

RECEIVED  
NOV 26 2014  
601  
ASBESTOS CONTROL & REMEDIATION  
Telephone Number 603-883-7222

Date of Notification (1) 11 / 25 /14		Name of Building Owner/Operator (2) HACKENSACK UMC						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION						
Street Address 30 PROSPECT AVENUE		City, State, Zip Code HACKENSACK, NEW JERSEY 07601						
Name of Contact JOHN NESBITT		Telephone Number [REDACTED]						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) HACKENSACK UMC		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)						
Street Address 30 PROSPECT AVENUE-BOILER HOUSE		Square Feet 150	Bldg. Age 52					
City (5) HACKENSACK	County (6) BERGEN	County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) OMEGA ENVIRONMENTAL CORPORATION		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION					
Street Address 280 HUYLER STREET		Street Address 313 SPOOK ROCK ROAD						
City, State, Zip Code S. HACKENSACK, NEW JERSEY		City, State, Zip Code SUFFERN, NEW YORK 10901						
Project Manager for Monitoring Firm ANTON REZIN		Telephone Number 201-489-8700	License Number 1101					
Expected State Date (10) 12 / 1 /14 Month Day Year		Sched. Completion Date (11) 12 / 30 /14 Month Day Year						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Monday - Friday 5:00 pm - 1:00 am		Name of OSHA Monitor QAUALITY ENVIRONMENTAL  Street Address 1376 ROUTE 9  City, State, Zip Code WAPPINGERS FALLS , NEW YORK 12590						
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Encl. , <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure						
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	REMOVAL	REPAIR	ENCAPSUL
BOILER HOUSE HT WATER TANK ROOM	X		TANK INSULATION	250 SQ. FT.	X			
BOILER HOUSE HT WATER TANK ROOM	X		PIPE INSULATION	150 LN. FT.	X			
Name of Registered Waste Hauler VISION TRANSPORT 2 FISH HOUSE ROAD City, State KEARNY, NJ 07032	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS LANDFILL 1121 BORDENTOWN ROAD City, State MORRISVILLE, PA 19067					
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature [Signature]	Date 11/25/14					

CK 57826

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

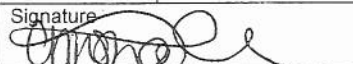
RECEIVED

0213-02

Date of Notification (1) 11 / 26 / 14		Name of Building Owner/Operator (2) Virtua		2014 NOV 28 AM 12: 04					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 20 STOW ROAD SUITE 3 City, State, Zip Code MARLTON, NJ. 08053 Name of Contact PAT GIORDANO Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VIRTUA HEALTH MEMORIAL HOSPITAL				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 175 Madison Avenue				Square Feet >50,000					
City (5) MT. HOLLY				# of Floors 4					
County (6) Burlington				Bldg. Age 40+					
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) HOSPITAL							
Name of Monitoring Firm Hired by Building Owner (8) VERTEX ENVIRONMENTAL		ASCM No.		Name of Abatement Contractor (9) DELTA/BJDS, INC					
Street Address 700 TURNER WAY, SUITE 105		Street Address 1345 INDUSTRIAL BLVD.							
City, State, Zip Code ASTON, PA 19014		City, State, Zip Code SOUTHAMPTON, PA 18966							
Project Manager for Monitoring Firm DON HEIM		Telephone No. 610 558-8902		License No. 00783					
Start Date (10) 12 / 01 / 14		Scheduled Completion Date (11) 12 / 31 / 14		Name of OSHA Monitor CRITERION LAB					
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: 7AM-____PM/12PM-____AM				Street Address 3370 PROGRESS DRIVE City, State, Zip Code BENSALEM, PA 19020					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
GROUND FL CT ROOM #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE ELBOWS	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GRP.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State 58 PYLES LANE, NEW CASTLE, DE 19720				Disposal Date	City, State WAYNESBURG, OH 44688				
Completed By (Print or Type) DAMIAN LAVELLE		Title PROJECT MGR		Signature Damian Lavelle		Date 11-26-14			



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

Date of Notification (1) November 24, 2014		Name of Building Owner/Operator (2) Keller Williams Realty		<b>RECEIVED</b> Check # 1670 <b>2014 NOV 28 AM 12:05</b> <b>ASBESTOS CONTROL</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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1814 Route 70 E, Suite 200							
		City, State, Zip Code Cherry Hill, NJ 08003							
		Name of Contact Tina Batten							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Vacant Residence			Type of Facility (4)						
Street Address 226 Belle Arbor Drive			<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) Cherry Hill			Square Feet 3,000	# of Floors 2	Bldg. Age 100				
County (6) Camden		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842					
Start Date (10) December 4, 2014		Scheduled Completion Date (11) December 5, 2014		Name of OSHA Monitor EMSL Laboratories					
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: _____			200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Upstairs Bedroom Closet		XXX		Paper on Ductwork	20 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste 1	Name of Registered Landfill Western Berks Community Landfill					
City, State Freehold, NJ		Disposal Date 12/4/2014		City, State Birdsboro, PA					
Completed by Christina Lynch		Title Operations Manager	Signature 		Date 11/24/2014				



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

2014 NOV 28 AM 12:10  
RECEIVED  
ASBESTOS CONTROL  
LICENSING

CK  
6638

Date of Notice 11/20/14 Type Notification		Name of Building Owner / Operator (2) <b>Barbara Hill</b>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA		Emergency Notification <input checked="" type="checkbox"/> Initial Notification Amended Notification Cancellation		Street Address <b>42 Grace Street</b> City, State & Zip Code <b>Irvington, NJ 07111</b> Name of Contact <b>Barbara Hill</b> Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>  <b>42 Grace Street</b>			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City (5) <b>Irvington</b>	County (6) <b>Essex</b>	County Code (7)	Square Feet <b>2,200</b>	# of Floors <b>2</b>	Bldg. Age <b>80+</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics, Inc</b>			Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>		
Street Address <b>64 Broad Street</b>			Street Address <b>443 Schoolhouse Road</b>		
City, State & Zip Code <b>Matawan, NJ 07747</b>			City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	Telephone Number <b>732-605-9062</b>	License Number <b>00714</b>	
Scheduled Start Date (10) <b>12/1/14</b>		Scheduled Completion Date (11) <b>12/1/14</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - <input checked="" type="checkbox"/> Describe: <b>Area Isolated During Abatement</b> Other - Describe:			Street Address <b>443 Schoolhouse Road</b> City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Scope of Work (Check all that apply) Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Project <input type="checkbox"/> <input checked="" type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM Quantity is $\geq 160$ SF or $\geq 260$ LF ACM Full Containment with Negative Pressure Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure Other: Non-friable					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
<b>Basement</b>		<b>N/A</b>	<b>TSI</b>	<b>20 LF</b>	<b>Removal</b>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>2</b>	Name of Registered Landfill <b>TRRF</b>	
City, State <b>Freehold, NJ</b>			Disposal Date <b>12/2/14</b>	City, State <b>Tullytown, Pa</b>	
Completed By (Print or Type) <b>Dominick Tringali</b>		Title <b>Project Manager</b>	Signature <i>Dominick Tringali</i>		Date <b>11/20/14</b>



