 08008	
		Name of Contact Gloria	Telephone Number 717-352-4753


  

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Gloria Peter 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 12 east 27 St		Square Feet 1000 +	# of Floors 2
City (5) Beach Haven Gardens 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. _____	License No. 00727
Start Date (10) 11/29/13	Scheduled Completion Date (11) 12/5/13	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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

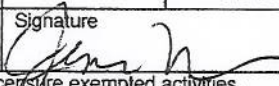
  

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Exterior Siding	1800 SF	X			

Name of Registered Waste Hauler United Containers	NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.
City, State Elm NJ		Disposal Date 12/5/13	City, State Morrisville PA 19067
Completed by Anthony T Perna	Title President	Signature 	Date 11/19/13

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

Date of Notification (1) 11-20-13		Name of Building Owner/Operator (2) The Memorial Hospital of Salem County						
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 310 Woodstown Road						
		City, State, Zip Code Salem, NJ 08079						
		Name of Contact Kim Dooley	Telephone Number 856-935-1000					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) The Memorial Hospital of Salem County		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 310 Woodstown Road								
City (5) Salem		Square Feet 200,000	# of Floors 2					
County (6) Salem		County Code (7) (STATE USE ONLY)	Bldg. Age +/-50					
Name of Monitoring Firm Hired by Building Owner (8) Quad 3 Group		ASCM No.	Name of Abatement Contractor (9) Pepper Environmental Services, Inc.					
Street Address 72 Glenmaura National Blvd.		Street Address 2251 Fraley Street						
City, State, Zip Code Moosic, PA 18507		City, State, Zip Code Philadelphia, PA 19137						
Project Manager for Monitoring Firm Scott Jenkins		Telephone No. 570-406-6288	License No. 01166					
Start Date (10) 12-2-13	Scheduled Completion Date (11) 12-6-13	Name of OSHA Monitor Quad 3 Group						
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: occupied		Street Address 72 Glenmaura National Blvd.						
		City, State, Zip Code Moosic, PA 18507						
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 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	Encapsulate	Enclosure
CSR unit in the basement			X	12x12 floor tile & mastic	2,720	X		
Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill A & L Salvage				
City, State Morrisville, PA		Disposal Date		City, State Libson, OH				
Completed by Jennifer Niven	Title Dir. of Operations		Signature 			Date 11-20-13		

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CK 3842



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

CK 292

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Date of Notification (1) 11/20/13		Name of Building Owner/Operator (2) JAMES R & JANET L. GARCIA							
Agencies Notified	Type Notification	Street Address 300 N. MAIN STREET							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ELMER, NJ 08318							
		Name of Contact ANDREW RICCO	Telephone Number 856 465 6453						
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 300 N. MAIN STREET		Square Feet 2060	# of Floors 2						
City (5) ELMER		Bldg. Age 113							
County (6) SALEM	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) RICCO CONSTRUCTION CORP.						
Street Address		Street Address 282 CREEK ROAD							
City, State, Zip Code		City, State, Zip Code BELMAWR, NJ 08031							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. License No. 01204						
Start Date (10) 12/1/13	Scheduled Completion Date (11) 12/31/13	Name of USMA Monitor ANDREW RICCO							
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 282 CREEK ROAD							
		City, State, Zip Code BELMAWR, NJ 08031							
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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR		X		PIPE INSULATION	100 LF	X			
INTERIOR		X		BOILER INSULATION	35 SF	X			
Name of Registered Waste Hauler RICCO CONSTRUCTION CORP		NJDEP Waste Hauler ID No. 28909	Cubic Yards of Waste 2	Name of Registered Landfill SALEM COUNTY					
City, State BELMAWR, NJ		Disposal Date TBD	City, State ALLOWAY, NJ						
Completed by ANDREW RICCO		Title OWNER	Signature Andrew Ricco		Date 11/20/13				



