

Project #

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

Check # 2276

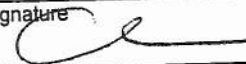
Date of Notification (1) 11/23/2013		Name of Building Owner/Operator (2) Blessed Sacrament School							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 277 6th Ave							
		City, State, Zip Code Paterson, NJ 07524							
		Name of Contact Leila Poppos							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Blessed Sacrament 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 277 6th Ave		Square Feet	# of Floors						
City (5) Paterson, NJ		Bldg. Age							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) RAMM		ASCM No.	Name of Abatement Contractor (9) Nick Restoration LLC						
Street Address 77 Nottingham Road		Street Address 72 Brookside Rd							
City, State, Zip Code Fair Lawn		City, State, Zip Code Randolph NJ 07869							
Project Manager for Monitoring Firm Rodger Headrick		Telephone No. (201)475-9880	Telephone No. 973-933-2550						
License No. 01133		Name of OSHA Monitor J&S Environmental							
Start Date (10) 12/06/2013		Scheduled Completion Date (11) 12/09/2013							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 3pm-11.30pm		Street Address 2333 RT 22							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room		<input checked="" type="checkbox"/>		TSI	7 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 0033782	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State Randolph, NJ 07869		Disposal Date TBD		City, State Tullytown, PA					
Completed by Elvira Mrda		Title President		Signature <i>Elvira Mrda</i>			Date 11/23/2013		

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

Date of Notification (1) 11/22/13 CK: 2913 \$200		Name of Building Owner/Operator (2) River Dell Regional School District							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 230 Woodland Avenue							
		City, State, Zip Code River Edge, New Jersey 07661							
		Name of Contact Thomas Bonfiglio							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) River Dell High 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 55 Pyle Street		Square Feet 30,000	# of Floors 2						
City (5) Oradell, New Jersey		Bldg. Age 55+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) High School							
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	License No. 01104						
Start Date (10) 12/20/13	Scheduled Completion Date (11) 12/31/13	Name of OSHA Monitor J&S Environmental							
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 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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BoilerRoomtoAuditoriumCrawlspace	X			Pipe & Fitting Insulation	1,470 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424			Disposal Date 01/03/13	City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>	Date 11/22/13					


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

OK 3741

Date of Notification (1) 11/26/13		Name of Building Owner/Operator (2) City Of Pleasantville							
Agencies Notified	Type Notification	Street Address 18 North 1st 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 Pleasantville NJ 08232 Name of Contact Kevin Cane							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) City Of Pleasantville / 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 200 East Oakland Ave		Square Feet 1000+	# of Floors 2						
City (5) Pleasantville NJ 08232		Bldg. Age 35 +							
County (6) Atlantic	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) 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. _____	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 12/9/13	Scheduled Completion Date (11) 12/13/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior siding			x	exterior Siding	1800 SF	x			
first floor			x	Floor tile	600 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 12/13/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 11/26/13	

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

CHECK # 8152

Date of Notification (1) 11 / 25 / 13		Name of Building Owner/Operator (2) New Jersey Institute of Technology							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 323 Dr. Martin Luther King Jr. Blvd.							
		City, State, Zip Code Newark, NJ 07102							
		Name of Contact Mr. Joseph Myers							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJIT - Central High School		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 363-383 Martin Luther King Jr. Blvd. (100 Summit Street)									
City (5) Newark	Square Feet 300,000 SF	# of Floors 4	Bldg. Age 40+						
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc.	ASCM No. 117	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.							
Street Address 318 12th Street		Street Address 494 E. 41 Street							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm James J. Proctor	Telephone No. 609-704-8850	Telephone No. 973-345-0022	License No. 00507						
Start Date (10) 12 / 18 / 13	Scheduled Completion Date (11) 01 / 20 / 14	Name of OSHA Monitor East Coast Haz Mat Removal, Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-4:00PM / ____ PM-____ AM		Street Address 494 E. 41 Street							
		City, State, Zip Code Paterson, NJ 07504							
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 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
2nd Fl-Rm 208/A, 208B, 209&Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling & Wall Plaster	4,530 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staircase (2) - Two	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling & Wall Plaster	1,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Fl - North Elevation - Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spot Removal - Around Perimeter	150 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"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 13206	Cubic Yards of Waste 100	Name of Registered Landfill GROWS, Inc.					
City, State Paterson, NJ 07504			Disposal Date 01-20-2014	City, State Morrisville, PA 12506					
Completed By (Print or Type) Leslie Olszewski	Title Project Manager		Signature 			Date 11-25-13			

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

RECEIVED
2013 NOV 29 PM 12:11
CHECK #2357807
ASBESTOS ABATEMENT
LICENSURE CONTROL

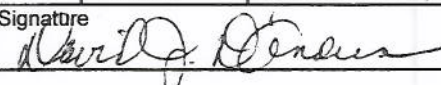
Date of Notification (1) 11/1/2013		Name of Building Owner/Operator (2) UNITED PRESBYTERIAN CHURCH	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 12 YARDVILLE-HAMILTON ROAD
			City, State, Zip Code YARDVILLE, NJ 08620
			Name of Contact DAVID J. D'ANDREA
			Telephone Number [REDACTED]
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) UNITED PRESBYTERIAN CHURCH		Type of Facility (4) <input type="checkbox"/> School K-12 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> OTHER	
Street Address 12 YARDVILLE-HAMILTON ROAD		Square Feet	# of Floors Bldg. Age
City (5) YARDVILLE, NJ 08620			
County MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) AMERITECH		ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.
Street Address 1A ST. LAWRENCE AVE.		Street Address 15 BLACK FOREST ROAD	
City, State, Zip Code SEASIDE HEIGHTS, NJ 08751		City, State, Zip Code HAMILTON, NJ 08691	
Project Manager for Monitoring Firm RODNEY MORRIS	Telephone No. 732-664-7788	Telephone No. 609-890-7110	License No. 00676
Start Date (10) 11/25/2013	Scheduled Completion Date (11) 11/29/2013	Name of OSHA Monitor AMERITECH	
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 1A ST. LAWRENCE AVENUE	
		City, State, Zip Code SEASIDE HEIGHTS, NJ 08751	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Wrap & Cut <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
VESTIBULE WALLS		<input checked="" type="checkbox"/>	ACM/PLASTER
VAT		<input checked="" type="checkbox"/>	1ST FLOOR AREA
Name of Registered Waste Hauler TIMSTER TRUCKING, INC.		NJDEP Waste Hauler ID No. 21079	Cubic Yards of Waste 10 YDS.
City, State WEST CREEK, NJ		Disposal Date 12/2/2013	Name of Registered Landfill GROWS
Completed By DAVID D'ANDREA		Title PRESIDENT	Signature <i>David J. D'Andrea</i>
			Date 11/1/2013

ASB-41

* Do not use this form for asbestos licensure exempted activities

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

CHECK #23577

Date of Notification (1) 11/1/2013		Name of Building Owner/Operator (2) NOTRE DAME HIGH SCHOOL (TRENTON DIOCESE)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 601 LAWRENCE ROAD City, State, Zip Code LAWRENCEVILLE, NJ Name of Contact DAVID J. D'ANDREA							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NOTRE DAME HIGH SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School K-12 <input type="checkbox"/> Subchapter 8 (Other than K-12)							
Street Address 601 LAWRENCE ROAD									
City (5) LAWRENCEVILLE, NJ 08648		Square Feet	# of Floors Bldg. Age						
County MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) AMERITECH		ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.						
Street Address 1A ST. LAWRENCE AVE.		Street Address 15 BLACK FOREST ROAD							
City, State, Zip Code SEASIDE HEIGHTS, NJ 08751		City, State, Zip Code HAMILTON, NJ 08691							
Project Manager for Monitoring Firm RODNEY MORRIS	Telephone No. 732-664-7788	Telephone No. 609-890-7110	License No. 00676						
Start Date (10) 11/29/2013	Scheduled Completion Date (11) 11/30/2013	Name of OSHA Monitor AMERITECH							
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 1A ST. LAWRENCE AVENUE City, State, Zip Code SEASIDE HEIGHTS, NJ 08751							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Wrap & Cut <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
CEILING	X			ASBESTOS CEILING MATERIAL	128 SFQ. FT.	X			
Name of Registered Waste Hauler ROBINSON WASTE DISPOSAL, INC.		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 1	Name of Registered Landfill GROWS					
City, State BELLMAWR, NJ		Disposal Date 12/2/2013		City, State MORRISVILLE, PA					
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature 				Date 11/1/2013			

ASB-41

* Do not use this form for asbestos licensure exempted activities

APPROVED: CINDY MITCHELL,
AGENT NJDOH

RECEIVED
C# 2527
NOV 23 PM 12:10

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:26 and 12:120)

RECEIVED
2013 NOV 29 PM 12:16
CL# 235

Date of Notification (1)
10/1/2012

Agencies Notified
☐ EPA
☐ DEP
☒ DOL 6850
☒ DOH 6381
☐ DCA

Type Notification
☒ Initial
☐ Amended
☐ Emergency
☐ Cancellation

Name of Building Owner / Operator (2)
Hess Corporation

Street Address
One Hess Plaza
City, State & Zip Code
Woodbridge, NJ 07095
Name of Contact
John Philbin

Name of Facility Where Abatement is Taking Place (3)
Hess Corporation

Street Address
Smith Street & Convery Boulevard

City (5)
Perth Amboy

County (6)
Middlesex

County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
AET, Inc.