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

RECEIVED  
2014 NOV 28 AM 12:19  
6637

Date of Notice 11/20/14		Name of Building Owner / Operator (2) <b>James Smith</b>	
Type Notification		Street Address <b>352 5<sup>th</sup> Street</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	<input checked="" type="checkbox"/> Emergency Notification	City, State & Zip Code <b>South Amboy, NJ 08879</b>	
	Initial Notification	Name of Contact <b>James Smith</b>	
	Amended Notification	Telephone Number	
	Cancellation		

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
352 5 <sup>th</sup> Street			Square Feet <b>2,200</b>	# of Floors <b>2</b>	Bldg. Age <b>60+</b>
City (5) <b>South Amboy</b>	County (6) <b>Middlesex</b>	County Code (7)	Current Use (Prior if being demolished) <b>Residence</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics, Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>		
Street Address <b>64 Broad Street</b>		Street Address <b>443 Schoolhouse Road</b>			
City, State & Zip Code <b>Matawan, NJ 07747</b>		City, State & Zip Code <b>Monroe Township, NJ 08831</b>			
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	Telephone Number <b>732-605-9062</b>	License Number <b>00714</b>	
Scheduled Start Date (10) <b>11/21/14</b>	Scheduled Completion Date (11) <b>11/21/14</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>		
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - <input checked="" type="checkbox"/> Describe: <b>Area Isolated During Abatement</b> Other - Describe:			Street Address <b>443 Schoolhouse Road</b> City, State & Zip Code <b>Monroe Township, NJ 08831</b>		

Scope of Work (Check all that apply)

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

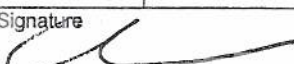
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Basement	N/A	TSI	20 LF	Removal

Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>3</b>	Name of Registered Landfill <b>TRRF</b>
City, State <b>Freehold, NJ</b>		Disposal Date <b>11/20/14</b>	City, State <b>Tullytown, Pa</b>	
Completed By (Print or Type) <b>Dominick Tringali</b>	Title <b>Project Manager</b>	Signature <i>Dominick Tringali</i>	Date <b>11/20/14</b>	



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

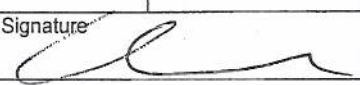
**CK RECEIVED**  
**2014 NOV 28 AM 12:20**  
**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) 11/24/14		Name of Building Owner/Operator (2) Ted Fluehr Private Home							
Agencies Notified	Type Notification	Street Address 140 East Indiana Ave.							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Beach Haven Terrace NJ 08008							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Ted	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Ted Fluehr 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 140 East Indiana Ave.		Square Feet 1000+	# of Floors 2						
City (5) Beach Haven Terrace 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) 11/25/14	Scheduled Completion Date (11) 11/28/14	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"/> $\geq 3$ 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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior siding			x	exterior siding	2200 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 11/28/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 11/24/14		



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


RECEIVED

Date of Notification (1) 11/24/14		Name of Building Owner/Operator (2) Earth Tech Contracting (For The City Of Vinland)							
Agencies Notified	Type Notification	Street Address 155 Rt. 50							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Greenfield NJ 08230							
		Name of Contact Toni	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Vacant Building (For The City Of Vinland)		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 627-29 East Elmer Street		Square Feet 1000+	# of Floors 2						
City (5) Vinland NJ 08360		Bldg. Age 35+							
County (6) Cumberland	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Hall							
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) 12/4/14	Scheduled Completion Date (11) 12/12/14	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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			x	roofing top layer	3250 SF	x			
Name of Registered Waste Hauler Earth Tech		NJDEP Waste Hauler ID No. 16429	Cubic Yards of Waste 50	Name of Registered Landfill CCIA					
City, State Greenfield NJ		Disposal Date TBD		City, State Millville NJ 08332					
Completed by Anthony T Perna		Title President		Signature 		Date 11/24/14			



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

CK 4515  
NOV 28 AM 12:21  
ASBESTOS CONTROL

Date of Notification (1) 11/24/14		Name of Building Owner/Operator (2) Charles & Barbara Ciccarelli Private Home							
Agencies Notified	Type Notification	Street Address 1032 C long Beach Blvd.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code North Beach NJ 08008							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Charles	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Charles & Barbara Ciccarelli 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 1032 C long Beach Blvd.		Square Feet 1000+	# of Floors 2						
City (5) North Beach 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) 11/25/14	Scheduled Completion Date (11) 11/28/14	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"/> $\geq 3$ 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 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
Bottom of house			x	transite board	500 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 11/28/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 11/24/14		

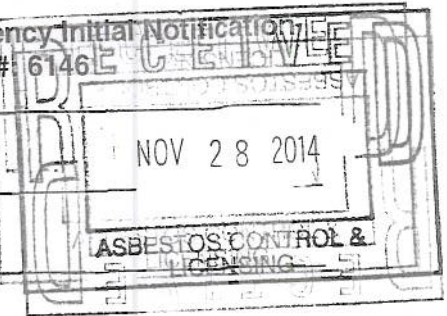


6450-NJ

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

Emergency Initial Notification  
 Check # 61462

Date of Notification (1) 11/21/14		Name of Building Owner/Operator (2) Newark Public Schools	
Agencies Notified <input 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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 2 Cedar Street		City, State, Zip Code Newark, NJ 07102	
Name of Contact Douglas Bland, Bus. Admin.		Telephone Number	



## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Quitman Street Community School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 21 Quitman Street		Square Feet 45000	# of Floors 2
City (5) Newark, NJ 07103		County (6) Essex	Bldg. Age 80
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. 00003	
Street Address 1253 North Church Street		Name of Abatement Contractor (9) Four Strong Builders, Inc.	
City, State, Zip Code Moorestown, NJ 08057		Street Address 180 Sargeant Avenue	
Project Manager for Monitoring Firm Jim Guillard		Telephone Number 856-840-8800	City, State, Zip Code Clifton, NJ 07013-1935
Scheduled Start Date (10) 11/22/14		Sched. Completion Date (11) 11/22/14	Telephone Number 973-614-0377
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:		License Number 00807	
Name of OSHA Monitor Four Strong Builders, Inc.		Street Address 180 Sargeant Avenue	
City, State, Zip Code Clifton, NJ 07013		City, State, Zip Code	

## Scope of Work (Check all that apply)

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

☒ Renovation

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) 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 A P S U L E	E N C A P S U L E
4th Floor Boys Bathroom	X	Pipe Insulation	50 LF	X				

