

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

Date of Notification (1) 11/23/11		Name of Building Owner/Operator (2) Jess Melanson		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV 29 2011 ASBESTOS CONTROL & LICENSING </div>
Agenies Notified	Type Notification	Street Address 4 Kenneth 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 Notification <input type="checkbox"/> Amended Notification <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, NJ 07043		
		Name of Contact Jess Melanson		
		Telephone Number 1		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 4 Kenneth Road			Square Feet 2100		
City (5) Montclair			# of Floors 2		
County (6) Essex			Bldg. Age 75		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm hired by Building Owner (8) N/A			Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm			Telephone Number (973) 744-8800		
Telephone Number N/A			License Number 00371		
Sched. Start Date (10) 12/4/11			Sched. Completion Date (11) 12/7/11		
Month Day Year			Month Day Year		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»			Name of OSHA Monitor N/A		
Street Address			Street Address		
City, State, Zip Code			City, State, Zip Code		

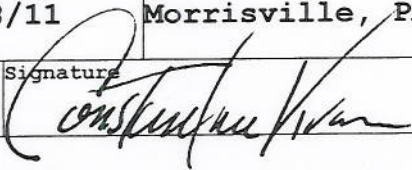
Scope of Work (Check all that apply)

☐ >3 sf or >3 lf
☒ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E	
Basement			X	VAT	350	X				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040		Cubic Yards of Waste 3.0		Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 12/8/11		City, State Morrisville, PA 19067			
Completed By (Print or Type) Constantine Vivian		Title President		Signature 		Date 11/23/11	

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

Date of Notification (1) 11 / 23 / 11		Name of Building Owner / Operator (2) Borough of Rutherford	
Agencies Notified		Street Address 176 Park Avenue	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Rutherford, NJ 07070	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Sharon DelVecchio	
<input checked="" type="checkbox"/> DOH	Amendment #	Telephone Number ASBESTOS CONTROL	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency w/ justification		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Memorial Park Field 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 bldgs., homes, etc.)		
Street Address 198 Monona Avenue			Square Feet 3,000		
City (5) Rutherford			County (6) Bergen		Building Age 50+
County Code (7)			Current Use (Prior if being demolished) Parks & Rec Field House		
Name of Monitoring Firm Hired by Bldg. Owner (8) Consulting Services of America (CSA)			ASCM NO 50485		
Street Address 26 Lorenzo Court			Name of Abatement Contractor (9) Slavco Construction Inc.		
City, State, Zip Code Matawan, NJ 07747			Street Address 164 Getty Avenue		
Project Mngr. For Monitoring Firm Micahel Chain			City, State, Zip Code Clifton, NJ 07011		
Telephone Number 732-921-9223			Telephone Number 973-478-4848		
Sched. Start Date (10) 11 / 28 / 11			Sched. Completion Date (11) 12 / 31 / 11		
License Number 00724					
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 8:00am to 4:30pm ROOM/AREA VACANT DURING REMOVAL			Name of OSHA Monitor Slavco Construction Inc.		
			Street Address 164 Getty Avenue		
			City, State, Zip Code Clifton, NJ 07011		

Scope of Work (Check All That Apply)

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

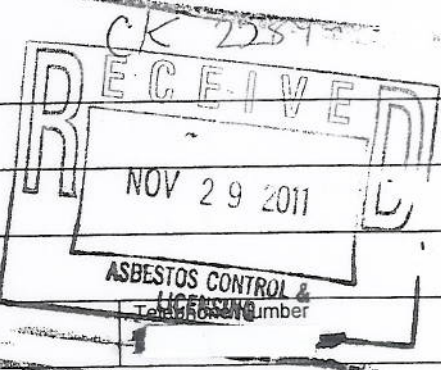
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
Basement Boiler Room	<input checked="" type="checkbox"/>	Tank Insulation	340 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input checked="" type="checkbox"/>	Pipe Insulation	160 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"/>
Name of Registered Waste Hauler Slavco Construction Inc		NJDEP Waste 18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S Landfill			
City, State Clifton, NJ		Disposal Date TBD	City, State Morrisville, PA				
Completed by (Print or Type) Vivian Jurcevic		Title Administrative Assistant	Signature <i>Vivian Jurcevic</i>		Date 11/23/11		

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:26-7 AND 12:12-1)
ANNUAL NOTIFICATION

