

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

**RECEIVED**

CLC# 1112  
10-3-13

Date of Notification (1) <b>10-3-13</b>		Name of Building Owner/Operator (2) <b>Exxon Mobil Environmental Services</b>	
Agencies Notified	Type Notification	Street Address <b>52 Beacham Street</b>	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Everett MA 02149</b>	
		Name of Contact <b>Fric W. Errico</b>	Telephone Number <b>[REDACTED]</b>

Name of Facility Where Abatement is Taking Place (3) <b>Former Bayonne Lubrication Mfg. Plant</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>1 Ave. J</b>			
City (5) <b>Bayonne</b>	Square Feet <b>N/A</b>	# of Floors <b>N/A</b>	Bldg. Age <b>N/A</b>
County (6) <b>Hudson</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Abandoned</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>ASSET Inspection Technologies Corp</b>	ASCM No. <b>TBD</b>	Name of Abatement Contractor (9) <b>Terra Abatement Services, LLC</b>	
Street Address <b>123 N Fea Rd PO Box 3015</b>		Street Address <b>5787 Stadium Drive</b>	
City, State, Zip Code <b>South Hampton NY 11969</b>		City, State, Zip Code <b>Kalamazoo, MI 49009</b>	
Project Manager for Monitoring Firm <b>Peter Ellams</b>	Telephone No.	Telephone No. <b>269-375-9595</b>	License No.

Start Date (10) <b>10-21-13</b>	Scheduled Completion Date (11) <b>9-30-15</b>	Name of OSHA Monitor <b>Analytical Testing + Consulting Service</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>14625 Duster Rd.</b>	
		City, State, Zip Code <b>Plainfield, MI 49080</b>	

Scope of Work (Check All That Apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input 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
Outdoor piping			X	Thermal System Insulation	51,893 LF	X			
Warehouse			X	Thermal System Insulation	2,397 LF	X			
Warehouse			X	Floor tile - Mastic - Caulk	35,755 SF	X			

Name of Registered Waste Hauler <b>HAZMAT Environmental Group</b>	NJDEP Waste Hauler ID No. <b>1665</b>	Cubic Yards of Waste <b>2,172</b>	Name of Registered Landfill <b>High Acres Landfill</b>
City, State <b>Buffalo, NY</b>	Disposal Date <b>Oct 2013 - Sept 2015</b>	City, State <b>Fairport NY</b>	
Completed by <b>Gregory A. Moe</b>	Title <b>Director of Abatement Services</b>	Signature <b>Gregory A. Moe</b>	Date <b>9/30/13</b>



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

CK#8539

RECEIVED

Date of Notification (1) <b>10 / 2 / 13</b>		Name of Building Owner/Operator (2) <b>Jersey Central Power &amp; Light/First Energy</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>PO Box 1911 - 300 Madison Ave</b>	
		City, State, Zip Code <b>Morristown, NJ 07962</b>	
		Name of Contact <b>Kenneth Seborowski</b>	Telephone Number [REDACTED]
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>801 St John's Street</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City (5) <b>Cape May</b>		Square Feet <b>2,500</b>	# of Floors <b>2</b>
County (6) <b>Cape May</b>		Bldg. Age <b>50+</b>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>residence</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services, Inc</b>		ASCM No. <b>117</b>	Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>
Street Address <b>318 12th Street</b>		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>	
City, State, Zip Code <b>Hammonton, NJ 08037</b>		City, State, Zip Code <b>Spring House, PA 19477</b>	
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>609-704-8850</b>	License No. <b>00847</b>
Start Date (10) <b>10 / 15 / 13</b>	Scheduled Completion Date (11) <b>10 / 29 / 13</b>		Name of OSHA Monitor <b>CES</b>
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-5:00PM</b> / ____ PM - ____ AM		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>	
		City, State, Zip Code <b>Spring House, PA 19477</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
thru out building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ceilings and walls thru out	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Exterior north west door	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amount (Specify SF or LF)		Abatement Type	
260 SF		Removal	Repair
3310 SF		Encapsulate	Enclosure
1500 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>
25 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>STG</b>		NJDEP Waste Hauler ID No. <b>20900</b>	Cubic Yards of Waste <b>30</b>
City, State <b>New Castle, DE</b>		Disposal Date <b>10/29/13</b>	Name of Registered Landfill <b>Minerva Landfill</b>
City, State <b>Waynesburg, OH 44688</b>			
Completed By (Print or Type) <b>Patricia Visco</b>	Title <b>Office Manager</b>	Signature <i>Patricia Visco</i>	Date <b>10/3/13</b>