Name of Registered Waste Hauler Four Strong Builders, Inc.	NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.
City, State Clifton, NJ	Disposal Date	City, State Tullytown, PA	
Completed By (Print or Type) Bilyana Kulakovska	Title Office Administrator	Signature 	Date 11/21/14



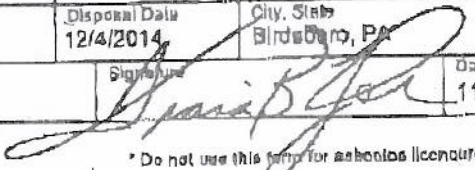
11/21/2014 13:10

CK-1653

NO. 810 7003

DOL-10 DAYOV 28 2014

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

Date of Notification (1) <b>November 21, 2014</b>		Name of Building Owner/Operator (2) <b>St. Joachim Parish</b>		Check # <b>1853</b>				
Agencies Notified		Type of Notification		Street Address				
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOI <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		<b>601 West Browning Road</b>				
				City, State, Zip Code <b>Bellmawr, NJ 08031</b>				
				Name of Contact <b>Ken Murray</b>				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Old Annunciation Church</b>				Type of Facility (4)				
Street Address <b>601 West Browning Road</b>				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
City (5) <b>Bellmawr</b>		County (6) <b>Camden</b>		Square Feet <b>5,000</b>	# of Floors <b>2</b>			
		County Code (7) (STATE USE ONLY)		Building Age <b>100</b>				
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental, Inc.</b>		ASCM No.		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>				
Street Address <b>1253 N. Church Street</b>				Street Address <b>623 Cutler Avenue</b>				
City, State, Zip Code <b>Moorestown, NJ 08057</b>				City, State, Zip Code <b>Maple Shade, NJ 08052</b>				
Project Manager for Monitoring Firm <b>Jim Gullardi</b>		Telephone No. <b>856-840-8800</b>		Telephone No. <b>856-765-0099</b>	License No. <b>00842</b>			
Start Date (10) <b>November 24, 2014</b>		Scheduled Completion Date (11) <b>December 4, 2014</b>		Name of OSHA Monitor <b>EMSL Laboratories</b>				
Occupancy Status During Abatement (Check Only One)				Street Address <b>200 Route 130 North</b>				
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code <b>Cinnaminson, NJ 08077</b>				
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> 25 of or 20 ft <input checked="" type="checkbox"/> 250 of or 2250 ft		<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"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Throughout 1st Floor		XXX	Floor Tile and Mastic	3,900 SF	X			
Throughout 1st Floor		XXX	Vapor Barrier underneath Tile	2,500 SF	X			
Basement		XXX	Air-Cell Pipe Insul./Fitting Insul.	60 LF	X			
Basement - Mechanical Room	XXX		Boiler Lagging	80 SF	X			
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>02286</b>		Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Western Berks Community Landfill</b>			
City, State <b>Freehold, NJ</b>		Disposal Date <b>12/4/2014</b>		City, State <b>Birdsboro, PA</b>				
Completed by <b>Diana Lynch</b>		Title <b>Owner</b>		Signature 		Date <b>11/21/2014</b>		

ASB-91 (8-12-00)

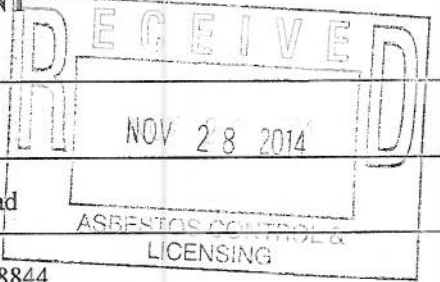
\* Do not use this form for asbestos licensure exempted activities.

\* SEE ATTACHED

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility	Is Location Normally Used Solely by Maintenance/Custodial Staff?			Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal
	Yes	No	N/A			
Basement - Mechanical Room	X			Flue Packing	4 SF	X
Exterior			X	Window Caulk	20 LF	X



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



Date of Notification (1) November 20, 2014		Name of Building Owner/Operator (2) DnA Demolition	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2156 Camplain Road
			City, State, Zip Code Hillsborough, NJ 08844
			Name of Contact Antonio Dimuzio
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Former Bank			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 54 Ridgewood Avenue			Square feet 10,000 sf		
City Ridgewood			# of Floors 2		
County (6) Bergen		County Code (7) (STATE USE ONLY)	Bldg. Age 100		
Current Use (Prior if being demolished) Former Bank					
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting Inc.			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Route 9, Unit 61			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Toms River, NJ 08755			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 732-349-9932	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 11/11/14		Scheduled Completion Date (11) 11/25/14	Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
<input 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) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	R	R	E			E				
	E	P	N	N						
	M	A	C	C						
	O	I	A	O						
	V	R	P	S						
	A		U	S						
	L		L	U						
			E	R						
Mechanical room		X			Asbestos pipe insulation	20 lf	X			
3 offices		X			Glue dots on ceiling	1200 sf	X			
Basement		X			Asbestos pipe insulation	950 lf	X			
Name of Registered Waste Hauler: Guardian Contracting, Inc.    NJDEP Waste Hauler ID No.: 20223    Cubic Yards of Waste: 7    Name of Registered Landfill: T.R.R.F.										
City, State: Toms River, New Jersey		Disposal Date: 11/26/14		City, State: Tullytown, Pennsylvania						
Completed by (Print or Type): Nicholas Fernicola		Title: Project Manager		Signature: <i>Nicholas Fernicola</i>				Date: 11/20/2014		

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

200K 1032

Print Form

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

RECEIVED
NOV 28 2014
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11-17-2014		Name of Building Owner/Operator (2) M&T @ Barnegat LLC	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5 Daniel Road East	
		City, State, Zip Code Fairfield NJ 07004	
		Name of Contact Frank Ianza	Telephone Number

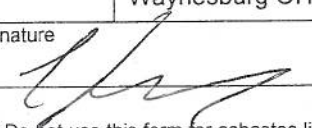
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 29 S Main Street		Square Feet 400Sf	# of Floors 1
City (5) Barnegat New Jersey		Bldg. Age +50	
County (6) Ocean	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. N/A	Name of Abatement Contractor (9) Dinago Environment LLC
Street Address N/A		Street Address 339 Lafayette Street	
City, State, Zip Code N/A		City, State, Zip Code Newark NJ 07105	
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 001240
Start Date (10) 12-1-2014	Scheduled Completion Date (11) 12-5-2014	Name of OSHA Monitor J&S Environmental Corp	
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: 8 Hours		Street Address 2333 Route 22 west	
		City, State, Zip Code Union NJ 07083	

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 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			x	Duct Insulation	50SF	x			
Garage			x	Tar roof Patch	400SF	x			
Garage			x	window glazing 12 windows	165 SF	x			