Street Address
28 N. Pennell Road
City, State & Zip Code
Media, PA 19063

Project Manager for Monitoring Firm
Dave Turosky

Scheduled Start Date (10)
10/1/2012

Scheduled Completion Date (11)
11/16/2012

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours - Describe:
☒ Facility Occupied During Abatement: 8:30 AM - 3:30 PM

Scope of Work (Check all that apply)

☒ ≥ 3 sf or ≥ 3 ft
☐ ≥ 160 sf or ≥ 260 ft

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glove Bag Procedures
☐ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)

Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Boiler Room
Boiler Room
Boiler Room

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>

Pipe Insulation
Elbows
Transite ceiling

141 LF
2 EA

Removal	Repair	Encapsulation	Enclosure
<input checked="" 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 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"/>

RECEIVED
2013 NOV 29 PM 12:16
ASBESTOS CONTROL

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

CL # 2357

Date of Notification (1) 10/1/2012		Name of Building Owner / Operator (2) Hess Corporation
Agencies Notified	Type Notification	Street Address One Hess Plaza
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Woodbridge, NJ 07095
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Ref 1-10/10/12	Name of Contact John Philbin
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	
<input type="checkbox"/> DCA		

Name of Facility Where Abatement is Taking Place (3)
Hess Corporation

Street Address Smith Street & Convery Boulevard		Type of Facility (4)
City (5) Perth Amboy	County (6) Middlesex	<input type="checkbox"/> School (K-12)
County Code (7)		<input type="checkbox"/> Subchapter 8 (Other than K-12)
		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)
		Square Feet
		# of Floors
		Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.	ASCM No.	Current Use (Prior if being demolished) Boiler Room
--	----------	--

Street Address 28 N. Pennell Road	Name of Abatement Contractor (9) Bristol Environmental, Inc.
--------------------------------------	---

City, State & Zip Code Media, PA 19063	Street Address 1123 Beaver Street
---	--------------------------------------

Project Manager for Monitoring Firm Dave Turetsky	City, State & Zip Code Bristol, PA 19007
--	---

Scheduled Start Date (10) 10/16/2012	Telephone Number 800-869-6AET	Telephone Number (215)788-6040	License Number 00509
---	----------------------------------	-----------------------------------	-------------------------

Scheduled Completion Date (11) 11/16/2012	Name of OSHA Monitor Bristol Environmental Inc.
--	--

Occupancy Status During Abatement (Check only one)	Street Address 1123 Beaver Street
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement	City, State & Zip Code Bristol, PA 19007
<input type="checkbox"/> Abatement Performed Outside of Normal Hours - Describe:	

<input checked="" type="checkbox"/> Facility Occupied During Abatement: 8:30 AM - 3:30 PM	
---	--

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type
--	--	---	---------------------------	----------------

	Yes	No	N/A				
--	-----	----	-----	--	--	--	--

Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	141 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------	-------------------------------------	--------------------------	--------------------------	-----------------	--------	-------------------------------------	--------------------------	--------------------------	--------------------------

Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elbows	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------	-------------------------------------	--------------------------	--------------------------	--------	------	-------------------------------------	--------------------------	--------------------------	--------------------------

Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite ceiling	2,245 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------	-------------------------------------	--------------------------	--------------------------	------------------	----------	-------------------------------------	--------------------------	--------------------------	--------------------------

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

CL # 2365

[illegible]

RECEIVED
2013 NOV 29 PM 12:16
ASBESTOS UNIT 1701

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

Date of Notification (1) 10/1/2012		Name of Building Owner / Operator (2) Hess Corporation		
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R413-10/25/12 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		
Street Address Smith Street & Convery Boulevard		City, State & Zip Code Woodbridge, NJ 07095		
City (5) Perth Amboy		County (6) Middlesex		
County Code (7)		Name of Contact John Philbin		
Name of Facility Where Abatement is Taking Place (3) Hess Corporation				
FACILITY INFORMATION				
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.)		Square Feet # of Floors Bldg. Age		
Current Use (Prior if being demolished) Boiler Room		Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 28 N. Pennell Road		Street Address 1123 Beaver Street		
City, State & Zip Code Media, PA 19063		City, State & Zip Code Bristol, PA 19007		
Project Manager for Monitoring Firm Dave Turosky		Telephone Number 800-969-6AET		
Scheduled Start Date (10) 10/16/2012		Scheduled Completion Date (11) 11/16/2012		
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 Hours - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement: 8:30 AM - 3:30 PM		Name of OSHA Monitor Bristol Environmental Inc.		
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type
Boiler Room	Yes No N/A	Pipe Insulation	341 LF	Removal
Boiler Room		Elbows	2 EA	Repair
Boiler Room		Transite ceiling	2,245 SF	Encapsulate
				Enclosure
Name of Registered Waste Hauler Bristol Environmental, Inc.		NJDEP Waste Hauler ID No.	Cubic Yards	Name of Backfill

RECEIVED
2013 NOV 29 PM 12:16
ASBESTOS CONTROL

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

Date of Notification (1) 10/1/2012		Name of Building Owner / Operator (2) Hess Corporation	
Agencies Notified	Type Notification	Street Address One Hess Plaza	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial ***	City, State & Zip Code Woodbridge, NJ 07096	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended R44-10/26/12	Name of Contact John Philbin	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

Name of Facility Where Abatement is Taking Place (3) Hess Corporation			
Street Address Smith Street & Convery Boulevard			
City (5) Perth Amboy	County (6) Middlesex	County Code (7)	
Type of Facility (4)		Square Feet	
<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.)		# of Floors	
Current Use (Prior to being demolished) Boiler Room		Bldg. Age	

Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.	
Street Address 28 N. Pennell Road			Street Address 1123 Beaver Street	
City, State & Zip Code Media, PA 19063			City, State & Zip Code Bristol, PA 19007	
Project Manager for Monitoring Firm Dave Turotzy		Telephone Number 800-869-6AET	Telephone Number (215)788-6040	
Scheduled Start Date (10) 10/16/2012	Scheduled Completion Date (11) 11/16/2012		License Number 00508	

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Hours - Describe:

☒ Facility Occupied During Abatement: **8:30 AM - 3:30 PM**

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

☒ Glove Bag Procedures

☐ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	341 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elbows	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite ceiling	2,245 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

Bristol Environmental, Inc.

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

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

RECEIVED
2013 NOV 29 PM 12:15
HESSE CORPORATION

Date of Notification (1) 10/1/2012		Name of Building Owner / Operator (2) Hess Corporation	
Agencies Notified	Type Notification	Street Address One Hess Plaza	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Woodbridge, NJ 07095	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended R/S-11/5/12	Name of Contact John Philbin	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

Name of Facility Where Abatement is Taking Place (3) Hess Corporation				Type of Facility (4)	
Street Address Smith Street & Convery Boulevard				<input type="checkbox"/> School (K-12)	
City (5) Perth Amboy				<input type="checkbox"/> Subchapter 8 (Other than K-12)	
County (6) Middlesex		County Code (7)		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Square Feet				# of Floors	
Bldg. Age				Current Use (Prior if being demolished) Boiler Room	
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.			ASCM No.		
Street Address 28 N. Pennell Road			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
City, State & Zip Code Media, PA 19063			Street Address 1123 Beaver Street		
Project Manager for Monitoring Firm Dave Turotzy			City, State & Zip Code Bristol, PA 19007		
Telephone Number 800-969-6AET			Telephone Number (215)788-6040		License Number 00509
Scheduled Start Date (10) 10/16/2012		Scheduled Completion Date (11) 11/16/2012			
Occupancy Status During Abatement (Check only one)				Name of OSHA Monitor Bristol Environmental Inc.	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement				Street Address 1123 Beaver Street	
<input type="checkbox"/> Abatement Performed Outside of Normal Hours - Describe:				City, State & Zip Code Bristol, PA 19007	
<input checked="" type="checkbox"/> Facility Occupied During Abatement: 8:30 AM - 3:30 PM					

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 checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	341 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elbows	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite ceiling	2,246 SF	<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 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 Bristol Environmental, Inc.	NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 8	Name of Registered Landfill GROWS LANDFILL
---	---	----------------------------------	--