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

**RECEIVED**

Date of Notification (1) <u>9</u> / <u>10/3/13</u> / <u>20</u> / <u>13</u>		Name of Building Owner/Operator (2) <b>Journal Square Associates LLC</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>520 US Highway 22 --- PO Box 6872</b>		City, State, Zip Code <b>Bridgewater NJ 08807</b>	
Name of Contact <b>Kiva Bartik</b>		Telephone Number <b>ASBESTOS CONTROL &amp; LICENSING</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Block 9501 Lot 13</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>539 Summit Ave</b>		Square Feet <b>3500 SF</b>	
City (5) <b>Jersey City</b>		# of Floors <b>3</b>	
County (6) <b>Hudson</b>		Bldg. Age <b>50+</b>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Former Boarding House-Single Family Home</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>ASCM No.</b>		Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>	
Street Address		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>	
City, State, Zip Code		City, State, Zip Code <b>Spring House, PA 19477</b>	
Project Manager for Monitoring Firm		Telephone No. <b>215-542-7000</b>	
Telephone No.		License No. <b>00847</b>	
Start Date (10) <u>10</u> / <u>7</u> / <u>13</u>		Scheduled Completion Date (11) <u>11</u> / <u>20</u> / <u>13</u>	
Name of OSHA Monitor <b>CES</b>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-7:00PM</b> / <u>      </u> PM - <u>      </u> AM		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>	
		City, State, Zip Code <b>Spring House, PA 19477</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Furnace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flue Patch Insulation	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	5 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Through out house 1st - 3rd flrs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tile	1405 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Tar Paper Wall siding	2,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof-mansard base & 2nd FLR Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Material	1,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>STG</b>	NJDEP Waste Hauler ID No. <b>20900</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Minerva Landfill</b>
City, State <b>New Castle, DE</b>	Disposal Date <b>11/25/13</b>	City, State <b>Waynesburg, OH 44688</b>	
Completed By (Print or Type) <b>Patricia Visco</b>	Title <b>Office Manager</b>	Signature <i>Patricia Visco</i>	Date <b>9/23/13</b>

OK # 25080

RECEIVED

2813 OCT -4 PM 1:10

Telephone Number

10/3/13



B &amp; G proj. #: 2013-200

(Pursuant to N.J.A.C. 17:27)

2013 OCT -4 PM 1:53

Date of Notification (1)

11/01/10/11/11/13

Agencies Notified

- ☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

- ☒ Initial  
☐ Amendment  
☐ Cancellation

Name of Building Owner/Operator (2)

Brian O'Sullivan

Street Address

9 Garnett Place

City, State, Zip Code

Norwood, NJ 07648

Name of Contact

Brian O'Sullivan

Telephone Number

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Brian O'Sullivan

Street Address

9 Garnett Place

City (5)

Norwood

County (6)

Bergen

County Code (7)  
(State use only)

ASCM No.

Name of Monitoring Firm Hired by Bldg. Owner (8)

N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

10/11/2013

Sched. Completion Date (11)

10/12/2013

Occupancy Status During Abatement (Check only one)

- ☒ Facility closed/vacated during entire period of abatement.  
Describe: \_\_\_\_\_  
☐ Abatement performed outside of normal facility hours-  
Describe: \_\_\_\_\_  
☐ Other-Describe: \_\_\_\_\_

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)

Is location normally used solely by maintenance/custodial staff (12)

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Remove

basement  
basementduct insulation  
round duct insulation

41 sf

6 lf

Cubic Yards of Waste

1

Name of Registered Landfill

Tullytown Resource &amp; Recovery Center

City, State  
Tullytown, PA

Date

10/01/2013

Registered Waste Hauler  
B & G Restoration, Inc.NJDEP Hauler ID#  
19563Disposal Date  
10/14/2013

Signature

Gordana Luna

City, State  
Lincoln Park, NJ 07035Completed by (Print or Type)  
Gordana LunaTitle  
Secretary/Treasurer