Name of Registered Waste Hauler Tri State Transfer Assoc Inc		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste	Name of Registered Landfill Minerva Enterprises	
City, State 1199 Randall Ave Bronx NY		Disposal Date	City, State Waynesburg OH 44688		
Completed by Carlos Gomez	Title President	Signature 	Date 11-17-2014		



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

Date of Notification (1) November 20, 2014		Name of Building Owner/Operator (2) Seminole Construction	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	128 Bartlett Avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	West Creek, NJ 08092	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Joyce	

**FACILITY INFORMATION**

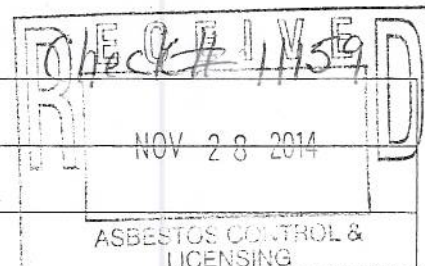
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 1711 Beach Blvd.			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
City	County (6)	County Code (7) (STATE USE ONLY)	Square feet	# of Floors	Bldg. Age
Forked River	Ocean		1682 sf	2	54
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address		
City, State, Zip Code			City, State, Zip Code		
Project Manager for Monitoring Firm			Telephone Number		
Telephone Number			License Number		
Scheduled Start Date (10) 11/21/2014			Scheduled Completion Date (11) 11/25/2014		
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			E.M.S.L. Analytical		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			Street Address		
<input type="checkbox"/> Other - Describe _____			1056 Stelton Road		
Scope of Work (Check all that apply)			City, State, Zip Code		
<input type="checkbox"/> ≥3 sf or ≥3 lf			Piscataway, New Jersey 08854		
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf					
<input type="checkbox"/> Renovation			<input type="checkbox"/> Full Containment with Negative Pressure		
<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	1350 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 11/26/2014	City, State Tullytown Pennsylvania	
Completed by (Print or Type) Nicholas Fericola	Title Project Manager	Signature 	Date 11/20/14

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

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



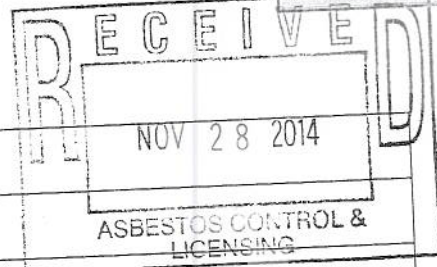
Date of Notification (1) <b>11-24-14</b>		Name of Building Owner/Operator (2) <b>Lockheed Martin, Inc.</b>						
Agencies Notified	Type Notification	Street Address <b>199 Borton Landing Road</b>						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Moorestown, NJ 08057</b>						
		Name of Contact <b>Paul Kim</b>	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Lockheed Martin</b>		Type of Facility (4)						
Street Address <b>199 Borton Landing Road</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>Moorestown</b>		Square Feet <b>530,000</b>	# of Floors <b>1</b>					
County (6) <b>Burlington</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>51yrs.</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Harvard Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>					
Street Address <b>760 Pulaski Highway</b>		Street Address <b>923 Haws Avenue</b>						
City, State, Zip Code <b>Bear, DE 19701</b>		City, State, Zip Code <b>Norristown, PA 19401</b>						
Project Manager for Monitoring Firm <b>Chuck Styles</b>		Telephone No. <b>302-326-2333</b>	License No. <b>00398</b>					
Start Date (10) <b>2-18-13</b>	Scheduled Completion Date (11) <b>12-31-14</b>	Name of OSHA Monitor <b>Plymouth Environmental Co., Inc.</b>						
Occupancy Status During Abatement (Check Only One)		Street Address <b>923 Haws Avenue</b>						
<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>work areas isolated</b>		City, State, Zip Code <b>Norristown, PA 19401</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 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) <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	<input checked="" type="checkbox"/> No			N/A	Removal	Repair	Encapsulate
Building 127		<input checked="" type="checkbox"/>	VAT & mastic	5,000 SF	<input checked="" type="checkbox"/>			
Building 101		<input checked="" type="checkbox"/>	VAT & mastic	2,000 SF	<input checked="" type="checkbox"/>			
Building 105		<input checked="" type="checkbox"/>	VAT & mastic	2,000 SF	<input checked="" type="checkbox"/>			
Building 108		<input checked="" type="checkbox"/>	pipe insulation	500 LF	<input checked="" type="checkbox"/>			
Building 127		<input checked="" type="checkbox"/>	fireproofing	5,000 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Waste Management of Camden, NJ</b>		NJDEP Waste Hauler ID No. <b>39126</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>TRRF</b>				
City, State <b>Camden, NJ</b>		Disposal Date <b>various</b>		City, State <b>Tullytown, PA</b>				
Completed by <b>James M. Kelly</b>		Title <b>Vice-President</b>	Signature 			Date <b>11-24-14</b>		



book N. 1031

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

Print Form

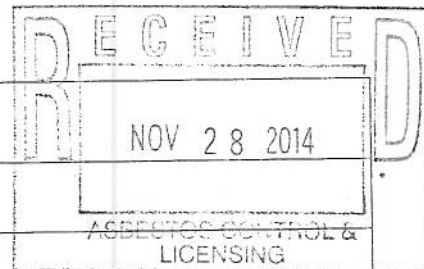


Date of Notification (1) 11-18-2014		Name of Building Owner/Operator (2) Private Property								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
Street Address 141 Ivy Street		City, State, Zip Code Kearny NJ 07032								
Name of Contact All American		Telephone Number								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 141 Ivy Street		Square Feet 1100Sf	# of Floors 2							
City (5) Kearny New Jersey 07032		Bldg. Age +50								
County (6) Hudson	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. N/A	Name of Abatement Contractor (9) Dinago Environment LLC							
Street Address N/A		Street Address 339 Lafayette Street								
City, State, Zip Code N/A		City, State, Zip Code Newark NJ 07105								
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 973-491-0877							
Start Date (10) 12-4-2014		Scheduled Completion Date (11) 12-5-2014	License No. 001240							
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: 8 Hours		Name of OSHA Monitor J&S Environmental Corp								
		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 type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type					
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure	
Basement			x	Pipe Insulation	15LF	x				
Name of Registered Waste Hauler Tri State Transfer Assoc Inc		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste	Name of Registered Landfill Minerva Enterprises						
City, State 1199 Randall Ave Bronx NY		Disposal Date		City, State Waynesburg OH 44688						
Completed by Carlos Gomez		Title President	Signature 		Date 11-18-2014					