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

Date of Notification (1) <b>11 / 13 / 13</b>		Name of Building Owner/Operator (2) <b>Santander Bank N.A.</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1130 Berkshire Boulevard</b>							
		City, State, Zip Code <b>Wyomissing, Pa.</b>							
		Name of Contact <b>Susan Peck</b>	Telephone Number <b>617-757-5632</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Santander Bank</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>220 Route 9</b>		Square Feet <b>3000</b>	# of Floors <b>1</b>						
City (5) <b>Manalapan</b>		Bldg. Age <b>40</b>							
County (6) <b>Monmouth</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillmann Consulting</b>		ASCM No. <b>62252</b>	Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>						
Street Address <b>1600 Route 22 East</b>		Street Address <b>47 Foster Road</b>							
City, State, Zip Code <b>Union NJ 07083</b>		City, State, Zip Code <b>Staten Island NY 10309</b>							
Project Manager for Monitoring Firm <b>Brian Nemetz</b>		Telephone No. <b>732-616-4092</b>	License No. <b>00774</b>						
Start Date (10) <b>11 / 23 / 13</b>	Scheduled Completion Date (11) <b>12 / 29 / 13</b>	Name of OSHA Monitor <b>Testor Tech</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / 2PM-2AM		Street Address <b>10 59 Jackson Avenue</b>							
		City, State, Zip Code <b>LIC NY 11101</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <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) <b>TO BE ABATED</b> 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
<b>1st Fl. Hallway and Vault Area</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>VAT/Mastic</b>	<b>200 SF</b>	<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 <b>Global Waste Industries, Inc.</b>		NJDEP Waste Hauler ID No. <b>NJ-22171</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>G.R.O.W.S., Inc.</b>				
City, State <b>Hackettstown, NJ</b>		Disposal Date <b>12/29/13</b>		City, State <b>Morrisville, Pa.</b>					
Completed By (Print or Type) <b>Joe Tardy</b>		Title <b>Project Manager</b>		Signature <i>[Signature]</i>		Date <b>11/13/13</b>			

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LICENSING



No check


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

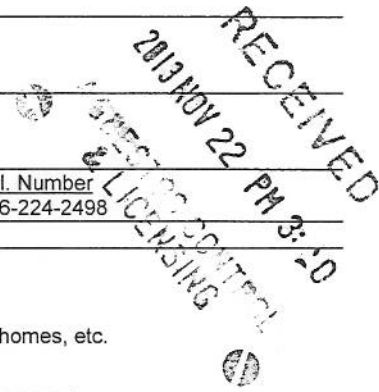
**RECEIVED**  
2013 NOV 22 PM 3:00  
NJ DEPT OF TREASURY & LICENSING

Date of Notification (1) <div style="text-align: center;">11 / 21 / 13</div>		Name of Building Owner/Operator (2) <b>Santander Bank N.A.</b>							
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 #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1130 Berkshire Boulevard</b>							
		City, State, Zip Code <b>Wyomissing, Pa.</b>							
		Name of Contact <b>Susan Peck</b>	Telephone Number <b>617-757-5632</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Santander Bank</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>220 Route 9</b>		Square Feet <b>3000</b>	# of Floors <b>1</b>						
City (5) <b>Manalapan</b>		Bldg. Age <b>40</b>							
County (6) <b>Monmouth</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillmann Consulting</b>	ASC No. <b>62252</b>	Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>							
Street Address <b>1600 Route 22 East</b>		Street Address <b>47 Foster Road</b>							
City, State, Zip Code <b>Union NJ 07083</b>		City, State, Zip Code <b>Staten Island NY 10309</b>							
Project Manager for Monitoring Firm <b>Brian Nemetz</b>	Telephone No. <b>732-616-4092</b>	Telephone No.	License No. <b>00774</b>						
Start Date (10) <div style="text-align: center;">11 / 23 / 13</div>	Scheduled Completion Date (11) <div style="text-align: center;">12 / 29 / 13</div>	Name of OSHA Monitor <b>Testor Tech</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/2PM-2AM		Street Address <b>10 59 Jackson Avenue</b>							
		City, State, Zip Code <b>LIC NY 11101</b>							
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 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) <b>TO BE ABATED</b> 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
<b>1st Fl. Hallway and Vault Area</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>VAT/Mastic</b>	<b>150 SF</b>	<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 <b>Global Waste Industries, Inc.</b>		NJDEP Waste Hauler ID No. <b>NJ-22171</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>G.R.O.W.S., Inc.</b>					
City, State <b>Hackettstown, NJ</b>		Disposal Date <b>12/29/13</b>		City, State <b>Morrisville, Pa.</b>					
Completed By (Print or Type) <b>Joe Tardy</b>	Title <b>Project Manager</b>		Signature <i>[Signature]</i>			Date <b>11/21/13</b>			

UC 520623

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 7:26-2.12)