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

CL# 3512

RECEIVED

Date of Notification (1) 10/01/2013		Name of Building Owner/Operator (2) RR POWER LEASING LLC							
Agencies Notified	Type Notification	Street Address 11 OLD TAPPAN RD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code OLD TAPPAN, NJ  Name of Contact WESLEY WEIS  Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) MORRISTOWN AND ERIE RAILWAY		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 49 Abbot Avenue		Square Feet	# of Floors						
City (5) Morristown		Bldg. Age							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) SKY ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) KIELCZEWSKI CORPORATION						
Street Address 140 BOULEVARD		Street Address 235 WATCHUNG AVE							
City, State, Zip Code MOUNTAIN LAKES, NJ		City, State, Zip Code WEST ORANGE NJ 07052							
Project Manager for Monitoring Firm LEONID SHERESHEVSKY		Telephone No. 973-769-6946	License No. 01172						
Start Date (10) 10/10/2013	Scheduled Completion Date (11) 10/17/2013	Name of OSHA Monitor							
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"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure / Wrap & cut procedure <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
UNDER CARRIAGE		X		HEATING PIPE	200LF	X			
Name of Registered Waste Hauler KIELCZEWSKI CORPORATION		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill CONESTOGA LANDFILL					
City, State WEST ORANGE, NJ			Disposal Date	City, State MORGANTOWN, NJ					
Completed by SLAWOMIR KIELCZEWSKI		Title PRESIDENT	Signature <i>Kielczewski</i>			Date 10/02/2013			



EDS13-263-2

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

2013 OCT -4 PM 1:45

Date of Notification (1) 9-18-13		Name of Building Owner/Operator (2) Plainfield Public School		Street Address 920 Park Ave		City, State, Zip Code Plainfield, NJ 07060		Telephone Number	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact Eugene Campbell		FACILITY INFORMATION		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 & commercial buildings, homes, etc.)	
Name of Facility Where Abatement is Taking Place (3) Plainfield Cedarbrook K-8 Center		Street Address 1049 Central Ave		Square Feet 125000		# of Floors 3		Bldg. Age 40+	
City (5) Plainfield		County (6) Union		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)		Name of Abatement Contractor (9) GL Group, Inc	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		ASCM No. 00003		Street Address 140 Hamburg Turnpike		City, State, Zip Code Bloomingdale, NJ 07403		License No. 01084	
Street Address 1253 North Church St		City, State, Zip Code Moorestown, NJ 08057		Telephone No. 856-840-8800		Telephone No. (201)710-9725		Name of OSHA Monitor GL Group, Inc	
Project Manager for Monitoring Firm Mary Ellen Leotta		Start Date (10) 9-27-13 after 3.30 pm		Scheduled Completion Date (11) 9-29-13		Street Address 140 Hamburg Turnpike		City, State, Zip Code Bloomingdale, NJ 07403	
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 Other - Describe:		Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type	
Attic		Yes No N/A		Pipe Insulation		15 LF		Removal Repair Encapsulate Enclosure	
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034		Cubic Yards of Waste TBD		Name of Registered Landfill Grows		City, State Morrisville, PA	
City, State Bloomingdale, NJ		Title P.M.		Disposal Date TBD		Signature		Date 9-18-2013	
Completed by Michael B Solakov									

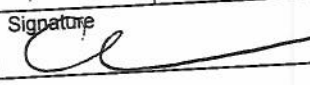
\* Do not use this form for asbestos licensure exempted activit



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

CL# 3626

RECEIVED

Date of Notification (1) 10/2/13		Name of Building Owner/Operator (2) Lisa Ambile Private Home		2013 OCT -4 AM 11:21					
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 60 Little Egg Harbor Blvd City, State, Zip Code Tuckerton Beach NJ 08087 Name of Contact Lisa Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Lisa Ambile 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 60 Little Egg Harbor Blvd				Square Feet 1000+	# of Floors 1				
City (5) Tuckerton Beach NJ 08087				Bldg. Age 35+					
County (6) Ocean		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Home					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 10/11/13		Scheduled Completion Date (11) 10/17/13		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	1000SF	X			
Through out				Floor tile	600 SF	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ		Disposal Date 10/17/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 10/2/13			

\* 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)