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

RECEIVED
2012 NOV 28 PM 12:15
ASBP
NJDEP
OFFICE OF
PUBLIC INFORMATION

Date of Notification (1) 10/1/2012		Name of Building Owner / Operator (2) Hess Corporation	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#6-11/16/12 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address One Hess Plaza		City, State & Zip Code Woodbridge, NJ 07095	
Name of Contact John Philbin			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hess Corporation			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address Smith Street & Convery Boulevard			Square Feet		
City (5) Perth Amboy			County (6) Middlesex	County Code (7)	
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.			ASCM No.		
Street Address 28 N. Pennell Road			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
City, State & Zip Code Media, PA 19063			Street Address 1123 Beaver Street		
Project Manager for Monitoring Firm Dave Turotsy			City, State & Zip Code Bristol, PA 19007		
Telephone Number 800-969-6AET			Telephone Number (215)788-6040		
Scheduled Start Date (10) 10/16/2012			Scheduled Completion Date (11) ON HOLD		
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 Hours - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement: 8:30 AM - 3:30 PM			License Number 00509		
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure			Name of OSHA Monitor Bristol Environmental Inc.		
Street Address 1123 Beaver Street			City, State & Zip Code Bristol, PA 19007		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	341 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elbows	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite ceiling	2,245 SF	<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 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 Bristol Environmental, Inc.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 8	Name of Registered Landfill GROWS LANDFILL
City, State				

RECEIVED
2013 NOV 29 PM 12:25
CL # 2395

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

Date of Notification (1) 10/1/2012		Name of Building Owner / Operator (2) Hess Corporation	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#7-1/15/13 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address One Hess Plaza City, State & Zip Code Woodbridge, NJ 07095 Name of Contact John Philbin	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Hess Corporation		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address Smith Street & Convery Boulevard		Square Feet	# of Floors
City (5) Perth Amboy	County (6) Middlesex	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) Boiler Room	
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No.	
Street Address 28 N. Pennell Road		Name of Abatement Contractor (9) Bristol Environmental, Inc.	
City, State & Zip Code Media, PA 19063		Street Address 1123 Beaver Street	
Project Manager for Monitoring Firm Dave Turotsy		City, State & Zip Code Bristol, PA 19007	
Telephone Number 800-969-6AET		Telephone Number (215)788-6040	License Number 00509
Scheduled Start Date (10) 10/16/2012	Scheduled Completion Date (11) (REVISED) ON SITE 1/16 - 1/18/13	Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement: 7:00 AM - 3:30 PM		Street Address 1123 Beaver Street	
		City, State & Zip Code Bristol, PA 19007	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	341 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elbows	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite ceiling	2,245 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispatch Office, Bathroom, Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT & Mastic	625 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Wall Panel	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bristol Environmental, Inc.	NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 8	Name of Registered Landfill GROWS LANDFILL
City, State Bristol, PA	Disposal Date 11/16/12	City, State PA	

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

RECEIVED
2013 NOV 29 PM 12:15

Date of Notification (1) 10/1/2012		Name of Building Owner / Operator (2) Hess Corporation	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#8-1/17/13 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	One Hess Plaza City, State & Zip Code Woodbridge, NJ 07095	
		Name of Contact John Philbin	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Hess Corporation		Type of Facility (4)	
Street Address Smith Street & Convery Boulevard		<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) Perth Amboy	County (6) Middlesex	County Code (7)	Square Feet # of Floors Bldg. Age
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No. Name of Abatement Contractor (9) Bristol Environmental, Inc.	
Street Address 28 N. Pennell Road		Street Address 1123 Beaver Street	
City, State & Zip Code Media, PA 19063		City, State & Zip Code Bristol, PA 19007	
Project Manager for Monitoring Firm Dave Turotsy		Telephone Number 800-969-6AET	Telephone Number (215)788-6040 License Number 00509
Scheduled Start Date (10) 10/16/2012	Scheduled Completion Date (11) ON HOLD 1/17/13		Name of OSHA Monitor Bristol Environmental Inc.
Occupancy Status During Abatement (Check only one)		Street Address 1123 Beaver Street	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement: 7:00 AM – 3:30 PM		City, State & Zip Code Bristol, PA 19007	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	341 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elbows	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite ceiling	2,245 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dispatch Office, Bathroom, Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT & Mastic	625 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Wall Panel	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bristol Environmental, Inc.	NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 8	Name of Registered Landfill GROWS LANDFILL
City, State Bristol, PA	Disposal Date 11/16/12	City, State MORRISVILLE, PA	

Completed By (Print or Type)

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

RECEIVED
2012 NOV 29 PM 2:15

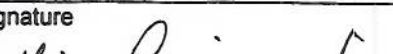
Date of Notification (1) 10/1/2012		Name of Building Owner / Operator (2) Hess Corporation	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification		Street Address
	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#9-1/21/13 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		One Hess Plaza
			City, State & Zip Code
			Woodbridge, NJ 07095
		Name of Contact John Philbin	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Hess Corporation		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address Smith Street & Convery Boulevard		Square Feet	# of Floors
City (5) Perth Amboy	County (6) Middlesex	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) Boiler Room	
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		Name of Abatement Contractor (9) Bristol Environmental, Inc.	
Street Address 28 N. Pennell Road		Street Address 1123 Beaver Street	
City, State & Zip Code Media, PA 19063		City, State & Zip Code Bristol, PA 19007	
Project Manager for Monitoring Firm Dave Turotsy		Telephone Number 800-969-6AET	License Number 00509
Scheduled Start Date (10) 10/16/2012	Scheduled Completion Date (11) ON SITE 1/21-1/23 (1/24 ON HOLD)		Name of OSHA Monitor Bristol Environmental Inc.
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement: 7:00 AM - 3:30 PM		Street Address 1123 Beaver Street	
		City, State & Zip Code Bristol, PA 19007	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	341 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elbows	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite ceiling	2,245 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dispatch Office, Bathroom, Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT & Mastic	625 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Wall Panel	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bristol Environmental, Inc.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 8	Name of Registered Landfill GROWS LANDFILL	
City, State Bristol, PA		Disposal Date 11/16/12	City, State MORRISVILLE, PA		
Completed By (Print or Type) Gino Pizzigoni		Title Project	Signature 		Date 10/1/12

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

PAGE 1

Date of Notification (1) 10/1/2012		Name of Building Owner / Operator (2) Hess Corporation	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#10-5/2013 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address One Hess Plaza City, State & Zip Code Woodbridge, NJ 07095 Name of Contact John Philbin	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hess Corporation			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address Smith Street & Convery Boulevard			Square Feet # of Floors Bldg. Age		
City (5) Perth Amboy	County (6) Middlesex	County Code (7)	Current Use (Prior if being demolished) Boiler Room		
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 28 N. Pennell Road		Street Address 1123 Beaver Street			
City, State & Zip Code Media, PA 19063		City, State & Zip Code Bristol, PA 19007			
Project Manager for Monitoring Firm Dave Turotsy		Telephone Number 800-969-6AET	Telephone Number (215)788-6040	License Number 00509	
Scheduled Start Date (10) 10/16/2012	Scheduled Completion Date (11) ON SITE 5/28-5/29 (5/30 ON HOLD)		Name of OSHA Monitor Bristol Environmental Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement: 7:00 AM - 3:30 PM			Street Address 1123 Beaver Street City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	341 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elbows	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite ceiling	2,245 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dispatch Office, Bathroom, Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT & Mastic	625 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Wall Panel	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bristol Environmental, Inc.	NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 8	Name of Registered Landfill GROWS LANDFILL
City, State Bristol, PA		Disposal Date 11/16/12	City, State MORRISVILLE, PA
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature <i>Gino Pizzigoni / jf</i>	Date 10/1/12

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

Ch # 2439

PAGE 2

2013 NOV 29 PM 12:15
ASBESTOS CONTROL
& ABATEMENT

Date of Notification (1) 10/1/2012		Name of Building Owner / Operator (2) Hess Corporation	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	One Hess Plaza	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended R#10-5/20/13	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Woodbridge, NJ 07095	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	
<input type="checkbox"/> DCA		John Philbin	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hess Corporation			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address Smith Street & Convery Boulevard			Square Feet	# of Floors	Bldg. Age
City (5) Perth Amboy	County (6) Middlesex	County Code (7)	Current Use (Prior if being demolished) Boiler Room		
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 28 N. Pennell Road		Street Address 1123 Beaver Street			
City, State & Zip Code Media, PA 19063		City, State & Zip Code Bristol, PA 19007			
Project Manager for Monitoring Firm Dave Turotsy		Telephone Number 800-969-6AET	Telephone Number (215)788-6040	License Number 00509	
Scheduled Start Date (10) 10/16/2012	Scheduled Completion Date (11) ON SITE 5/28-5/29 (5/30 ON HOLD)		Name of OSHA Monitor Bristol Environmental Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement: 7:00 AM - 3:30 PM			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
GARAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	60 Ea.	<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"/>
	<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 Bristol Environmental, Inc.	NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 8	Name of Registered Landfill GROWS LANDFILL
City, State Bristol, PA	Disposal Date 11/16/12	City, State MORRISVILLE, PA	
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature <i>Gino Pizzigoni</i>	Date 10/1/12

NOTE:

PLEASE CLOSE OUT

PROJECT COMPLETE

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120)