MEMBER MAIL IN COPY
RECEIVED
NOV 23 2011
ASBESTOS CONTROL
WAIVER APPROVED

Date of Notification (1) 11 / 23 / 11		Name of Building Owner / Operator (2) Borough of Rutherford	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DCA		Street Address 176 Park Avenue City, State, Zip Code Rutherford, NJ 07070 Name of Contact Sharon DeVecchio	
Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Licensing Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Memorial Park Field 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 bldgs., homes, etc.)	
Street Address 198 Monona Avenue		Square Feet 3,000	
City (5) Rutherford	County (6) Bergen	County Code (7)	# Of Floors 2
Current Use (Prior to being demolished) Parks & Rec Field House		Building Age 50+	
Name of Monitoring Firm Hired by Bldg. Owner (8) Consulting Services of America (CSA)		Name of Abatement Contractor (9) Slavco Construction Inc.	
Street Address 26 Lorenzo Court City, State, Zip Code Matawan, NJ 07747		Street Address 164 Gatty Avenue	
Project Mgr. For Monitoring Firm Michael Chain		City, State, Zip Code Clifton, NJ 07011	
Telephone Number 732-921-9223		Telephone Number 973-478-4848	
Scheduled Start Date (10) 11 / 28 / 11	Sched. Completion Date (11) 12 / 31 / 11	License Number 00724	
Occupancy Status During Abatement (Check Only) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 8:00am to 4:30pm ROOM/AREA VACANT DURING REMOVAL		Name of OSHA Monitor Slavco Construction Inc. Street Address 164 Gatty Avenue City, State, Zip Code Clifton, NJ 07011	
Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 150 sf or ≥ 250 lf <input checked="" type="checkbox"/> Renovation <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) 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)
Basement Boiler Room	<input checked="" type="checkbox"/>	Tank Insulation	340 SF
Basement Boiler Room	<input checked="" type="checkbox"/>	Pipe Insulation	180 LF
	<input type="checkbox"/>		
Name of Registered Waste Hauler Slavco Construction Inc.	NJ DEP Waste 18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S Landfill
City, State Clifton, NJ	Disposal Date TBD	City, State Morrisville, PA	
Completed by (Print or Type) Vivian Jurcovic	Title Administrative Assistant	Signature Vivian Jurcovic	Date 11/23/11

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



Date of Notification (1) 11/25/11		Name of Building Owner/Operator (2) Ken Nelson / Residence							
Agencies Notified	Type Notification	Street Address 43 Park Bld							
<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 Clementon NJ 08021							
		Name of Contact Ken							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ken Nelson / 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 43 Park Bld		Square Feet 1000+	# of Floors 2						
City (5) Clementon NJ 08021		Bldg. Age 35+							
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) 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) 12/7/11	Scheduled Completion Date (11) 12/12/11	Name of OSHA Monitor Pernaco Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	2144 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 12/12/11		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 11/25/11		

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8.60 and 12.120)



Date of Notification (1) 11-23-11		Name of Building Owner/Operator Kennedy Health Systems	
Agencies Notified (x) EPA () DEP (x) DOL (x) DOH () DCA	Notification Type (X) Initial Notification () Amended Certification () Cancelled	Street Address 18 East Laurel Road City, State, Zip Code Stratford, NJ 08084 Name of Contact: Doug Ducat	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kennedy Memorial Hospital			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (x) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 18 East Laurel Road			Sq. Feet 40000 SF # of Floors 4	
City (5) Stratford	County (6) Camden	County Code (7) (State Use Only)	Bldg. Age: +/- 40 years Current Use (prior if being demolished)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No.			Name of Contractor (9) USA Environmental Management, Inc.	

Criterion Labs Street Address 3370 Progress Drive / Suite J		Street Address 8436 Enterprise Avenue	
City, State, Zip Bensalem, Pa. 19020		City, State, Zip Code Philadelphia, PA 19153	

Project Manager for Monitoring Firm Mike Panepresso	Telephone Number 215-244-1300	Telephone Number (215) 365-5810	License Number 00702
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Scheduled Start Date (10) 12-12-11	Scheduled Completion Date (11) 12-27-11	Name of OSHA Monitor USA Environmental Management, Inc.	
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement (X) Abatement Performed Outside of Normal Facility Hours Describe Area in question Work will be performed during normal business hours in the 1 st , 2 nd and 3 rd floor mechanical rooms.		Street Address 8436 Enterprise Avenue	
Other - Describe		City, State, Zip Code Philadelphia, PA 19153	