821

CL# 0901

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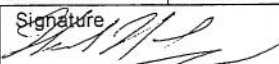
Date of Notification (1) <b>July 26, 2013</b>		Name of Building Owner/Operator (2) <b>Owens Corning</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type 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 <b>1249 Newark Tpke.</b>		City, State, Zip Code <b>Kearny, NJ</b>	
Name of Contact <b>Bill Dowd</b>		Telephone Number _____	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Large Warehouse</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>1249 Newark Tpke.</b>		Square Feet	# of Floors
City (5) <b>Kearny, NJ</b>		Bldg. Age	
County (6) <b>Hudson</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>Warehouse</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>AET</b>		ASCM No. _____	
Street Address <b>907 Doolittle Drive</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>	
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		Street Address <b>1500 Kings HWY N, STE 209</b>	
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>		Telephone No. <b>(908) 218-1108</b>	License No. <b>00781</b>
Start Date (10) <b>7-29-13</b>	Scheduled Completion Date (11) <b>12-31-13</b>	Name of OSHA Monitor <b>The MACK Group, LLC.</b>	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address <b>1500 Kings HWY N, STE 209</b>	
		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <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 Fl & Roof	<input checked="" type="checkbox"/>			transite panels	11,181 s/f	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>Rovic / Newark Carting / Freehold</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>111.8</b>	Name of Registered Landfill <b>G.R.O.W.S / T.R.R.F Landfill</b>	
City, State <b>Riverdale / Newark / Freehold NJ</b>		Disposal Date <b>12-31-13</b>	City, State <b>Morrisville, PA / Tullytown, PA</b>		
Completed by <b>Mike Cooper</b>	Title <b>President</b>	Signature 	Date <b>7/26/13</b>		



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


901

*No CK*

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*2013 OCT -4 AM 11:00*

*ASBESTOS CONTROL & LICENSING*


Date of Notification (1) <b>October 02, 2013</b>		Name of Building Owner/Operator (2) <b>Owens Corning-Kearny, NJ</b>							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b>	<b>1249 Newark Jersey City Tpke</b>							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Kearny, NJ 07032</b>							
		Name of Contact <b>Bill Dowd</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Owens Corning-Kearny, NJ</b>		Type of Facility (4)							
Street Address <b>1249 Newark Jersey City Tpke</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>Kearny, NJ 07032</b>		Square Feet	# of Floors Bldg. Age						
County (6) <b>Hudson</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Plant</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AET</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>							
Street Address <b>907 Doolittle Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>		Telephone No. <b>(908) 218-1108</b>	License No. <b>00781</b>						
Start Date (10) <b>7-29-13</b>	Scheduled Completion Date (11) <b>7-29-14</b>	Name of OSHA Monitor <b>The MACK Group, LLC.</b>							
Occupancy Status During Abatement (Check Only One)		Street Address <b>1500 Kings HWY N, STE 209</b>							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
<b>1st Fl &amp; Roof</b>	<input checked="" type="checkbox"/>			<b>transite panels</b>	<b>11,181 s/f</b>	<input checked="" type="checkbox"/>			
<b>Inside Asphalt Plant</b>	<input checked="" type="checkbox"/>			<b>Asbestos Pipe Wrap</b>	<b>670 LF</b>	<input checked="" type="checkbox"/>			
<b>-"</b>	<input checked="" type="checkbox"/>			<b>PACM Asbestos Pipe Insulation</b>	<b>270 LF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Rovic / Newark Carting / Freehold</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>121.2</b>	Name of Registered Landfill <b>G.R.O.W.S / T.R.R.F Landfill</b>					
City, State <b>Riverdale / Newark / Freehold NJ</b>			Disposal Date <b>7-29-14</b>	City, State <b>Morrisville, PA / Tullytown, PA</b>					
Completed by <b>Mike Cooper</b>		Title <b>President</b>	Signature 	Date <b>10/2/13</b>					



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

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CL # 1178

Date of Notification (1) Oct 1, 2013		Name of Building Owner/Operator (2) City of Paterson - Department of Public Works							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 800 Broadway		City, State, Zip Code Paterson, New Jersey 07505							
Name of Contact Christopher A. Coke		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Ellison Street 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 133 Ellison Street		Square Feet 20,000	# of Floors 3						
City (5) Paterson, New Jersey 07505		Bldg. Age 60							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Office							
Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATES, INC.		ASCM No. 00012	Name of Abatement Contractor (9) Academy Construction, Inc.						
Street Address 300 Grand Avenue		Street Address 205 Rt 46 West, Suite 14							
City, State, Zip Code Englewood, New Jersey 07631		City, State, Zip Code Totowa, New Jersey 07512							
Project Manager for Monitoring Firm Steven Jaraczewski		Telephone No. 201-569-6708	License No. 01155						
Start Date (10) Oct. 11, 2013	Scheduled Completion Date (11) Oct. 14, 2013	Name of OSHA Monitor Academy Construction, 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 205 Rt 46 West, Suite 14							
		City, State, Zip Code Totowa, New Jersey 07512							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
2nd floor office	X			floor tile	850	X			
2nd floor office	X			pipe insulation	30	X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 30 yrd	Name of Registered Landfill Bethlehem Landfill					
City, State Newark, New Jersey			Disposal Date Oct 15, 2013	City, State Bethlehem, PA					
Completed by Frank Marino		Title VP of Operations	Signature 			Date Oct. 1, 2013			