PAGE 1

Date of Notification (1) 10/1/2012		Name of Building Owner / Operator (2) Hess Corporation	
Agencies Notified	Type Notification	Street Address One Hess Plaza	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Woodbridge, NJ 07095	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended R#11-11/27/12	Name of Contact John Philbin	
<input type="checkbox"/> DOL	<input type="checkbox"/> Emergency		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hess Corporation			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address Smith Street & Convery Boulevard			Square Feet		
City (5) Perth Amboy			County (6) Middlesex		Bldg. Age
County Code (7)			Current Use (Prior if being demolished) Boiler Room		
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 28 N. Pennell Road			Street Address 1123 Beaver Street		
City, State & Zip Code Media, PA 19063			City, State & Zip Code Bristol, PA 19007		
Project Manager for Monitoring Firm Dave Turotsy			Telephone Number 800-969-6AET		License Number 00509
Scheduled Start Date (10) 10/16/2012		Scheduled Completion Date (11) ON SITE 5/28-5/29 (5/30 ON HOLD)		Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement: 7:00 AM - 3:30 PM			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

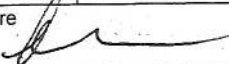
- | | | |
|---|--|--|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> Glove Bag Procedures |
| | | <input type="checkbox"/> Non-Exempted and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	341 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elbows	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite ceiling	2,245 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dispatch Office, Bathroom, Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT & Mastic	625 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Wall Panel	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bristol Environmental, Inc.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 8	Name of Registered Landfill GROWS LANDFILL	
City, State Bristol, PA		Disposal Date 11/16/12		City, State MORRISVILLE, PA	
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 10/1/12

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

CHECK 12521

Date of Notification (1) 11/25/13		Name of Building Owner/Operator (2) Lucio Costa							
Agencies Notified	Type Notification	Street Address 127 Mine Hill Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Mount Olive, NJ							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Lucio Costa							
FACILITY INFORMATION									
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 127 Mine Hill Road		Square Feet 2200	# of Floors 2						
City (5) Mount Olive		Bldg. Age 50							
County (6) Morristown	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 PO Box 483, 4 E Gate Drive							
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) 12/4/13	Scheduled Completion Date (11) 1/4/13	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"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	220 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S.					
City, State Freehold NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Andrew Scott Higgins		Title President/Owner		Signature 				Date 11/25/13	

Nov 22 2013 01:17pm

P001/001

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

CHECK #: 8318

Date of Notification (1) 11/22/13		Name of Building Owner/Operator (2) JAY BLESLOW		APPROVED NJ Dept of Health & Senior Services Paul C. Homan (signature) Date: 11/22/13 Time: 1:17 PM	
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 668 BIRCHWOOD DR. City, State, Zip Code WYCKOFF, N.J. 07481 Name of Contact JAY BLESLOW	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) RESIDENCE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 3 ABELDEEN PL.			Square Feet 1550	# of Floors 2	Build. Age +50
City (5) FAIRLAWN			Current Use (Prior if being demolished) RESIDENTIAL		
County (6) BERGEN		County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. MAC Contracting Inc	
Street Address		Street Address 105 Lowell Road			
City, State, Zip Code		City, State, Zip Code Glen Rock, NJ 07452			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-282-5841	License No. 00156
Start Date (10) 11/25/13		Scheduled Completion Date (11) 12/15/13		Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 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)
	Yes	No	N/A		
Basement			✓	PIPE INSULATION	85LF
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State, Zip Code Fairview, NJ 07410		Disposal Date 11/25/13		City, State, Zip Code Bethlehem, PA 18015	
Completed by Joseph Vaccaro		Title Operations		Signature J. Vaccaro Date 11/21/13	

NO HEAT EMERGENCY
REQUEST FOR WAIVER (TODAY)

State of New Jersey
NOTIFICATION OF ADOPTION AGREEMENT
Pursuant to N.J.A.C. 17:27 and 17:28

check 4 DOZ 10 DAY

Request for Quote Number (001414)		Name of Building Owner/Owner's Rep		Date of Quote (001414)	
11-22-2013		R. SUPINO		NOV 22, 2013	
Agency Name		Type of Building		Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOE <input type="checkbox"/> DEA		<input type="checkbox"/> School <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Government (Federal) <input type="checkbox"/> (State/Local) <input type="checkbox"/> Other		46 GOODWIN TERRACE City, State, Zip Code WESTWOOD, NJ 07 Name of Contact R. SUPINO/PETER REINER	
FACILITY INFORMATION					
Name of Facility (Name, Address, City, State, Zip Code)			Type of Facility (001414)		
R SUPINO			<input type="checkbox"/> School (001414) <input type="checkbox"/> Industrial (001414) (Other type 001414) <input type="checkbox"/> Other (e.g., private & commercial buildings, houses, etc.)		
46 GOODWIN TERRACE			Square Feet 2000		
WESTWOOD			Surface 3		
City, State, Zip Code			Age 84 yrs		
BERGEN			County Code (7) (State Code) RESIDENCE		
Name of Building Firm/Name of Building (Owner)		Name of Building Contractor (001414)		Name of Building Contractor (001414)	
Best Renovation Inc		Best Renovation Inc		Name of Building Contractor (001414)	
Address		Address		Address	
450 S. River St		450 S. River St		Address	
City, State, Zip Code		City, State, Zip Code		City, State, Zip Code	
Hackensack, N.J. 07601		Hackensack, N.J. 07601		City, State, Zip Code	
Phone Number for Building Firm		Phone Number		Phone Number	
201-329-7444		201-329-7444		Phone Number	
Fax Number		Fax Number		Fax Number	
00388		00388		Fax Number	
Quote Date (001414)		Quote Date (001414)		Quote Date (001414)	
11-23-2013		11-25-2013		Quote Date (001414)	
Company Name Doing Estimate (if not only one)		Company Name Doing Estimate (if not only one)		Company Name Doing Estimate (if not only one)	
Omega Environmental Inc		Omega Environmental Inc		Company Name Doing Estimate (if not only one)	
Address		Address		Address	
280 Bayler St		280 Bayler St		Address	
City, State, Zip Code		City, State, Zip Code		City, State, Zip Code	
South Hackensack, N.J. 07606		South Hackensack, N.J. 07606		City, State, Zip Code	
Scope of Work (check all that apply)		Scope of Work (check all that apply)		Scope of Work (check all that apply)	
<input type="checkbox"/> Full Compliance with Regulatory Provisions <input type="checkbox"/> Full Compliance with Regulatory Provisions <input type="checkbox"/> Full Compliance with Regulatory Provisions <input type="checkbox"/> Full Compliance with Regulatory Provisions		<input type="checkbox"/> Full Compliance with Regulatory Provisions <input type="checkbox"/> Full Compliance with Regulatory Provisions <input type="checkbox"/> Full Compliance with Regulatory Provisions <input type="checkbox"/> Full Compliance with Regulatory Provisions		<input type="checkbox"/> Full Compliance with Regulatory Provisions <input type="checkbox"/> Full Compliance with Regulatory Provisions <input type="checkbox"/> Full Compliance with Regulatory Provisions <input type="checkbox"/> Full Compliance with Regulatory Provisions	
Location of Assessment/Investigation (ACI) 11-23-2013 11-25-2013 (1)		In Location Assessed/Investigated by Assessment/Investigation (1)		Description of Assessment/Investigation (ACI) (e.g., Groundwater Monitoring, Sampling, VET, or other information)	
Location of Assessment/Investigation (ACI) 11-23-2013 11-25-2013 (1)		In Location Assessed/Investigated by Assessment/Investigation (1)		Description of Assessment/Investigation (ACI) (e.g., Groundwater Monitoring, Sampling, VET, or other information)	
Location of Assessment/Investigation (ACI) 11-23-2013 11-25-2013 (1)		In Location Assessed/Investigated by Assessment/Investigation (1)		Description of Assessment/Investigation (ACI) (e.g., Groundwater Monitoring, Sampling, VET, or other information)	
Location of Assessment/Investigation (ACI) 11-23-2013 11-25-2013 (1)		In Location Assessed/Investigated by Assessment/Investigation (1)		Description of Assessment/Investigation (ACI) (e.g., Groundwater Monitoring, Sampling, VET, or other information)	
Location of Assessment/Investigation (ACI) 11-23-2013 11-25-2013 (1)		In Location Assessed/Investigated by Assessment/Investigation (1)		Description of Assessment/Investigation (ACI) (e.g., Groundwater Monitoring, Sampling, VET, or other information)	
Location of Assessment/Investigation (ACI) 11-23-2013 11-25-2013 (1)		In Location Assessed/Investigated by Assessment/Investigation (1)		Description of Assessment/Investigation (ACI) (e.g., Groundwater Monitoring, Sampling, VET, or other information)	
Location of Assessment/Investigation (ACI) 11-23-2013 11-25-2013 (1)		In Location Assessed/Investigated by Assessment/Investigation (1)		Description of Assessment/Investigation (ACI) (e.g., Groundwater Monitoring, Sampling, VET, or other information)	
Location of Assessment/Investigation (ACI) 11-23-2013 11-25-2013 (1)		In Location Assessed/Investigated by Assessment/Investigation (1)		Description of Assessment/Investigation (ACI) (e.g., Groundwater Monitoring, Sampling, VET, or other information)	
Location of Assessment/Investigation (ACI) 11-23-2013 11-25-2013 (1)		In Location Assessed/Investigated by Assessment/Investigation (1)		Description of Assessment/Investigation (ACI) (e.g., Groundwater Monitoring, Sampling, VET, or other information)	
Location of Assessment/Investigation (ACI) 11-23-2013 11-25-2013 (1)		In Location Assessed/Investigated by Assessment/Investigation (1)		Description of Assessment/Investigation (ACI) (e.g., Groundwater Monitoring, Sampling, VET, or other information)	
Location of Assessment/Investigation (ACI) 11-23-2013 11-25-2013 (1)		In Location Assessed/Investigated by Assessment/Investigation (1)		Description of Assessment/Investigation (ACI) (e.g., Groundwater Monitoring, Sampling, VET, or other information)	
Location of Assessment/Investigation (ACI) 11-23-2013 11-25-2013 (1)		In Location Assessed/Investigated by Assessment/Investigation (1)		Description of Assessment/Investigation (ACI) (e.g., Groundwater Monitoring, Sampling, VET, or other information)	
Location of Assessment/Investigation (ACI) 11-23-2013 11-25-2013 (1)		In Location Assessed/Investigated by Assessment/Investigation (1)		Description of Assessment/Investigation (ACI) (e.g., Groundwater Monitoring, Sampling, VET, or other information)	
Location of					