<u>Date of Notification (1)</u> 11/21/2013			<u>Name of Building Owner/Operator (2)</u> Exxon-Mobil Technology Corp		
<u>Agencies Notified</u> (X) EPA (X) DOL (X) DOH ( ) DCA		<u>Notification Type</u> (X) Initial Notification ( ) Amended Certification ( ) Cancelled		<u>Street Address</u> 600 Billingsport Road <u>City, State, Zip Code</u> Paulsboro, NJ 08066 <u>Name of Contact</u> Bill Nelson <u>Tel. Number</u> 856-224-2498	
<b>FACILITY INFORMATION</b>					
<u>Name of Facility Where Abatement is Taking Place (3)</u> Exxon-Mobil Technology <u>Street Address</u> 600 Billingsport Road <u>City (5)</u> Paulsboro <u>County (6)</u> Gloucester <u>County Code (7)</u> (State Use Only)			<u>Type of Facility (4)</u> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) Sq. Feet <u>8,660</u> # of Floors <u>1</u> Bldg. Age <u>89</u> Current Use (prior if being demolished) <u>R&amp;D, Admin.</u>		
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Environmental Management International <u>Street Address</u> 34 East Germantown Pike <u>City, State, Zip Code</u> East Norriton, Pa 19401 <u>Project Manager for Monitoring Firm</u> Ray Giordano		<u>ASCM No.</u>		<u>Name of Contractor (9)</u> NCM Demolition and Remediation, LP	
<u>Scheduled Start Date (10)</u> 12/18/2013			<u>Scheduled Completion Date (11)</u> 12/21/2013		<u>Name of OSHA Monitor</u> EMSL Analytical <u>Street Address</u> 107 Haddon Ave <u>City, State, Zip Code</u> Westmont, NJ 08108
<u>Occupancy Status During Abatement (Check only one)</u> ( ) Facility Closed/Vacated During Entire Period of Abatement (X) Abatement Performed Outside of Normal Facility Hours - Describe segregated area, no other trades _____ Other - Describe - _____					
<u>Source of Work (Check all that apply)</u> ( ) Demolition (X) Renovation (X) Large Proj. >160 SF or >260 LF ACM ( ) M Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Rem. Rep. Encap. Enclose	
Guard Shack Bldg. 30	X	VAT/Mastic - Linoleum	670 SF	X	
<u>Name of Reg. Waste Hauler</u> Service Transport Group <u>City, State</u> New Castle, DE		<u>NJDEP Waste Hauler ID #</u> 20990	<u>Cubic Yards of Waste</u> 1 cyds	<u>Name of Reg. Landfill</u> Imperial Landfill <u>City, State</u> Imperial, PA	<u>Disp. Date</u> 12/27/2013
<u>Completed by (Print or Type)</u> Russell King		<u>Title</u> Project Manager	<u>Signature</u> 	<u>Date</u> 11/21/2013	





**Notification of Demolition or Renovation.....(continued)**

**X. Description of Planned Demolition or Renovation Work and Methods to be Used:** Removal and Disposal of 670 sf of VAT/Mastic from connecting rooms within Building 30 Guard Shack

**XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site:** Regulate work area, negative pressure enclosure with decontamination unit, wet material, and double bag.

**XII. Waste Transporter#1 Service Transport Group**

Address: 58 Pyles Lane

City: New Castle

County: New Castle

State: DE

Zip: 19720

Contact: Randy Bridges

Telephone: 302-778-5930

**Waste Transporter#2 Same as #1**

Address

City Imperial

County

State

Zip

Contact

Telephone

**XIII. Waste Disposal Site Imperial Landfill**

EPA Certification Number: PAD987285624

Address: 11 Boggs Road

City: Imperial

County: Allegheny

State: PA

Zip: 15126

Contact: Brent Bowker

Telephone: 724-695-0900

**XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:**

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

**XV. For Emergency Renovations:**

DATE and HOUR of Emergency: (MM/DD/YY)

(HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

**XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Fibrous Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder** Segregate area, wet materials, post signs, alert generator

**XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours** (Required one (1) year after promulgation).

(Signature of Owner/Operator)

(Date) 11/21/13

**XVIII. I Certify that the Above Information is Correct**

(Signature of Owner/Operator)