MO#20613942674

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

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Date of Notification (1) 09 / 30 / 13		Name of Building Owner/Operator (2) Leta Hamill		2013 OCT -4 AM 10:58					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 974 Lawrenceville Road City, State, Zip Code Princeton, NJ 08540 Name of Contact Leta Hamill		<b>ASBESTOS CONTROL &amp; LICENSING</b> Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address 974 Lawrenceville Road City (5) Princeton, NJ 08540 County (6) Mercer			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet    # of Floors    Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470						
Project Manager for Monitoring Firm		Telephone No.	Telephone No.	License No.					
Start Date (10) 10 / 15 / 13		Scheduled Completion Date (11) 10 / 16 / 13		Name of OSHA Monitor Envirovision Consultants, Inc					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address 20-21 Wagaraw Road, Bldg. # 35 E City, State, Zip Code Fair Lawn, NJ 07410						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 150 sf or >260 lf			<input type="checkbox"/> Clean up and decontamination <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
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 SIF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	160 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>N.Jevtic</i>			Date 09/30/2013			

MO#20613942685

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

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Date of Notification (1) 09 / 30 / 13		Name of Building Owner/Operator (2) Desmond Mareen	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 8 Lagoon Drive E.	
	City, State, Zip Code Brick, NJ 08723		
	Name of Contact Desmond Mareen		
	Telephone Number		

2013 OCT -4 AM 10:58

ASBESTOS CONTROL &amp; LICENSING

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 8 Lagoon Drive E.		Square Feet	
City (5) Brick, NJ 08723		# of Floors	Bldg. Age
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) 10 / 13 / 13		Scheduled Completion Date (11) 10 / 14 / 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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc	
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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Outside siding	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Siding	1,100 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 Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>Robert Jevtic</i>			Date 09/30/2013



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

MO#20613942707

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Date of Notification (1) 10 / 01 / 13		Name of Building Owner/Operator (2) Michele Becker	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 25 Montclair Avenue		City, State, Zip Code Montclair, NJ 07042	
Name of Contact Michele Becker		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 25 Montclair Avenue		Square Feet # of Floors Bldg. Age	
City (5) Montclair, NJ 07042		County Code (7) (STATE USE ONLY)	
County (6) Essex		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	
Start Date (10) 10 / 16 / 13		License No. 01127	
Scheduled Completion Date (11) 10 / 17 / 13		Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35 E	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SIF or LF)	
Abatement Type		Removal Repair Encapsulate Enclosure	
Basement		Pipe insulation 40 LF	
Basement		Boiler insulation 30 SF	
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	
City, State Wayne, NJ 07470		Cubic Yards of Waste TBD	
Name of Registered Landfill T.R.R.F. Inc		Disposal Date TBD	
City, State Tullytown, PA		Signature <i>Robert J. Jevtic</i>	
Completed By (Print or Type) N. Jevtic		Title Owner	
Date 10/01/2013			