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

Date of Notification (1) 11/22/13		Name of Building Owner/Operator (2) P.S.E.G.							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 HADLEY ROAD							
		City, State, Zip Code SOUTH PLAINFIELD, NJ. 07080							
		Name of Contact MICHAEL LUCIANI							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) P.S.E.G.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 207 N. DEAN ST.		Square Feet N/A	# of Floors N/A						
City (5) ENGLEWOOD		Bldg. Age N/A							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SUB STATION							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	Telephone No. 732-432-8350						
License No. 01111									
Start Date (10) 12/9/13	Scheduled Completion Date (11) 12/11/13	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OUT DOORS		Street Address 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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 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
OUTSIDE SUBSTATION		X		ACM TRANSITE PIPE	70 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 60	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature <i>Carol Raimo</i>		Date 11/22/13			

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

Date of Notification (1) 11/22/13		Name of Building Owner/Operator (2) P.S.E.G.							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 HADLEY ROAD							
		City, State, Zip Code SOUTH PLAINFIELD, NJ. 07080							
		Name of Contact MICHAEL LUCIANI							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) P.S.E.G.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 207 N. DEAN ST.		Square Feet N/A	# of Floors N/A						
City (5) ENGLEWOOD		Bldg. Age N/A							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SUB STATION							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	Telephone No. 732-432-8350						
License No. 01111		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Start Date (10) 12/9/13	Scheduled Completion Date (11) 12/11/13	Street Address 396 WHITEHEAD AVE.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OUT DOORS		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED	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
OUTSIDE SUBSTATION		X		ACM TRANSITE PIPE	70 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 60	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature Carol Raimo		Date 11/22/13			

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <div style="text-align: center;">11/25/2013</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Bruce Doran</div>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	<div style="text-align: center;">P O Box 793</div>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____	City, State, Zip Code	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	<div style="text-align: center;">Normandy Beach, NJ 08739</div>	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact	
		<div style="text-align: center;">Bruce Doran</div>	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4)		
Street Address <div style="text-align: center;">101 8th Avenue</div>			<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
<div style="text-align: center;">Normandy Beach</div>	<div style="text-align: center;">Ocean</div>		<div style="text-align: center;">1500 sf</div>	<div style="text-align: center;">1</div>	<div style="text-align: center;">60</div>
			Current Use (Prior if being demolished) <div style="text-align: center;">Residence</div>		
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>			ASCM No.		
Street Address			Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
City, State, Zip Code			Street Address		
			<div style="text-align: center;">1889 Route 9, Unit 61</div>		
Project Manager for Monitoring Firm			City, State, Zip Code		
Telephone Number			<div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Scheduled Start Date (10) <div style="text-align: center;">11/26/13</div>			Telephone Number		
Scheduled Completion Date (11) <div style="text-align: center;">11/29/13</div>			<div style="text-align: center;">732-349-9932</div>		
Occupancy Status During Abatement (Check only one)			License Number		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			<div style="text-align: center;">00624</div>		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			Name of OSHA Monitor		
<input type="checkbox"/> Other - Describe _____			<div style="text-align: center;">E.M.S.L. Analytical</div>		
Scope of Work (Check all that apply)			Street Address		
<input type="checkbox"/> >3 sf or ≥3 lf			<div style="text-align: center;">1056 Stelton Road</div>		
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			City, State, Zip Code		
<input type="checkbox"/> Renovation			<div style="text-align: center;">Piscataway, New Jersey 08854</div>		
<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) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1350 sf	X			

Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>	NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>	Cubic Yards of Waste <div style="text-align: center;">3</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>
City, State <div style="text-align: center;">Toms River, New Jersey</div>	Disposal Date <div style="text-align: center;">12/02/13</div>	City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>	
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>	Title <div style="text-align: center;">Project Manager</div>	Signature 	Date <div style="text-align: center;">11/25/2013</div>

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

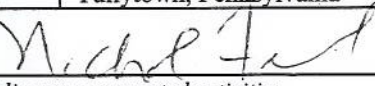
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) November 25, 2013		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 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	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 181 Long Hill Road			Square feet 1500 sf		
City Short Hills	County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 732-349-9932		License Number 00624	
Scheduled Start Date (10) 11/26/13	Scheduled Completion Date (11) 11/29/13	Name of OSHA Monitor E.M.S.L. Analytical			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____		Street Address 1056 Stelton Road			
		City, State, Zip Code Piscataway, New Jersey 08854			
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R	E	E			E			
Exterior		X		Asbestos siding	1200 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 12/2/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 11/25/2013

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

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

Date of Notification (1) November 25, 2013		Name of Building Owner/Operator (2) Paul Pento	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [x] Initial Notification [] Amended Notification Amendment # _____ [] Emergency (including justification) [] Cancellation	Street Address 48 Hedges Avenue City, State, Zip Code Chatham, NJ 07928 Name of Contact Paul Pento	

FACILITY INFORMATION

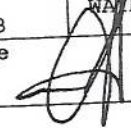
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k-12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 258 24 th Avenue			Square feet 1500 sf		
City South Seaside Park	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		
Street Address			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number			Telephone Number 732-349-9932		
Scheduled Start Date (10) 12/9/13			License Number 00624		
Scheduled Completion Date (11) 12/11/13			Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Street Address 1056 Stelton Road		
Scope of Work (Check all that apply) [] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf			City, State, Zip Code Piscataway, New Jersey 08854		
[] Renovation [x] Demolition			[] Full Containment with Negative Pressure [] Mini-Enclosure [] Glovebag Procedure [x] 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	1200 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 12/12/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 11/25/2013

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


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

Date of Notification (1) 11/20/2013		Name of Building Owner/Operator (2) US CORPS OF ENGINEER, PICATINNY ARSENAL FIELD OFFICE							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address MAIN STREET BUILDING 3002n							
		City, State, Zip Code PICATINNY ARSENAL, NJ 07806							
		Name of Contact MR. ROBERTO MALDONADO							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BUILDING #630		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 BEAR SWAMP ROAD		Square Feet 1,100	# of Floors 2						
City (5) PICATINNY ARSENAL		Bldg. Age 60 YEARS							
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) BALLISTIC EVALUATION							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTING		ASCM No.	Name of Abatement Contractor (9) PAL ENVIRONMENTAL SERVICES						
Street Address 655 WEST SHORE TRAIL		Street Address 11-02 QUEENS PLAZA SOUTH							
City, State, Zip Code SPARTA, NJ 07470		City, State, Zip Code LONG ISLAND CITY, NY 11101							
Project Manager for Monitoring Firm BILL KERBELL		Telephone No. 973-729-5649	License No. 00853						
Start Date (10) 12/17/2013	Scheduled Completion Date (11) 02/17/2014		Name of OSHA Monitor MARTIN MCREA						
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 714 KENNEDY BLVD							
		City, State, Zip Code BAYONNE, NJ 07002							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
DARK ROOM, RESTROOM & EXTERIOR		X		PIPE INSULATION	20 LF	X			
VARIOUS LOCATION		X		LIGHT FIXTURES GASKET	1,324 SF	X			
Name of Registered Waste Hauler ATC/TST		NJDEP Waste Hauler ID No. 24310/19551		Cubic Yards of Waste 20 YARDS	Name of Registered Landfill MINERVA ENTERPRISES				
City, State SHIRLEY, NY 11967/BRONX, NY 10464				Disposal Date 12/23/2013	City, State WARREN, OH 44688				
Completed by ANN ALI		Title ADMINISTRATIVE		Signature 			Date 11/22/2013		