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

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



Date of Notification (1) 11 / 21 / 14		Name of Building Owner/Operator (2) Alcoa Inc	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 9 Roy Street	
		City, State, Zip Code Dover, NJ 07801	
		Name of Contact Scott Jones	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Alcoa Inc		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 9 Roy Street		Square Feet 100000	# of Floors 2
City (5) Dover		Bldg. Age 60	
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) manufacturing	
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental Inc		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Company, Inc
Street Address 411 Southgate Court		Street Address 923 Haws Avenue	
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Norristown, PA 19401	
Project Manager for Monitoring Firm Jack Carney	Telephone No. 856-224-0080	Telephone No. 610-239-9920	License No. 00398
Start Date (10) 12 / 1 / 14	Scheduled Completion Date (11) 12 / 7 / 14	Name of OSHA Monitor Plymouth Environmental Company, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 07:00AM-03:30PM/ PM- AM		Street Address 923 Haws Avenue	
		City, State, Zip Code Norristown, PA 19401	

Scope of Work (Check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf                | <input type="checkbox"/> Renovation            | <input checked="" type="checkbox"/> Full Containment with Negative Pressure    |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure  |
|  |  | <input type="checkbox"/> Glovebag Procedure                                    |
|  |  | <input 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
Plt 2 Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	390LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HR Lobby	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	floor tile and mastic	220SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUpervisor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pipe insulation	40LF	<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"/>

Name of Registered Waste Hauler Newark Carting	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 10	Name of Registered Landfill IESI Bethlehem
City, State Newark, NJ	Disposal Date 12/7/14	City, State Bethlehem, PA	
Completed By (Print or Type) James M. Kelly	Title Vice President	Signature 	Date 11/21/14



CK 3347

Nov 21 2014 02:55pm

P001/001

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

NJ Dept. of Health &amp; Senior Services

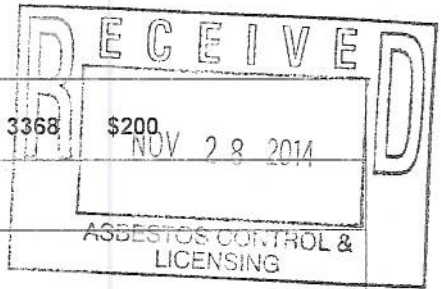
(signature)

Date: 11/21/14 Time: 2:55

Date of Notification (1) 11 / 21 / 14		Name of Building Owner/Operator (2) Ken Weite		Check No. 3367 \$200	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 81 Glen Avenue	
		City, State, Zip Code Midland Park, New Jersey 07432			
		Name of Contact Ken Weite		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 81 Glen Avenue					
City (5) Midland Park, New Jersey 07432			Square Feet 1500	# of Floors 2	Bldg. Age 35+
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation	
Street Address				Street Address 606 McBride Avenue	
City, State, Zip Code				City, State, Zip Code Woodland Park, New Jersey 07424	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-225-8400	
Start Date (10) 11 / 23 / 14		Scheduled Completion Date (11) 11 / 24 / 14		License No. 01104	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8AM- PM/ PM- AM		Name of OSHA Monitor J & S Environmental Laboratories		Street Address 2333 Route 22 West	
				City, State, Zip Code Union, New Jersey 07083	
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thermal System Insulation	105 LF
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Insulation	30 SF
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Woodland Park, New Jersey		Disposal Date 11/25/14		City, State Morrisville, Pennsylvania	
Completed By (Print or Type) Momo Glavotovic		Title Vice President		Signature GA	
				Date 11/21/14	



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



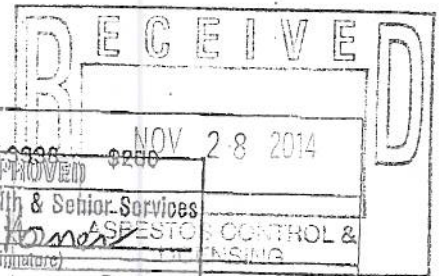
Date of Notification (1) <b>11 / 22 / 14</b>			Name of Building Owner/Operator (2) <b>Monmouth University</b>			Ck # <b>3368</b> \$200						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>400 Cedar Avenue</b>			City, State, Zip Code <b>West Long Branch, NJ 07764</b>					
				Name of Contact <b>Robert Cornero</b>		Telephone Number						
<b>FACILITY INFORMATION</b>												
Name of Facility Where Abatement is Taking Place (3) <b>Monmouth University, Birch Hall</b>						Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address <b>400 Cedar Avenue</b>												
City (5) <b>West Long Branch, New Jersey 07764</b>						Square Feet <b>20,000</b>		# of Floors <b>2</b>				
						Bldg. Age <b>55+</b>						
County (6) <b>Monmouth</b>			County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) <b>University</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>AHERA Consultants, Inc.</b>			ASCM No.		Name of Abatement Contractor (9) <b>Lilich Corporation</b>							
Street Address <b>PO Box 385</b>			Street Address <b>606 McBride Avenue</b>									
City, State, Zip Code <b>Oceanville, New Jersey 08231</b>			City, State, Zip Code <b>Woodland Park, New Jersey 07424</b>									
Project Manager for Monitoring Firm <b>John Smoyer</b>			Telephone No. <b>609-652-1833</b>		Telephone No. <b>973-225-8400</b>		License No. <b>01104</b>					
Start Date (10) <b>11 / 21 / 14</b>		Scheduled Completion Date (11) <b>12 / 15 / 14</b>		Name of OSHA Monitor <b>J&amp;S Environmental Laboratories Inc.</b>								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>Mon-Thu 7Pm-7AM, Fri 5PM-7AM, Sat &amp; Sun 7AM-5PM AM- PM/ PM- AM</b>						Street Address <b>2333 Route 22 West</b>						
						City, State, Zip Code <b>Union, New Jersey 07083</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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <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
Bathrooms B7-B12		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray-on Deck Insulation		360 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Custodial Closet CC		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spray-on Deck Insulation		50 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birch Hall (Various Locations)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spray-on Fireproofing		1500 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birch Hall (Various Locations)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cinder Block Wall Partitions		4850 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Lilich Corporation</b>			NJDEP Waste Hauler ID No. <b>18724</b>		Cubic Yards of Waste <b>20</b>		Name of Registered Landfill <b>G.R.O.W.S Landfill</b>					
City, State <b>Woodland Park, New Jersey 07424</b>					Disposal Date <b>12/16/14</b>		City, State <b>Morrisville, Pennsylvania</b>					
Completed By (Print or Type) <b>Momo Glavatovic</b>			Title <b>Vice President</b>			Signature 			Date <b>11/22/14</b>			



Nov 10 2014 03:12pm

P001/001

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



Date of Notification (1) 11 / 07 / 14		Name of Building Owner/Operator (2) Monmouth University	
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 checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Street Address 400 Cedar Avenue City, State, Zip Code West Long Branch, NJ 07764	Signature: <i>Paul C. Romano</i> Date: 11/10/14 Time: 9:40AM
		Name of Contact Robert Cornero	Telephone Number