ASB-41

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

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

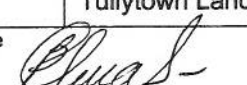
RECEIVED

Date of Notification (1) 10/01/13		Name of Building Owner/Operator (2) DRA ASIA, LLC		2013 OCT -4 AM 10:56					
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 47 River Road, Suite 200 City, State, Zip Code Summit, NJ 07901 Name of Contact David Clark Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Warehouse			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 35 UPS Drive			Square Feet 70,000						
City (5) Secaucus			# of Floors 2		Bldg. Age 50+-				
County (6) Hudson		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Warehouse					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) Stanmark Contractors, LLC					
Street Address		Street Address 27 Edsall Drive							
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461							
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 973-864-2022 License No. 01137					
Start Date (10) 10/10/13		Scheduled Completion Date (11) 11/10/13		Name of OSHA Monitor AmeriSci					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 117 East 30th Street					
				City, State, Zip Code New York, NY 10016					
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 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
Throughout the warehouse		x		fittings	170	x			
Office Area		x		Floor tiles	2,000 S.F.	x			
Exterior		x		window glazing/caulk	800 L.F.	x			
Roof		x		flashing and roofing materials	29,100 S.F.	x			
Name of Registered Waste Hauler Pro-Teck		NJDEP Waste Hauler ID No. 190713		Cubic Yards of Waste 300		Name of Registered Landfill G.R.O.W.S.			
City, State New Haven, CT				Disposal Date on completion		City, State Morrisville, PA			
Completed by Marko Stankovic		Title President		Signature <i>Marko Stankovic</i>		Date 10/01/13			



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

**RECEIVED**

Date of Notification (1) 10/1/2013		Check #2512		Name of Building Owner/Operator (2) St Rose of Lima Church					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 11 GRAY STREET  City, State, Zip Code NEWARK, NJ 07107  Name of Contact Father Joseph Kwiatkowski					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) St Rose of Lima 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 (i.e. private & commercial buildings, homes, etc.)					
Street Address 11 Gray Street				Square Feet 45,000					
City (5) Newark, NJ 07107				# of Floors 2					
County (6) ESSEX				Bldg. Age 80+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Church							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services			ASCM No.		Name of Abatement Contractor (9) EA Services Corporation				
Street Address 280 Hyuler Street			Street Address 426 69th Street						
City, State, Zip Code South Hackensack, NJ 07606			City, State, Zip Code Guttenberg, NJ 07093						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-295-1700					
License No. 01074									
Start Date (10) 10/2/2013		Scheduled Completion Date (11) 10/5/2013		Name of OSHA Monitor Same as above					
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 <input type="checkbox"/> Other - Describe: Starting @ 5 PM				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement and Boiler Room			x	Pipe Insulation	45 LF	x			
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste tbd	Name of Registered Landfill Waste Management				
City, State PO Box 5010				Disposal Date tbd	City, State Tullytown Landfill				
Completed by Gina Salvador		Title Office Manager		Signature 		Date 10/1/2012			

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

Check# 1732

RECEIVED

Date of Notification (1) 10 / 01 / 13		Name of Building Owner/Operator (2) Colleen Walton	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 304 Meeker Avenue City, State, Zip Code Newark, NJ 07112 Name of Contact Colleen Walton Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 304 Meeker Avenue City (5) Newark, NJ 07112 County (6) Essex		Square Feet	# of Floors Bldg. Age
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code	ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 License No. 01127
--	----------	--

Start Date (10) 10 / 10 / 13	Scheduled Completion Date (11) 10 / 11 / 13	Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35 E City, State, Zip Code Fair Lawn, NJ 07410
---------------------------------	--	---

Occupancy Status During Abatement (Check only one)  
☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe  
Time of Abatement: \_\_\_\_\_ AM- \_\_\_\_\_ PM/ \_\_\_\_\_ PM- \_\_\_\_\_ AM

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"/> Clean up and decontamination <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
--	---	---

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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>Rute Anad</i>	Date 10/01/2013

ASB-41

MAY 11

\* 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)

RECEIVED

Date of Notification (1) October 1, 2013		Name of Building Owner/Operator (2) VNO Wayne Town Center LLC		2013 OCT -4 AM 10:54					
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 250 Wayne Town Center, NJ State Rte.23 and Willowbrook Blvd. City, State, Zip Code Wayne, New Jersey 07470 Name of Contact Mark Messier Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Wayne Town Center Fortunoff			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 Wayne Town Center			Square Feet 220,000						
City (5) Wayne			# of Floors 2		Bldg. Age 45				
County (6) Passaic		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant-Retail Store					
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services		ASCM No.		Name of Abatement Contractor (9) Slavco Construction Inc.					
Street Address 280 Huyler Street		Street Address 164 Getty Ave.		City, State, Zip Code Clifton, New Jersey 07011-1802					
City, State, Zip Code South Hackensack		Telephone No. 201-489-8700		License No. 00724					
Project Manager for Monitoring Firm Mr. Gary Mellor		Telephone No. 201-489-8700		Name of OSHA Monitor Slavco Construction Inc.					
Start Date (10) October 2, 2013		Scheduled Completion Date (11) December 31, 2013		Street Address 164 Getty 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: Monday-Friday 7:00am-3:30pm				City, State, Zip Code Clifton, New Jersey 07011-1802					
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
First & Second Floors			x	Spray-On Fireproofing	188,000SF	x			
First Floor			x	Vat	1,000SF	x			
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S Landfill				
City, State Clifton, New Jersey 07011-1802		Disposal Date TBD		City, State Morrisville, Pa					
Completed by Vivian D. Jurcevic		Title Office Manager		Signature <i>Vivian D. Jurcevic</i>			Date October 1, 2013		