Source of Work (Check all that apply)

() Demolition (x) Renovation
 () Large Proj. (>160 SF or >260 LF ACM) (X) SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM)
 () Full Containment with Negative Pressure () Mini-Enclosure (X) Glovebag Procedure () Non Exempted or non friable work

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
				Rem.	Rep.	Encap	Enclose
Removal of Asbestos	X						
Containing Pipe Insulation							
Fittings							
Blood Draw Room	X	Fire Proofing	300 SF	X			

Name of Reg. Waste Hauler USAEMI	NJDEP Waste Hauler ID # 32610	Cubic Yards of Waste 20 yds	Name of Reg. Landfill Minerva Landfill
City, State Philadelphia, PA 19153		Disp. Date 10-31-09	City, State Waynesburg, OH
Completed by (Print or Type) Dilip Kumar	Title Program Manager	Signature	Date 11-23-11

NO Dept of Health & Senior Services
 Paul C. Norman
 (signature)
 Date: 11/23/11 Time: 1:55PM

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

RECEIVED
 NOV 29 2011

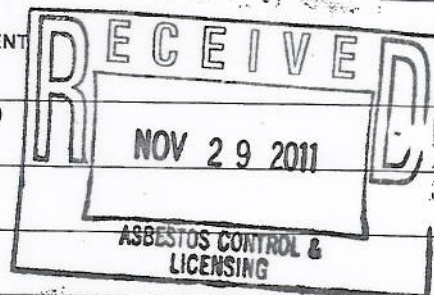
Date of Notification (1) 11-23-2011		Name of Building Owner/Operator (2) GM REALTY							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 374 SYLVAN AVE		City, State, Zip Code ENGLEWOOD CLIFFS NJ 07632							
Name of Contact C. DITTMAR		Telephone Number ASBESTOS CONTROL & LICENSING 32							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) GM REALTY		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 374 SYLVAN AVE		Square Feet 28000	# of Floors 2						
City (5) ENGLEWOOD CLIFFS		Bldg. Age 45 YRS							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT OFFICE/GARAGE							
Name of Monitoring Firm Hired by Building Owner (8) ARCADIS US INC		Name of Abatement Contractor (9) Best Removal Inc							
Street Address 10 FRIENDS LANE		Street Address 450 South River St							
City, State, Zip Code NEWTOWN, PA 18940		City, State, Zip Code Hackensack, N.J. 07601							
Project Manager for Monitoring Firm C. DITTMAR		Telephone No. 800 225 1966	License No. 00388						
Start Date (10) 11-29-2011		Scheduled Completion Date (11) 12-7-2011							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Omega Environmental Services							
		Street Address 280 Huyler St							
		City, State, Zip Code South Hackensack, N.J. 07606							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 180 sf or ≥ 200 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
REAR GARAGE			Y	THERMAL SYSTEM INSULATION	6 LF	X			
FIRST FLOOR LOBBY			Y	VAT + MASTIC	525 SF	X			
FIRST FLOOR + SECOND FLOOR			Y	THERMAL SYSTEM INSULATION	20 LF	X			
Name of Registered Waste Hauler DJM Transport, Inc		NJDEP Waste Hauler ID No. 22393		Cubic Yards of Waste 8 YDS		Name of Registered Landfill GROWS LANDFILL			
City, State South Kearny N.J. 07032		Disposal Date 12-7-2011		City, State FALLS TOWNSHIP, PA					
Completed by J. MAIORANO		Title Estimator		Signature R. Valderon		Date 11-23-2011			