Name of Facility Where Abatement is Taking Place (3) Monmouth University, Birch Hall			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 400 Cedar Avenue			Square Feet 20,000		
City (5) West Long Branch, New Jersey 07764			# of Floors 2		
County (6) Monmouth			Bldg. Age 55+		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) University		
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation		
Street Address PO Box 385			Street Address 606 McBride Avenue		
City, State, Zip Code Oceanville, New Jersey 08231			City, State, Zip Code Woodland Park, New Jersey 07424		
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	Telephone No. 973-225-8400		License No. 01104
Start Date (10) 11 / 14 / 14		Scheduled Completion Date (11) 11 / 16 / 14		Name of OSHA Monitor J&S Environmental Laboratories Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: Fri 4PM-12:30AM, Sat & Sun 7AM-5PM AM- PM- PM- AM			Street Address 2333 Route 22 West		
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf			City, State, Zip Code Union, New Jersey 07083		
			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		
			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Bathrooms B1-B6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray-on Deck Insulation	360 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

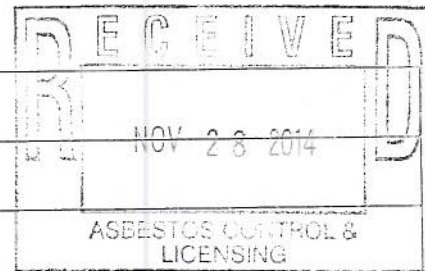
Name of Registered Waste Hauler Lilich Corporation	NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S Landfill
City, State Woodland Park, New Jersey 07424	Disposal Date 11/17/14	City, State Morrisville, Pennsylvania	
Completed By (Print or Type) Momo Glavatovic	Title Vice President	Signature <i>GA</i>	Date

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



CK 438001266

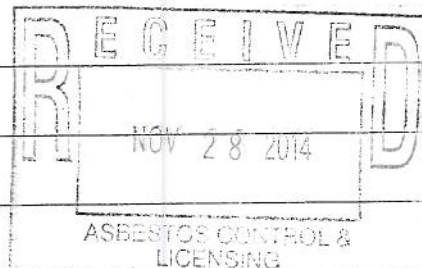
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/19/14		Name of Building Owner/Operator (2) Estate of Rose Renga						
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 348 Northfield Avenue					
			City, State, Zip Code West Orange, NJ 07052					
		Name of Contact Charles Politakes	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 348 Northfield Avenue		Square Feet N/A	# of Floors N/A					
City (5) West Orange		Bldg. Age N/A						
County (6) Essex	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.	Telephone No. 973-345-8685					
			License No. #00675					
Start Date (10) 12/03/14	Scheduled Completion Date (11) 12/04/14	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: Occupied		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
basement		X	duct insulation	120 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 Brkusani		Title Project Manager	Signature 	Date 11/19/14				

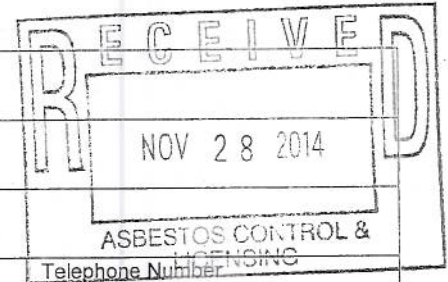


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/19/14		Name of Building Owner/Operator (2) Nicole Scicolone							
Agencies Notified	Type Notification	Street Address 15 Bassett Ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mine Hill, NJ 07803							
		Name of Contact Nicole Scicolone							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 15 Bassett Ave		Square Feet N/A	# of Floors N/A						
City (5) Mine Hill		Bldg. Age N/A							
County (6) Morris	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. 973-345-8685	License No. #00675						
Start Date (10) 12/08/14	Scheduled Completion Date (11) 12/09/14	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"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> 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		duct insulation	74 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 <i>Deanna Brkusanin</i>				Date 11/19/14	

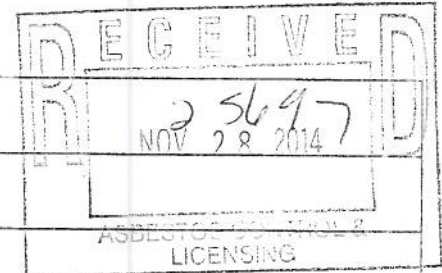
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/19/14		Name of Building Owner/Operator (2) Nicole Scicolone							
Agencies Notified	Type Notification	Street Address 15 Bassett Ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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 Mine Hill, NJ 07803							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Nicole Scicolone							
Telephone Number									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 15 Bassett Ave		Square Feet N/A	# of Floors N/A						
City (5) Mine Hill		Bldg. Age N/A							
County (6) Essex	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. 973-345-8685	License No. #00675						
Start Date (10) 12/09/14	Scheduled Completion Date (11) 12/10/14	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: Occupied		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	95 LF	X			
garage		X		pipe insulation	12 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 <i>Deanna Brkusanin</i>				Date 11/19/14	



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



Date of Notification (1) <b>November 21, 2014</b>		Name of Building Owner/Operator (2) <b>ARM Construction</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>711 Park Avenue</b> City, State, Zip Code <b>Lakewood, NJ 08701</b> Name of Contact <b>Armand</b>	
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>814 E County Line Road</b>			Square feet <b>1000 sf</b>		
City <b>Lakewood</b>	County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	# of Floors <b>1</b>	Bldg. Age <b>60</b>	
Current Use (Prior if being demolished) <b>Residence</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address		Street Address <b>1889 Route 9, Unit 61</b>			
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>
Scheduled Start Date (10) <b>11/24/14</b>		Scheduled Completion Date (11) <b>11/25/14</b>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Name of OSHA Monitor <b>E.M.S.L. Analytical</b>		
			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior house		X		Asbestos siding	1050 sf	X			
Exterior garage		X		Asbestos siding	550 sf	X			

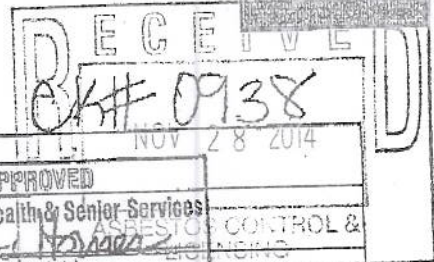
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>	Disposal Date <b>11/26/14</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>11/21/2014</b>

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

Nov 24 2014 02:24pm

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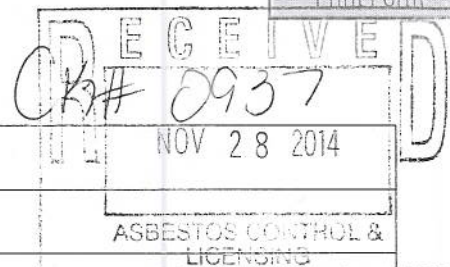
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:120)