(Date) 11/21/13

RECEIVED

2013 NOV 22 PM 3:10  
DEPT. OF ENVIRONMENTAL CONTROL  
LICENSING

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

RECEIVED

Date of Notification (1) <b>11/19/13</b>		Name of Building Owner/Operator (2) P.S.E.G.		2013 NOV 22 PM 3:43					
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 4000 HADLEY ROAD City, State, Zip Code SOUTH PLAINFIELD, NJ. 07080 Name of Contact <b>JOHN BRADLEY</b> Telephone Number <b>609-915-5790</b>					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>PSE+G</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>TRENTON AVE. + CLIFTON ST.</b>			Square Feet <b>Appx 8000</b>						
City (5) <b>ELIZABETH</b>			# of Floors <b>2</b>		Bldg. Age <b>Appx 65 yrs.</b>				
County (6) <b>UNION</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>SWITCH STATION</b>					
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCN 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) <b>12/13/13</b>		Scheduled Completion Date (11) <b>12/23/13</b>		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: <b>OCCUPIED NECESSARY OPERATORS ONLY</b>				Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) 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
CONTROL ROOM		X		FLOOR TILE + MASTIC	2700 SF	X			
VARIOUS LOCATIONS IN SWITCH STATION		X		PIPE INSULATION	100 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste <b>Appx 30</b>	Name of Registered Landfill GROWS NORTH				
City, State ELIZABETH, NJ		Disposal Date <b>TBD</b>		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature <b>Carol Raimo</b>		Date <b>11/19/13</b>			



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

Date of Notification (1) <b>11/19/13</b>		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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ. 07080							
		Name of Contact <b>MICHAEL Luciani</b>	Telephone Number <b>913-289-9649</b>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>P.S.E.G.</b>		Type of Facility (4)							
Street Address <b>207 N. DEAN ST.</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>ENGLEWOOD</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>						
County (6) <b>BERGEN</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>SUB STATION</b>						
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) <b>11/30/13</b>	Scheduled Completion Date (11) <b>12/2/13</b>	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>OUTDOORS</b>		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"/> ≥180 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>OUTSIDE SUBSTATION</b>		<b>X</b>		<b>ACM TRANSITE PIPE</b>	<b>70 LF</b>	<b>X</b>			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste <b>60</b>	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ			Disposal Date <b>TBD</b>	City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>			Date <b>11/19/13</b>			



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

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Date of Notification (1) 11/19/13		Name of Building Owner/Operator (2) P.S.E.G.	
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 4000 HADLEY ROAD		City, State, Zip Code SOUTH PLAINFIELD, NJ. 07080	
Name of Contact Fox McQuillen		Telephone Number 843-249-7567	

FACILITY INFORMATION

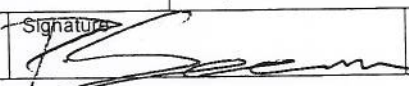
Name of Facility Where Abatement is Taking Place (3) PSE+G		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 996 KLEMM AVE.		Square Feet N/A	
City (5) GLOUCESTER		# of Floors N/A	
County (6) GLOUCESTER		Bldg. Age N/A	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) SWITCH STATION	
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 396 WHITEHEAD AVE.	
Street Address 64 BROAD STREET		City, State, Zip Code SOUTH RIVER, NJ 08882	
City, State, Zip Code MATAWAN, NJ 07747		Telephone No. 732-292-2217	
Project Manager for Monitoring Firm TOM GEIGER		License No. 01111	
Start Date (10) 12/4/13		Scheduled Completion Date (11) 12/4/13	
Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA		Street Address 396 WHITEHEAD AVE.	
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		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 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
OUTDOORS		X		SOMASTIC PIPE COATING	10 LF	X			

Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste APX 2		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 11/19/13	



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

Date of Notification (1) 09/18/2013		Name of Building Owner/Operator (2) Liz Allcock							
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 109 Willow Avenue							
		City, State, Zip Code Garwood, NJ 07027							
		Name of Contact Liz Allcock	Telephone Number (908) 956-3930						
<b>FACILITY INFORMATION</b>									
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 109 Willow Avenue		Square Feet 2,000	# of Floors 2						
City (5) Garwood		Bldg. Age 80							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm		Telephone No.	License No. 00874						
Start Date (10) 09/27/2013	Scheduled Completion Date (11) 09/30/2013	Name of OSHA Monitor Sky Contracting, 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 Other - Describe: _____		Street Address 1385 Valley Road, Suite K							
		City, State, Zip Code Wayne, New Jersey 07470							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition  <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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	120 LF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 2	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio					
Completed by Predrag Sarcev		Title Vice President		Signature 			Date 09/18/2013		

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