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



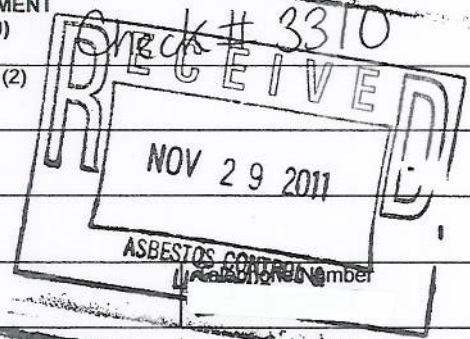
Date of Notification (1) 11/22/2011		Name of Building Owner/Operator (2) Young Jin Management							
Agencies Notified	Type Notification	Street Address P.O. Box 4016							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" 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 Wayne, New Jersey 07470							
		Name of Contact Edwin Kim and/or Jimmy Kim							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4)							
Street Address 129 Market 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) Paterson		Square Feet 10,000	# of Floors 6						
County (6) Passaic		Bldg. Age 100							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm		Telephone No. (973) 928-5040	License No. 00874						
Start Date (10) 12/02/2011	Scheduled Completion Date (11) 12/18/2011	Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 1385 Valley Road, Suite K							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Wayne, New Jersey 07470							
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) <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 - Boiler Room		x		Pipe Insulation	770 LF	x			
Basement - Boiler Room		x		Boiler & Tank Insulation	350 SF	x			
Basement - Boiler Room		x		Duct & Breeching Insulation	380 SF	x			
Basement - Boiler Room		x		ACM Debris on floor	100 SF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 30	Name of Registered Landfill Minerva Enterprises, LLC				
City, State New Castle, Delaware				Disposal Date TBD	City, State Waynesburg, Ohio				
Completed by Predrag Sarcev		Title Vice President		Signature		Date 11/22/2011			

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



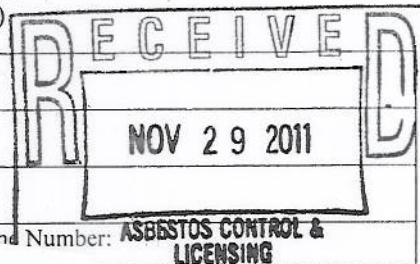
Date of Notification (1) 11/23/2011		Ch# 2044		Name of Building Owner/Operator (2) Mike Calabria	
Agencies Notified		Type Notification		Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		39 Rollinson Street	
				City, State, Zip Code West Orange, NJ 07052	
				Name of Contact Mark Calabria	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4)	
Street Address 39 Rollinson 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) West Orange, NJ 07052				Square Feet 2,200	# of Floors 1
				Bldg. Age 50+	
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental			ASCM No.		Name of Abatement Contractor (9) EA Services Corporation
Street Address 280 Hyuler Street			Street Address 426 69th Street		
City, State, Zip Code South Hackensack			City, State, Zip Code Guttenberg, NJ 07093		
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-295-1700	License No. 01074
Start Date (10) 12/3/2011		Scheduled Completion Date (11) 12/5/2011		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check Only One)				Street Address 307 West 28th Street	
<input checked="" 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: Sat from 7 AM to 5 PM				City, State, Zip Code New York, NY 10018	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement		x		Pipe Insulation	10 LF
Name of Registered Waste Hauler Atlantic Carting			NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill IESI-Bethlehem Landfill Corporation
City, State Wayne, NJ			Disposal Date TBD		City, State Bethlehem, PA
Completed by Luz Guzman		Title Off Manager		Signature <i>Luz Guzman</i>	Date 11/23/2011

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



Date of Notification (1) 11-23-11		Name of Building Owner/Operator (2) Borough of Fairview							
Agencies Notified	Type Notification	Street Address 59 Anderson 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 Fairview, NJ 07022							
		Name of Contact Marc Fresci							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Building Scheduled for Demolition		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 723 Fairview Ave (Main Building)		Square Feet 1,000	# of Floors 1						
City (5) Fairview		Bldg. Age 50 +							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned Building for Demolition							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting LLC						
Street Address n/a		Street Address 22 Troy Ln							
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. 01088						
Start Date (10) 12-03-11	Scheduled Completion Date (11) 12-10-11	Name of OSHA Monitor Jadar Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Scheduled for Demolition</u>		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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			x	Asbestos Roof Flashing	325 SF	x			
Exterior			x	Window Glazing	3 Windows	x			
Name of Registered Waste Hauler Yannuzzi Demolition Inc		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Hillsborough, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Lillie Lazarevich		Title Secretary	Signature <i>Lillie Lazarevich</i>			Date 11-23-11			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)