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

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

No
Check

Date of Notification (1) 11/20/2013		Name of Building Owner/Operator (2) US CORPS OF ENGINEER, PICATINNY ARSENAL FIELD OFFICE							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address MAIN STREET BUILDING 3002n City, State, Zip Code PICATINNY ARSENAL, NJ 07806 Name of Contact MR. ROBERTO MALDONADO						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) BUILDING #620 Street Address BEAR SWAMP ROAD City (5) PICATINNY ARSENAL County (6)		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.) Square Feet 9,000 # of Floors 2 Bldg. Age 60 YEARS Current Use (Prior if being demolished) BALLISTIC EVALUATION						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTING Street Address 655 WEST SHORE TRAIL City, State, Zip Code SPARTA, NJ 07470 Project Manager for Monitoring Firm BILL KERBELL		ASCM No. Telephone No. 973-729-5649	Name of Abatement Contractor (9) PAL ENVIRONMENTAL SERVICES Street Address 11-02 QUEENS PLAZA SOUTH City, State, Zip Code LONG ISLAND CITY, NY 11101 Telephone No. 718-349-0900 License No. 00853						
Start Date (10) 12/10/2013		Scheduled Completion Date (11) 02/10/2014							
Name of OSHA Monitor MARTIN MCREA		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 714 KENNEDY BLVD City, State, Zip Code BAYONNE, NJ 07002		Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <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 </div> </div>							
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
VARIOUS LOCATIONS		X		PIPE INSULATION	245 LF	X			
LOADING ROOM		X		LIGHT FIXTURES GASKET	2 SF	X			
Name of Registered Waste Hauler ATC/TST		NJDEP Waste Hauler ID No. 24310/19551	Cubic Yards of Waste 10 YARDS	Name of Registered Landfill MINERVA ENTERPRISES					
City, State SHIRLEY, NY 11967/BRONX, NY 10464			Disposal Date 12/16/2013	City, State WAYNESBURG, OH 44688					
Completed by ANN ALI		Title ADMINISTRATIVE		Signature 			Date 11/22/2013		

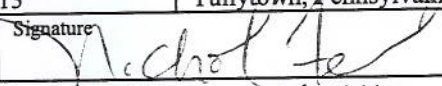
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 11/22/13		Name of Building Owner/Operator (2) Seminole Construction 23146	
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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 128 Bartlett Avenue NOV 20 2013	
		City, State, Zip Code West Creek, NJ 08092	
		Name of Contact Joyce Corliss	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 28 Harold Avenue			Square feet 1000 sf		
City Manahawkin	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		
Street Address			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number			Telephone Number 732-349-9932		
Scheduled Start Date (10) 12/6/13			License Number 00624		
Scheduled Completion Date (11) 12/9/13			Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
<input 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		X		Asbestos siding	800 sf	X			
						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 12/10/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 11/22/2013

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

PAGE 1 OF 2

Oct 24 2013 02:55pm

P001/001

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

Check # 8289

8298
8319

NOV 29

Date of Notification (1) 10/24/13		Name of Building Owner/Operator (2) HARTZ MOUNTAIN INDUSTRIES		APPROVED NJ Dept. of Health & Senior Services Paul C. Palmer (signature) Date: 10/24/13 Time: 1:55 PM	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 400 PLAZA DRIVE / P.O. Box 1575 City, State, Zip Code SECAUCUS, NJ 07096 Name of Contact DAVE H.	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) FORMER PANASONIC BUILDING			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter s (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 1 PANASONIC WAY			Square Feet 57,000		
City (5) SECAUCUS			# of Floors 3		Bldg. Age 52
County (6) HUNTSVILLE			County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) NO DEMO OFFICE / DEMO / WAREHOUSE
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.
Street Address			Street Address 105 Lowell Road		
City, State, Zip Code			City, State, Zip Code Glen Rock, N.J. 07452		
Project Manager for Monitoring Firm			Telephone No. 201-282-5841		License No. 00156
Start Date (10) 10/25/13		Scheduled Completion Date (11) 12/3/13		Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____			Street Address 280 Huyler Street City, State, Zip Code Hackensack, NJ 07606		
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥5 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥280 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)		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)	
Roof Flashing		Yes No N/A		VENTS	
2nd Floor				TAR PAPER	
1st, 2nd, 3rd Floors				MASTIC + TILE	
Roof Elevator Shaft				MASTIC	
Roof Mechanical Room				TRANSITE	
Amount (Specify SF or LF)		Abatement Type			
200 SF	Removal				
180 SF	Repair				
228,032 SF	Encapsulate				
30 SF	Encapsulate				
1,960 SF	Encapsulate				
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 180	
City, State Riverdale, New Jersey 07457		Disposal Date 10/25/13		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State Bethlehem, PA 18015		Completed by R. McDonald		Title President	
Signature R. McDonald		Date 11/23/13			

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

Check # 8319

Date of Notification (1) 10/24/13		Name of Building Owner/Operator (2) HARTZ MOUNTAIN INDUSTRIES							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 400 PLAZA DRIVE / P.O. Box 1515						
			City, State, Zip Code SECAUCUS, NJ 07096						
			Name of Contact DAVE H						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FORMER PANASONIC BUILDING		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 1 PANASONIC WAY		Square Feet 59,000	# of Floors 3						
City (5) SECAUCUS		Bldg. Age 52							
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) OFFICE / DEMO							
Name of Monitoring Firm Hired by Building Owner (8) OMEGA		ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.						
Street Address 280 HUYLER ST		Street Address 105 Lowell Road							
City, State, Zip Code S. HACKENSACK NJ		City, State, Zip Code Glen Rock, N.J. 07452							
Project Manager for Monitoring Firm ADEL		Telephone No. 201 489-8700	License No. 00156						
Start Date (10) 10/25/13	Scheduled Completion Date (11) 12/23/13	Name of OSHA Monitor Omega Environmental Services Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler Street							
		City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
STAIRWAYS, THEATER, 1 st , 2 nd , 3 rd Floor			X	SHEETROCK, JOINT COMPOUND	11,772 SF	X			
THROUGH OUT 1 st , 2 nd , 3 rd Floor			X	CLEAN UP	210,000 SF	X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 180	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Riverdale, New Jersey 07457		Disposal Date 10/25/13		City, State Bethlehem, PA 18015					
Completed by R. McDonald		Title President	Signature <i>R McDonald</i>			Date 11/23/13			

Oct 24 2013 02:55pm

P001/001

Check # 8289
8298State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 10/24/13		Name of Building Owner/Operator (2) HARTZ MOUNTAIN INDUSTRIES		APPROVED NJ Dept. of Health & Senior Services Paul C. Hober (signature) Date: 10/24/13 Time: 1:55 PM	
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 checked="" type="checkbox"/> Amended Amendment # 1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 400 PLAZA DRIVE / P.O. Box 1515 City, State, Zip Code SECAUCUS, NJ 07096 Name of Contact DAVE H.	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) FORMER PANASONIC BUILDING				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 1 PANASONIC WAY				Square Feet 59,000	
City (5) SECAUCUS				# of Floors 3	
County (6) HURSON				Bldg. Age 52	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) OFFICE / DEMO / WAREHOUSE	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
Street Address		Street Address 105 Lowell Road		City, State, Zip Code Glen Rock, N.J. 07452	
City, State, Zip Code		Telephone No. 201-282-5841		License No. 00156	
Project Manager for Monitoring Firm		Start Date (10) 10/25/13		Scheduled Completion Date (11) 12/9/13	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Omega Environmental Services Inc.		Street Address 280 Huyler Street	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sf or 23 lf <input checked="" type="checkbox"/> 160 sf or 250 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Hackensack, NJ 07606			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) ROOF FLASHING		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) VENT	
2ND FLOOR		X		180 SF	
1ST 2ND 3RD FLOORS		X		228,032 SF	
ROOF ELEVATOR SHAFT		X		30 SF	
ROOF MECHANICAL ROOM		X		1,960 SF	
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 180	
City, State Riverdale, New Jersey 07457		Disposal Date 10/25/13		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State Bethlehem, PA 18015		Signature R. McDonald		Date 10/30/13	

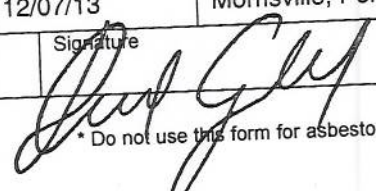
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