Date of Notification (1) 11-24-2014		Name of Building Owner/Operator (2) BCSI		APPROVED N.J. Dept. of Health & Senior Services <i>Paul C. Hennessey</i> (signature) Date: 11/24/14 Time: 2:21 PM Telephone Number:					
Agencies 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 146 Poplar St City, State, Zip Code Ridgefield Park, NJ Name of Contact Robert Cimmino					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 6 Burr Place				Square Feet 1500 SF	# of Floors 2				
City (5) Pallisades Park				Bldg. Age 50+					
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential Property					
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Loznica Management Corp					
Street Address n/a		Street Address 22 Troy Ln		City, State, Zip Code Lincoln Park, NJ 07035					
City, State, Zip Code n/a		Telephone No. n/a		Telephone No. 973-706-7950	License No. 01193				
Project Manager for Monitoring Firm n/a		Scheduled Completion Date (11) 11-26-2014		Name of OSHA Monitor Loznica Management Corp					
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 Other - Describe: <input type="checkbox"/> Other - Describe:				Street Address 22 Troy Ln City, State, Zip Code Lincoln Park, NJ 07035					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
1st & 2nd Floor Ceiling			X	Glue Dubs	TBD	X			
					Not greater than 500 SF				
Name of Registered Waste Hauler Loznica Management Corp		NJDEP Waste Hauler ID No. 0033137		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville, PA					
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>		Date 11-24-2014			

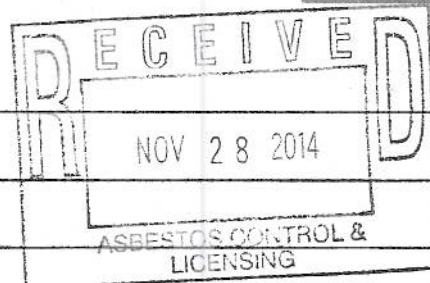


**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**



Date of Notification (1) 11/24/2014		Name of Building Owner/Operator (2) Legow Management							
Agencies Notified	Type Notification	Street Address 160 S. Livingston Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston, NJ 07039							
		Name of Contact John	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Chilton Towers Apt. 4F		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 220 W. Jersey Street		Square Feet 10,000	# of Floors 15						
City (5) Elizabeth		Bldg. Age 50+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartment Building							
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 n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01193						
Start Date (10) 12-2-2014	Scheduled Completion Date (11) 12-4-2014	Name of OSHA Monitor Loznica Management Corporation							
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>Apartment is vacated</u>		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) 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
Kitchen Apt 4F				VAT (double layer)	70 SF	X			
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Lincoln Park, NJ 07035			Disposal Date TBD	City, State Morrisville PA 19067					
Completed by E.Cirovic		Title Secretary	Signature 			Date 11/24/2014			

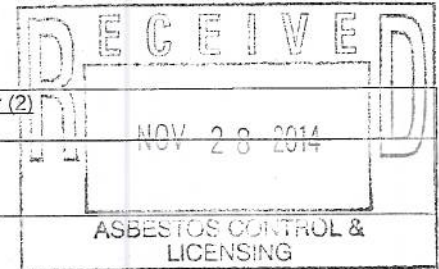
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11-22-14		Name of Building Owner/Operator (2) Mariana Mellasce						
Agencies Notified	Type Notification	Street Address 125 Tappan Ave.						
<input type="checkbox"/> EPA <input 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 Belleville NJ 07109						
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Mariana Mellasce	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 125 Tappan Ave.		Square Feet	# of Floors					
City (5) Belleville		Bldg. Age						
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.					
Street Address		Street Address 522 7th St.						
City, State, Zip Code		City, State, Zip Code Union City NJ 07087						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603					
Start Date (10) 12-02-14		Scheduled Completion Date (11) 12-03-14	License No. 01206					
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: 7:00 AM- 5:00 PM		Name of OSHA Monitor Delfa Contracting LLC						
		Street Address 522 7th St.						
		City, State, Zip Code Union City NJ 07087						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition								
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <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
Basement		X	pipe insulation	140 LF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Union City NJ		Disposal Date 12-05-14		City, State Tullytown, PA				
Completed by Jaime Delgado		Title Proj. Manager.	Signature 		Date 11-22-14			



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



<b>Date of Notification (1)</b> 11/20/14		<b>Name of Building Owner/Operator (2)</b> Paulsboro Refining Company	
<b>Agencies Notified</b>  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<b>Notification Type</b>  <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled		<b>Street Address</b> 800 Billingsport Rd
			<b>City, State, Zip Code</b> Paulsboro, NJ 08066
			<b>Name of Contact</b> Ravi Jarecha
<b>ASBESTOS CONTROL &amp; LICENSING</b>			
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> Paulsboro Refining Company		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)	
<b>Street Address</b> 800 Billingsport Rd		<b>Sq. Feet</b> N/A <b># of Floors</b> N/A	
<b>City (5)</b> Paulsboro	<b>County (6)</b> Gloucester	<b>County Code (7)</b> (State Use Only)	
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> KA Industrial Services, LLC.		<b>ASCM No.</b>	<b>Name of Contractor (9)</b> K A Industrial Services LLC
<b>Street Address</b> 800 Billingsport Rd		<b>Street Address</b> 800 Billingsport Rd	
<b>Paulsboro, NJ 08066</b>		<b>City, State, Zip Code</b> Paulsboro, NJ 08066	
<b>Project Manager for Monitoring Firm</b> Scott Dechant	<b>Telephone Number</b> 856-224-4385	<b>Telephone Number</b> 856-224-4392	<b>License Number</b> 00857
<b>Scheduled Start Date (10)</b> 12/8/14	<b>Scheduled Completion Date (11)</b> 12/11/14	<b>Name of OSHA Monitor</b> K A Industrial Services, LLC	
<b>Occupancy Status During Abatement (Check only one)</b> <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 - Removal of ACM within restricted work area in outside areas		<b>Street Address</b> 800 Billingsport Rd	
		<b>City, State, Zip Code</b> Paulsboro NJ 08066	
<b>Source of Work (Check all that apply)</b> <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Large Proj. (160 SF or >260 LF ACM) <input checked="" type="checkbox"/> SM Proj. >25<160 SF or >10 <260 LF ACM <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure			
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES NO NA	<b>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</b>	<b>Amount (Specify SF or LF)</b>
SRU Unit - Pipe North of Shelter	X	Pipe Insulation	Approx 40LF
<b>Name of Reg. Waste Hauler</b> Waste Management, Inc.		<b>NJDEP Waste Hauler ID #</b> 17273	<b>Cubic Yards of Waste</b> < 1 CY
<b>City, State</b> South Harrison, NJ		<b>Disp. Date</b> Various	<b>Name of Reg. Landfill</b> Gloucester County Landfill
<b>City, State</b> South Harrison, NJ		<b>City, State</b> South Harrison, NJ	
<b>Completed by (Print or Type)</b> ANDREW GREEN	<b>Title</b> MANAGER - KA Industrial Services	<b>Signature</b>  Site Operations Supervisor	<b>Date</b> 11/20/14