Date of Notification (1): 11/23/11		Name of Building Owner/Operator (2) Newark Public School							
Agencies Notified	Type Notification	Street Address: 2 Cedar Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code: Newark, NJ 07102							
		Name of Contact: Benjamin T. Olagade	Telephone Number:						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3): Avon Avenue 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: 19 Avon Avenue		Square Feet: # of Floors:							
City/ (5): Newark	County (6): Essex	County Code (7): 07108	Bldg. Age Current Use : School						
Name of Monitoring Firm Hired by Building Owner: TTI Environmental Incorporated		ASCM No.:	Name of Abatement Contractor (9): Envirocare Enterprises, Inc						
Street Address: 1253 North Church Street		Street Address: 358 Broadway							
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: Newark, NJ 07104							
Project Manager for Monitoring Firm: James A. Guillard		Telephone No.: 856-840-8800	Telephone No.: (973) 485-4000 License No.: 01017						
Start Date (10): 11/25/11	Scheduled Completion Date (11): 12/02/11		Name of OSHA Monitor: AmeriSci						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: <input type="checkbox"/> Other Describe:		Street Address: 117 East 30th Street City, State, Zip Code: New York, New York, 10016							
Scope of Work (Check all that apply): <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input 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	Encapsulat	Enclosure
Basement Hallway		X		Pipe Insulation	8 LF	X			
Name of Registered Waste Hauler: Newark Carting		NJDEP Waste Hauler ID No.: 4506		Cubic Yards of Waste: 3	Name of Registered landfill: Tullytown Re. Facility				
City, State: Newark NJ 07102 / Envirocare		Disposal Date:		City, State: Tullytown, PA					
Completed By: Uju Obiorah		Title: President		Signature: 		Date: 11/23/11			

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

Check # 3308

Date of Notification (1) 11-22-11		Name of Building Owner/Operator (2) Duanno Development Co LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 251 Westfield Ave	
		City, State, Zip Code Clark, NJ 07066	
		Name of Contact Brandon	

RECEIVED
NOV 29 2011
ASBESTOS LICEN

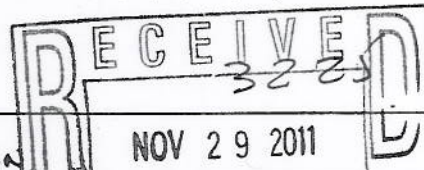
Name of Facility Where Abatement is Taking Place (3) Abandoned Residential Home			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 1123 Peach Tree Lane			Square Feet 3,000	# of Floors 2	Bldg. Age 50
City (5) Mountainside		County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Property Scheduled for Demo	
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Jadar Contracting LLC	
Street Address n/a		Street Address 22 Troy Lane		City, State, Zip Code Lincoln Park, NJ 07035	
City, State, Zip Code n/a		Telephone No. n/a		Telephone No. 973-706-7951	License No. 01088
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Name of OSHA Monitor Jadar Contracting LLC	
Start Date (10) 12-2-11		Scheduled Completion Date (11) 12-3-11		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>Scheduled for Demo</u>	
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"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure			
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure			
		<input type="checkbox"/> Glovebag Procedure			
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	9 x 9 VAT	350	x			

Name of Registered Waste Hauler Jadar Contracting LLC		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill	
City, State Lincoln Park, New Jersey		Disposal Date TBD		City, State Morrisville, PA	
Completed by Lillie Lazarevich		Title Secretary	Signature <i>Lillie Lazarevich</i>		Date 11-22-11

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



Date of Notification (1) 11/23/11		Name of Building Owner/Operator (2) MS. B. ZIMMERMAN	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 233 WATCHUNG FORK	
		City, State, Zip Code WESTFIELD, N.J. 07090	
		Name of Contact MS. ZIMMERMAN	Telephone Number [REDACTED]

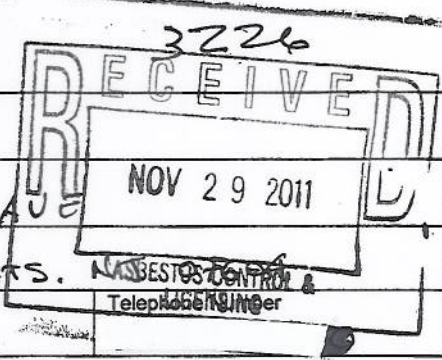
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MS. B. ZIMMERMAN		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 233 WATCHUNG FORK		Square Feet 2500	# of Floors 2
City (5) WESTFIELD		Bldg. Age 1940	
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc	
Street Address		Street Address 450 South River St	
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388
Start Date (10) 12/5/11	Scheduled Completion Date (11) 12/8/11	Name of OSHA Monitor Omega Environmental Services	
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: 2 PM TO 5 PM		Street Address 280 Huyler St	
		City, State, Zip Code South Hackensack, N.J. 07606	

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) <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				VAT	900 SF	x			