CK 26
6426

Date of Notice 11/19/13 Type Notification		Name of Building Owner / Operator (2) Ernest Oresko		
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	Emergency Notification <input checked="" type="checkbox"/> Initial Notification Amended Notification Cancellation	Street Address 1401 Alicia Drive		
		City, State & Zip Code Wall, NJ 07719		
		Name of Contact Ernest Oresko		
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Residence		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.)		
409 Brace Ave		Square Feet 2000	# of Floors 2	Bldg. Age 70
City (5) Perth Amboy	County (6) Middlesex	County Code (7)		
		Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc		ASCM No.	Name of Abatement Contractor (9) Global Abatement Services, LLC	
Street Address 64 Broad Street		Street Address 443 Schoolhouse Road		
City, State & Zip Code Matawan, NJ 07747		City, State & Zip Code Monroe Township, NJ 08831		
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-605-9062	License Number 00714
Scheduled Start Date (10) 12/3/13	Scheduled Completion Date (11) 12/4/13		Name of OSHA Monitor Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe:		Street Address 443 Schoolhouse Road		
		City, State & Zip Code Monroe Township, NJ 08831		
Scope of Work (Check all that apply)				
Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Project <input type="checkbox"/> <input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM Quantity is ≥ 160 SF or ≥ 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) 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	100 LF	Removal
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 10	Name of Registered Landfill TRRF
City, State Freehold, NJ		Disposal Date 12/3/13	City, State Tullytown, Pa	
Completed By (Print or Type) Dominick Tringali	Title Project Manager	Signature <i>Dominick Tringali</i>		Date 11/19/13

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

ck# 3153

Date of Notification (1) 11/25/13		Name of Building Owner/Operator (2) Bette Kestenbaum							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 123 Rosewood Terrace		City, State, Zip Code Linden, NJ 07036							
Name of Contact Bette Kestenbaum									
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 123 Rosewood Terrace		Square Feet 1,900 +	# of Floors 2						
City (5) Linden		Bldg. Age 50+							
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) Pyramid Contracting Corp.						
Street Address		Street Address 163 Sargeant Avenue							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm		Telephone No. 973-689-6281	License No. 01099						
Start Date (10) 12/07/13	Scheduled Completion Date (11) 12/07/13	Name of OSHA Monitor J&S Environmental Laboratories LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07081							
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) <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	90 LF	X			
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Clifton, New Jersey		Disposal Date 12/07/13	City, State Morrisville, Pennsylvania						
Completed by Dimo Golcev		Title President	Signature 				Date 11/25/13		

* 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)

CAK # 2042

Date of Notification (1) 11/15/2013		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 20-22 Colfax Ave							
		City, State, Zip Code Clifton NJ							
		Name of Contact Kumar Chawla							
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 20-22 Colfax Ave		Square Feet 1200	# of Floors 1						
City (5) Clifton NJ		Bldg. Age +50							
County (6) Passaic County	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) First Phase Group Inc						
Street Address N/A		Street Address 567-52nd Street Suite#16							
City, State, Zip Code N/A		City, State, Zip Code West New York NJ 07093							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 001144						
Start Date (10) 11/26/2013	Scheduled Completion Date (11) 11/28/2013	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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
1st floor			X	floor tile	370SF	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 Edwin Precilla		Title Project Manager	Signature <i>Edwin Precilla</i>			Date 11/15/2013			

CR 2000

Date of Notification (1)
10/22/2013

Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification
☐ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Name of Building
Jim Laporta

Street Address
30 Kelly Street

City, State, Zip Code
Metuchen NJ

Name of Contact
Jim Laporta

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Private Property

Street Address
30 Kelly Street

City (5)
Metuchen NJ

County (6)
Middlesex County

County Code (7)
(STATE USE ONLY)

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ Other (i.e. private & commercial buildings, homes etc.)

Square Feet
1200

of Floors
1

Bldg. Age
+50

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)
First Phase Group Inc

Street Address
567-52nd Street Suite#16

City, State, Zip Code
West New York NJ 07093

Telephone No.
201-758-7158

License No.
001144

Project Manager for Monitoring Firm
N/A

Telephone No.
N/A

Name of OSHA Monitor
J&S Environmental Corp

Street Address
2333 Route 22 West

City, State, Zip Code
Union NJ 07083

Start Date (10)
12/2/2013

Scheduled Completion Date (11)
12/5/2013

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: 8 hours

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-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
Exterior			X	Shingles	750SF	X	

Name of Registered Waste Hauler
Tri State Transfer Assoc Inc

NJDEP Waste Hauler ID No.
19551

Cubic Yards of Waste

Disposal Date

Name of Registered Landfill
Minerva Enterprises

City, State
waynesburg OH 44688

Signature
Edwin Precilla

Date
11/22/2013

City, State
1199 Randall Ave Bronx NY

Title
Project Manager

Completed by
Edwin Precilla

* Do not use this form for asbestos licensure exempted.

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

ck 2043

Date of Notification (1) 11/15/2013		Name of Building Owner/Operator (2) Borough of Carteret	
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 61 Cooks Ave	
		City, State, Zip Code Carteret NJ	
		Name of Contact	
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 17 Noe Street		Square Feet 1200	# of Floors 2
City (5) Carteret NJ		Bldg. Age +50	
County (6) Middlesex County	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) First Phase Group Inc
Street Address N/A		Street Address 567-52nd Street Suite#16	
City, State, Zip Code N/A		City, State, Zip Code West New York NJ 07093	
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 001144
Start Date (10) 11/28/2013	Scheduled Completion Date (11) 11/31/2013	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"/> ≥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)		
	Yes	No	N/A
Exterior			X
Name of Registered Waste Hauler Tri State Transfer Assoc Inc		NJDEP Waste Hauler ID No. 19551	Name of Registered Landfill Minerva Enterprises
City, State 1199 Randail Ave Bronx NY		Disposal Date	City, State waynesburg OH 44688
Completed by Edwin Precilla	Title Project Manager	Signature	Date 11/15/2013

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

Date of Notification (1) <div style="text-align: center;">11/22/13</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Seminole Construction 23133</div>	
Agencies Notified	Type of Notification	Street Address <div style="text-align: center;">128 Bartlett Avenue</div>	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <div style="text-align: center;">West Creek, NJ 08092</div>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____	Name of Contact <div style="text-align: center;">Joyce Corliss</div>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Tele _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4) <div style="text-align: center;"> <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.) </div>		
Street Address <div style="text-align: center;">328 W. 15th Street</div>			Square feet <div style="text-align: center;">2000 sf</div>		
City <div style="text-align: center;">Ship Bottom</div>	County (6) <div style="text-align: center;">Ocean</div>	County Code (7) (STATE USE ONLY)	# of Floors <div style="text-align: center;">1</div>	Bldg. Age <div style="text-align: center;">60</div>	
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>			Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
Street Address			Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>		
City, State, Zip Code			City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <div style="text-align: center;">732-349-9932</div>		License Number <div style="text-align: center;">00624</div>
Scheduled Start Date (10) <div style="text-align: center;">12/5/13</div>		Scheduled Completion Date (11) <div style="text-align: center;">12/9/13</div>		Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>	
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 <div style="text-align: center;">1056 Stelton Road</div>		
			City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div>		
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) <div style="text-align: center;">YES NO N/A</div>			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V E 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	1900 sf	X			
						X			

Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>	NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>	Cubic Yards of Waste <div style="text-align: center;">3</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>
City, State <div style="text-align: center;">Toms River, New Jersey</div>	Disposal Date <div style="text-align: center;">12/10/13</div>	City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>	
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>	Title <div style="text-align: center;">Project Manager</div>	Signature <div style="text-align: center;"><i>Nicholas Fernicola</i></div>	Date <div style="text-align: center;">11/22/2013</div>

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

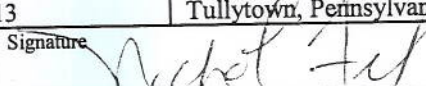
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <div style="text-align: center;">11/22/13</div>		Name of Building Owner/Operator (2) Seminole Construction 23734	
Agencies Notified	Type of Notification	Street Address 128 Bartlett Avenue	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code West Creek, NJ 08092 NOV 28 2013	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Name of Contact Joyce Corliss	
<input type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 250 W. 13 th Street					
City Ship Bottom	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1500 sf	# of Floors 1	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm	Telephone Number		Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 12/5/13	Scheduled Completion Date (11) 12/9/13		Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1250 sf	X			
						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 12/10/13	City, State Tullytown, Pennsylvania		
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 11/22/2013	

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

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

Date of Notification (1) <div style="text-align: center;">11/22/13</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Seminole Construction 23135</div>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	128 Bartlett Avenue NOV 29 2013	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code <div style="text-align: center;">West Creek, NJ 08092</div>	
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact <div style="text-align: center;">Joyce Corliss</div>	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4)		
Street Address <div style="text-align: center;">48 Marin Lane</div>			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City <div style="text-align: center;">Manahawkin</div>			County (6) <div style="text-align: center;">Ocean</div>		
Square feet <div style="text-align: center;">1200 sf</div>			# of Floors <div style="text-align: center;">1</div>		Bldg. Age <div style="text-align: center;">60</div>
Current Use (Prior if being demolished) <div style="text-align: center;">Residence</div>					
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>			ASCM No.		
Street Address			Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
City, State, Zip Code			Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>		
Project Manager for Monitoring Firm			City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Telephone Number			Telephone Number <div style="text-align: center;">732-349-9932</div>		
Scheduled Start Date (10) <div style="text-align: center;">12/5/13</div>			License Number <div style="text-align: center;">00624</div>		
Scheduled Completion Date (11) <div style="text-align: center;">12/9/13</div>			Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>		
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 <div style="text-align: center;">1056 Stelton Road</div>		
			City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
<input type="checkbox"/> Glovebag Procedure					
<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					