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

**COPY**

Date of Notification (1) September 25th, 2013		Name of Building Owner/Operator (2) VNO Wayne Town Center LLC		2013 OCT -4 AM 10:54					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		250 Wayne Town Center, NJ State Route 23 and Mulfordbrook Blvd City, State, Zip Code Wayne, New Jersey 07470 Name of Contact Mark Messier					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Wayne Town Center Fortunoff				Type of Facility (4)					
Street Address 250 Wayne Town 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.)					
City (5) Wayne		Square Feet 220,000		# of Floors 2	Bldg. Age 45 Yrs.				
County (6) Passaic		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant-Retail Store					
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services		ASCM No.		Name of Abatement Contractor (9) Slavco Construction Inc.					
Street Address 280 Huyler Street		Street Address 164 Getty Ave.							
City, State, Zip Code South Hackensack, New Jersey		City, State, Zip Code Clifton, New Jersey 07011-1802							
Project Manager for Monitoring Firm Mr. Gary Mellor		Telephone No. 201-489-8700		Telephone No. 973-478-4848	License No. 00724				
Start Date (10) September 11, 2013		Scheduled Completion Date (11) December 31, 2013		Name of OSHA Monitor Slavco Construction Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 164 Getty Ave.					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Monday-Friday 7:00am-3:30pm				City, State, Zip Code Clifton, New Jersey 07011-1802					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First & Second Floors			x	Spray-On Fireproofing	188,000SF	x			
First Floor	<input checked="" type="checkbox"/>		x	VAT	1,000SF				
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S Landfill				
City, State Clifton, New Jersey 07011-1802				Disposal Date	City, State Morrisville, Pa				
Completed by Vivian D. Jurcevic		Title Office Manager		Signature <i>Vivian D. Jurcevic</i>	Date 9/25/13				



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

**COPY**

18-0718

Date of Notification (1) 09 / 04 / 13		Name of Building Owner / Operator (2) VNO Wayne Town Center LLC	
Agencies Notified		Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	250 Wayne Town Center, NJ State Route 23 and Willowbrook Blvd	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Amendment #	Wayne, NJ 07470	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency w/ justification	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Mark Messier	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Wayne Town Center Fortunoff			Type of Facility (4)		
Street Address 250 Wayne Town 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 bldgs., homes, etc.)		
City (5) Wayne	County (6) Morris	County Code (7)	Square Feet 220,000	# Of Floors 2	Building Age 45 Years
Current Use (Prior if being demolished) Vacant - Retail Store					
Name of Monitoring Firm Hired by Bldg. Owner (8) Omega Environmental Services			Name of Abatement Contractor (9) Slavco Construction Inc.		
Street Address 280 Huyler Street			Street Address 164 Getty Avenue		
City, State, Zip Code South Hackensack, NJ			City, State, Zip Code Clifton, NJ 07011		
Project Mnglr. For Monitoring Firm Gary Mellor			Telephone Number 201-489-8700		
Scheduled Start Date (10) 09 / 11 / 13		Sched. Completion Date (11) 12 / 31 / 13	Telephone Number 973-478-4848		License Number 00724

Occupancy Status During Abatement (Check Only 1)		Name of OSHA Monitor Slavco Construction Inc.	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Street Address 164 Getty Avenue	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:		City, State, Zip Code Clifton, NJ 07011	
<input checked="" type="checkbox"/> Other - Describe: Mon - Fri 7:00 am to 3:30pm			

**Scope of Work (Check All That Apply)**

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

Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
First & Second Floors	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Spray-On Fireproofing	188,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	VAT	1,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Slavco Construction, Inc.	NJDEP Waste S18508	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. North Landfill
City, State Clifton, NJ	Disposal Date TBD	City, State Morrisville, PA	
Completed by (Print or Type) Vivian Jurcevic	Title OFFICE MGR.	Signature <i>Vivian Jurcevic</i>	Date September 4, 2013