Mail to: NJDEP-DSHW-BR RTP  
401 E. State St., PO 414  
Trenton, NJ 08625-0414

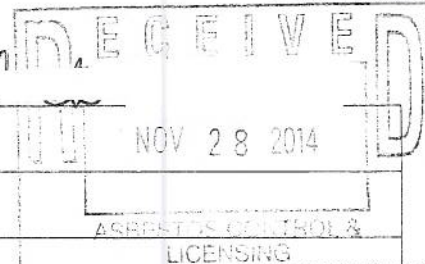
Telephone 609-984-6620

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9/18/00

NACK

Print Form

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



Date of Notification (1) 11/24/14		Name of Building Owner/Operator (2) Children's Specialized Hospital							
Agencies Notified	Type Notification	Street Address 150 New Providence Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mountainside, NJ 07092							
		Name of Contact Danny Zelasko	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Children's Specialized Hospital		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 150 New Providence Road		Square Feet 2200	# of Floors 2						
City (5) Mountainside		Bldg. Age 55							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-583-8500	License No. 703						
Start Date (10) 11/03/14	Scheduled Completion Date (11) 12/16/14	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	45 LF	x			
basement			x	pipe fittings	8	x			
boiler room			x	pipe fittings	3	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste TBD	Name of Registered Landfill TBD					
City, State Freehold, NJ			Disposal Date TBD	City, State					
Completed by A. Scott Higgins		Title President	Signature 			Date 11/24/14			




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

check

13409

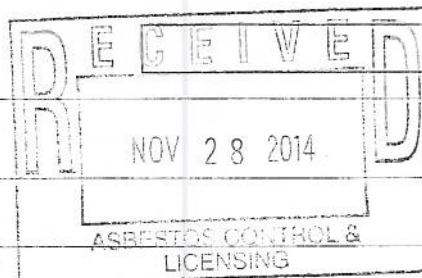
NOV 28 2014

ASBESTOS CONTROL &amp; LICENSING

Date of Notification (1) 11/21/14		Name of Building Owner/Operator (2) ReMax Properties							
Agencies Notified	Type Notification	Street Address 1 Madison Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Brian Lyszczarz	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 519 East Broad 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) Westfield		Square Feet 2500	# of Floors 2						
County (6) Union		County Code (7) (STATE USE ONLY) _____	Bldg. Age 1975						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-583-8500	License No. 703						
Start Date (10) 11/24/14	Scheduled Completion Date (11) 12/19/14	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
ground floor			x	basement	30 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste TBD	Name of Registered Landfill TBD					
City, State Freehold, NJ		Disposal Date TBD		City, State					
Completed by A. Scott Higgins		Title President	Signature 			Date 11/22/14			

Check#2052

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



Date of Notification (1) 11 / 24 / 14		Name of Building Owner/Operator (2) Caroline Purdon	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 255 Spring Street		City, State, Zip Code Newton, NJ 07860	
Name of Contact Caroline Purdon		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 255 Spring Street		Square Feet	
City (5) Newton, NJ 07860		# of Floors	
County (6) Sussex		Bldg. Age	
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) Gr Tech LLC	
City, State, Zip Code		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470	
Telephone No.		Telephone No. 973-638-1777	
Start Date (10) 12 / 03 / 14		License No. 01127	
Scheduled Completion Date (11) 12 / 04 / 14		Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM _____ PM _____ PM _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35 E	
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 Fair Lawn, NJ 07410	

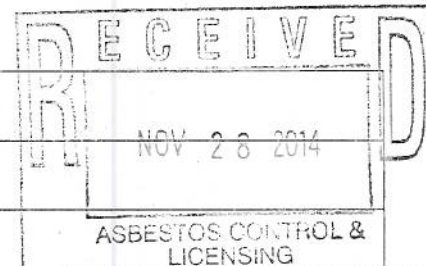
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
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Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	75 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA			
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 11/24/2014	

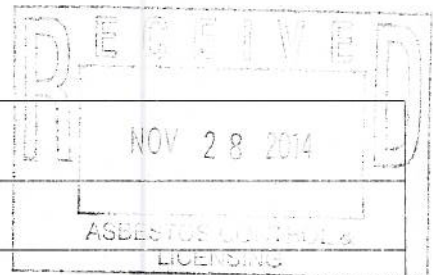


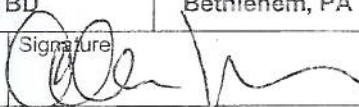
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/19/14		Name of Building Owner/Operator (2) Estate of Lucy Ruccio							
Agencies Notified	Type Notification	Street Address 83 Central Ave							
<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	City, State, Zip Code Montclair, NJ 07042							
		Name of Contact Joette McLoughlin	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address 83 Central 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) Montclair		Square Feet N/A	# of Floors N/A						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
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.	Telephone No. 973-345-8685						
Start Date (10) 12/02/14		Scheduled Completion Date (11) 12/03/14	License No. #00675						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor D&S Abatement, Inc.							
<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"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
crawl space		X		pipe insulation	45 LF	X			
basement		X		pipe insulation	60 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 <i>Deanna Brkusanin</i>			Date 11/19/14		

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



Date of Notification (1) <div style="text-align: center;">11 / 24 / 14</div>			Name of Building Owner/Operator (2) <b>Philip Nicastro</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>31 Heckel Street</b> City, State, Zip Code <b>Belleville, NJ 07109</b> Name of Contact <b>Philip Nicastro</b> Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential House</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>31 Heckel Street</b>				Square Feet					
City (5) <b>Belleville, NJ 07109</b>				# of Floors					
County (6) <b>Essex</b>				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		ASCM No.		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>					
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>							
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-494-3762</b>		License No. <b>1188</b>					
Start Date (10) <div style="text-align: center;">12 / 06 / 14</div>		Scheduled Completion Date (11) <div style="text-align: center;">12 / 22 / 14</div>		Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</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/ _____ PM- _____ AM				Street Address <b>27 Outwater Lane</b> City, State, Zip Code <b>Garfield, NJ 07026</b>					
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 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) <b>TO BE ABATED IN Facility (13)</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) <b>200 LF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>ACM Pipe Insulation</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>04509</b>		Cubic Yards of Waste <b>As Needed</b>		Name of Registered Landfill <b>IESI Landfill</b>			
City, State <b>Newark, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Bethlehem, PA</b>					
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>		Signature 		Date <b>11/24/14</b>			