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

Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>	NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>	Cubic Yards of Waste <div style="text-align: center;">3</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>
City, State <div style="text-align: center;">Toms River, New Jersey</div>	Disposal Date <div style="text-align: center;">12/10/13</div>	City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>	
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>	Title <div style="text-align: center;">Project Manager</div>	Signature 	Date <div style="text-align: center;">11/22/2013</div>

*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) <div style="text-align: center;">11/22/13</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Seminole Construction 23132</div>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	128 Bartlett Avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code <div style="text-align: center;">West Creek, NJ 08092</div>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #		
<input type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact <div style="text-align: center;">Joyce Corliss</div>	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4)		
Street Address <div style="text-align: center;">106 E. 13th Street</div>			<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.)		
			Square feet: 1500 sf # of Floors: 1 Bldg. Age: 60 Current Use (Prior if being demolished): <div style="text-align: center;">Residence </div>		
City <div style="text-align: center;">Long Beach Twp</div>	County (6) <div style="text-align: center;">Ocean</div>	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
Name of Monitoring Firm hired by Building Owner (8) <div style="text-align: center;">N/A</div>			Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>		
Street Address			City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
City, State, Zip Code		Telephone Number <div style="text-align: center;">732-349-9932</div>	License Number <div style="text-align: center;">00624</div>		
Project Manager for Monitoring Firm		Telephone Number	Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>		
Scheduled Start Date (10) <div style="text-align: center;">12/5/13</div>		Scheduled Completion Date (11) <div style="text-align: center;">12/9/13</div>		Street Address <div style="text-align: center;">1056 Stelton Road</div>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)	YES	NO	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
							R E M O V E 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	1800 sf	X			
							X			

Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>	NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>	Cubic Yards of Waste <div style="text-align: center;">3</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>
City, State <div style="text-align: center;">Toms River, New Jersey</div>	Disposal Date <div style="text-align: center;">12/10/13</div>	City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>	
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>	Title <div style="text-align: center;">Project Manager</div>	Signature 	Date <div style="text-align: center;">11/22/2013</div>

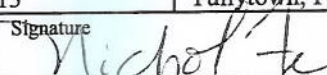
*Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1) November 25, 2013		Name of Building Owner/Operator (2) On Site Waste Services	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	27 East Kennedy Street	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Hackensack, NJ 07601	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	John Giaquinto	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 301 Harding Avenue			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Ortley Beach			County (6) Ocean		
County Code (7) (STATE USE ONLY)			Square feet 2000 sf		
			# of Floors 2		
			Bldg. Age 60		
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		
Street Address			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number			Telephone Number 732-349-9932		
Scheduled Start Date (10) 12/9/13			License Number 00624		
Scheduled Completion Date (11) 12/11/13			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"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V 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	2100 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 12/12/13		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 11/25/13		

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

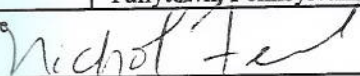
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) November 25, 2013		Name of Building Owner/Operator (2) On Site Waste Services	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [x] Initial Notification [] Amended Notification Amendment # _____ [] Emergency (including justification) [] Cancellation	Street Address 27 East Kennedy Street	
		City, State, Zip Code Hackensack, NJ 07601	
		Name of Contact John Giaquinto	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k-12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 107 Dolphin Way					
City Ortley Beach	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 800 sf	# of Floors 1	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 12/9/13		Scheduled Completion Date (11) 12/11/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
[] >3 sf or ≥3 lf		[] Renovation		[] Full Containment with Negative Pressure	
[x] ≥160 sf or ≥260 lf		[x] Demolition		[] Mini-Enclosure	
				[] Glovebag Procedure	
				[x] Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V 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	750 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 12/12/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 11/25/13

**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) <u>November 25/2013</u> <u>September 10, 2012</u>		Name of Building Owner/Operator (2) <u>Lynx Waste & Recycling, Inc.</u> <u>23136</u>	
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 <u>P O Box 188</u>	
		City, State, Zip Code <u>Spring Lake, NJ 07762</u>	
		Name of Contact <u>Richard Hyde</u>	

Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <u>201 Sea Girt Avenue</u>			Square feet <u>1500 sf</u>	# of Floors <u>1</u>	Bldg. Age <u>60</u>
City <u>Sea Girt</u>	County (6) <u>Monmouth</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residence</u>		
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>Guardian Contracting, Inc.</u>		
Street Address		Street Address <u>1889 Route 9, Unit 61</u>			
City, State, Zip Code		City, State, Zip Code <u>Toms River, New Jersey 08755-1271</u>			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <u>732-349-9932</u>		License Number <u>00624</u>
Scheduled Start Date (10) <u>11/26/13</u>		Scheduled Completion Date (11) <u>11/27/13</u>		Name of OSHA Monitor <u>E.M.S.L. Analytical</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address <u>1056 Stelton Road</u>		
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 <u>Piscataway, New Jersey 08854</u>		
<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) 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) <u>1200 sf</u>	Abatement Type			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Exterior		X		Asbestos siding		X			

Name of Registered Waste Hauler <u>Guardian Contracting, Inc.</u>	NJDEP Waste Hauler ID No. <u>20223</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>T.R.R.F.</u>
City, State <u>Toms River, New Jersey</u>	Disposal Date <u>11/29/13</u>	City, State <u>Tullytown, Pennsylvania</u>	Date <u>11/25/2013</u>
Completed by (Print or Type) <u>Nicholas Fernicola</u>	Title <u>Project Manager</u>	Signature <u>Nicholas Fernicola</u>	

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

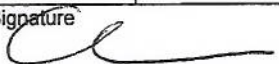
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

ck 3937

Date of Notification (1) 11/26/13		Name of Building Owner/Operator (2) William Martens (Private Home)							
Agencies Notified		Street Address 2156 Meeting House Rd							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
		City, State, Zip Code Cinnaminson NJ 08077							
		Name of Contact Bill							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) William Martens (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 2156 Meeting House Rd		Square Feet 1000+	# of Floors 2						
City (5) Cinnaminson NJ 08077		Bldg. Age 35+							
County (6) Burlington	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) 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.	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 12/5/13	Scheduled Completion Date (11) 12/9/13	Name of OSHA Monitor Same							
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: home owners home		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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 400 Sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement den			x	floor tile & Mastic		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 12/9/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 11/26/13		

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

CK 3740

Date of Notification (1) 11/26/13		Name of Building Owner/Operator (2) Tom Breadinger (Private Home)							
Agencies Notified	Type Notification	Street Address 12 West NY Ave							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Brighton Beach NJ 08008 Name of Contact Tom							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Tom Breadinger (Private Home)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 12 West NY Ave		Square Feet 1000+	# of Floors 1						
City (5) Brighton Beach NJ 08008		Bldg. Age 35+							
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.	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.	Telephone No. 856-753-9800						
Start Date (10) 11/27/13		Scheduled Completion Date (11) 12/3/13	License No. 00727						
Name of OSHA Monitor Same									
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: home owners home		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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1000 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 12/3/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 11/26/13	

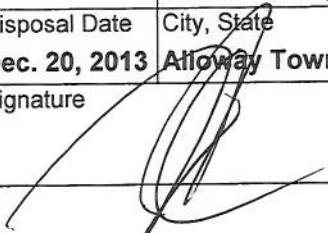
3074

ASB-41

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

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

CHECK # 1088

Date of Notification (1) 11-22-13		Name of Building Owner / Operator (2) Burlington County Board of Chosen Freeholders							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation							
Street Address 625 Pemberton-Browns Mills Rd. (or POB 6000, Mt Holly NJ)		City, State & Zip Code Pemberton, NJ 08068							
Name of Contact Matthew Johnson, Coordinator		NOV 29 2013							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Site #2013-3		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 Park Ave. (Bldgs. 1, 3, 4, 10, 11); Smithville Park		Square Feet See attached	# of Floors See attached						
City (5) Easthampton	County (6) Burlington	Bldg. Age See attached							
County Code (7)		Current Use (Prior if being demolished) Vacant/unoccupied							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Mid Atlantic Abatement, LLC						
Street Address		Street Address PO Box 1314							
City, State & Zip Code		City, State & Zip Code Cherry Hill, NJ 08003							
Project Manager for Monitoring Firm		Telephone Number 609-567-0950	License Number 01187						
Scheduled Start Date (10) Dec. 2, 2013	Scheduled Completion Date (11) Dec. 16, 2013	Name of OSHA Monitor EMSL 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 Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 107 Haddon Ave.							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State & Zip Code Westmont, NJ 08108							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED		<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"/>
	<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 Bull Waste & Recycling, LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Salem County Landfill					
City, State Berlin, NJ		Disposal Date Dec. 20, 2013		City, State Alloway Township, NJ					
Completed By (Print or Type) Theodore S. Budzynski		Title Gen. Mgr.	Signature 				Date 11-22-13		