Name of Registered Waste Hauler DJM Transport, Inc		NJDEP Waste Hauler ID No. 22393	Cubic Yards of Waste 4.07	Name of Registered Landfill Cumberland County Landfill	
City, State South Kearny N.J. 07032		Disposal Date 12/8/11	City, State Newburgh PA, 17242		
Completed by J. MAIORANO	Title Estimator	Signature <i>[Signature]</i>	Date 11/23/11		

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



Date of Notification (1) 11/23/11		Name of Building Owner/Operator (2) MR. J. SCHICK	
Agencies Notified	Type Notification	Street Address	<div style="border: 1px solid black; padding: 5px;"> NOV 29 2011 ASBESTOS CONTROL & REMEDIATION Telephone: 908-734-1100 </div>
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	254 STANLEY AVE City, State, Zip Code HASBROUCK HEIGHTS, NJ 07032	
		Name of Contact MR. SCHICK	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MR. SCHICK		Type of Facility (4)	
Street Address 254 STANLEY 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) HASBROUCK HEIGHTS	Square Feet 2000	# of Floors 2	Bldg. Age 1940
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc
Street Address		Street Address 450 South River St	
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388
Start Date (10) 12/8/11	Scheduled Completion Date (11) 12/9/11	Name of OSHA Monitor Omega Environmental Services	
Occupancy Status During Abatement (Check Only One)		Street Address 280 Huyler St	
<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 AM TO 5 PM		City, State, Zip Code South Hackensack, N.J. 07606	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT				THERMAL SYSTEMS INSULATION	40 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler DJM Transport, Inc	NJDEP Waste Hauler ID No. 22393	Cubic Yards of Waste 2	Name of Registered Landfill Cumberland County Landfill
City, State South Kearny N.J. 07032		Disposal Date 12/9/11	City, State Newburgh PA, 17242
Completed by J. MAIORANO	Title Estimator	Signature <i>J. Maiorano</i>	Date 11/23/11

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

Date of Notification (1) November 23, 2011		Name of Building Owner/Operator (2) Trinity Construction, Inc.	
Agencies Notified	Type of Notification	Street Address	<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 0.8em;">NOV 29 2011</div>
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	2290 West County Line Road, Suite 202	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Jackson, NJ 08527	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	David Kiessling	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) New Lisbon Development Center-Vine Cottage			Type of Facility (4)		
Street Address 130 Route 72			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K-12)		
City New Lisbon			County (6) Burlington		
Square feet 6000 sf			# of Floors 1		Bldg. Age 50
Current Use (Prior if being demolished) Cottages					
Name of Monitoring Firm Hired by Building Owner (8) Whitman			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 116 Tices Lane, Unit B1			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code East Brunswick, NJ 08816			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number 732-390-5858	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 12/07/11		Scheduled Completion Date (11) 12/30/11		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"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition		
			<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Encapsulation <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) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Attic		X		Asbestos elbows & joints	110 lf			X	

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 1	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 01/04/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 11/23/2011

**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) November 23, 2011		Name of Building Owner/Operator (2) Trinity Construction, Inc.	
Agencies Notified	Type of Notification	Street Address	<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED NOV 29 2011 </div>
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	2290 West County Line Road, Suite 202	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code Jackson, NJ 08527	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	David Kiessling	ASBESTOS
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) New Lisbon Development Center-Teaberry Cottage			Type of Facility (4)		
Street Address 130 Route 72			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K-12)		
City New Lisbon			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
County (6) Burlington	County Code (7) (STATE USE ONLY)	Square feet 6000 sf	# of Floors 1	Bldg. Age 50	
Name of Monitoring Firm Hired by Building Owner (8) Whitman			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 116 Tices Lane, Unit B1			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code East Brunswick, NJ 08816			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm	Telephone Number 732-390-5858	Telephone Number 732-349-9932	License Number 00624		
Scheduled Start Date (10) 12/07/11	Scheduled Completion Date (11) 12/30/11	Name of OSHA Monitor E.M.S.L. Analytical			
Occupancy Status During Abatement (Check only one)			Street Address 1056 Stelton Road		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State, Zip Code Piscataway, New Jersey 08854		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours					
<input type="checkbox"/> Other - Describe _____					
Scope of Work (Check all that apply)			<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Encapsulation <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
<input checked="" type="checkbox"/> >3 sf or ≥3 lf			<input checked="" type="checkbox"/> Renovation		
<input type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Demolition		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Attic		X		Asbestos elbows & joints	110 lf			X	

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 1	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 01/04/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 11/23/2011

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