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

**RECEIVED**

Date of Notification (1) October 1, 2013		Name of Building Owner/Operator (2) VNO Wayne Town Center LLC		2013 OCT -4 AM 10:47					
Agencies Notified	Type Notification	Street Address 250 Wayne Town Center, NJ State Rte.23 and Willowbrook Blvd							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne, New Jersey 07470							
		Name of Contact Mark Messier		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Wayne Town Center Fortunoff			Type of Facility (4)						
Street Address 250 Wayne Town 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.)						
City (5) Wayne			Square Feet 220,000	# of Floors 2	Bldg. Age 45				
County (6) Passaic		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant-Retail Store					
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services		ASCM No.		Name of Abatement Contractor (9) Slavco Construction Inc.					
Street Address 280 Huyler Street		Street Address 164 Getty Ave.							
City, State, Zip Code South Hackensack		City, State, Zip Code Clifton, New Jersey 07011-1802							
Project Manager for Monitoring Firm Mr. Gary Mellor		Telephone No. 201-489-8700		Telephone No. 973-478-4848	License No. 00724				
Start Date (10) October 2, 2013		Scheduled Completion Date (11) December 31, 2013		Name of OSHA Monitor Slavco Construction Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 164 Getty Ave.					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Monday-Friday 7:00am-3:30pm				City, State, Zip Code Clifton, New Jersey 07011-1802					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First & Second Floors			x	Spray-On Fireproofing	188,000SF	x			
First Floor			x	Vat	1,000SF	x			
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S Landfill				
City, State Clifton, New Jersey 07011-1802				Disposal Date TBD	City, State Morrisville, Pa				
Completed by Vivian D. Jurcevic		Title Office Manager		Signature <i>Vivian D. Jurcevic</i>		Date October 1, 2013			



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

**COPY RECEIVED**

Date of Notification (1) September 25th, 2013		Name of Building Owner/Operator (2) VNO Wayne Town Center LLC		2013 OCT -4 AM 10:47					
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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 250 Wayne Town Center, NJ State Route 23 and Willowbrook Blvd. City, State, Zip Code Wayne, New Jersey 07470 Name of Contact Mark Messier Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Wayne Town Center Fortunoff			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 Wayne Town Center			Square Feet 220,000 # of Floors 2 Bldg. Age 45 Yrs.						
City (5) Wayne		County (6) Passaic County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services		ASCM No.		Name of Abatement Contractor (9) Slavco Construction Inc.					
Street Address 280 Huyler Street		Street Address 164 Getty Ave.							
City, State, Zip Code South Hackensack, New Jersey		City, State, Zip Code Clifton, New Jersey 07011-1802							
Project Manager for Monitoring Firm Mr. Gary Mellor		Telephone No. 201-489-8700		Telephone No. 973-478-4848 License No. 00724					
Start Date (10) September 11, 2013		Scheduled Completion Date (11) December 31, 2013		Name of OSHA Monitor Slavco Construction Inc.					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Monday-Friday 7:00am-3:30pm			Street Address 164 Getty Ave. City, State, Zip Code Clifton, New Jersey 07011-1802						
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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First & Second Floors			x	Spray-On Fireproofing	188,000SF	x			
First Floor			x	VAT	1,000SF				
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S Landfill				
City, State Clifton, New Jersey 07011-1802				Disposal Date	City, State Morrisville, Pa				
Completed by Vivian D. Jurcevic		Title Office Manager		Signature <i>Vivian D. Jurcevic</i>		Date 9/25/13			



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

**COPY**  
43-0718

Date of Notification (1) 09 / 04 / 13		Name of Building Owner / Operator (2) VNO Wayne Town Center LLC	
Agencies Notified		Street Address 250 Wayne Town Center, NJ State Route 23 and Willowbrook Blvd	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Wayne, NJ 07470	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Mark Messier	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Amendment #	Telephone Number 201-489-8700	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency w/ justification		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Wayne Town Center Fortunoff			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 250 Wayne Town Center			Square Feet 220,000		
City (5) Wayne	County (6) Morris	County Code (7)	# Of Floors 2	Building Age 45 Years	
Current Use (Prior if being demolished) Vacant - Retail Store					
Name of Monitoring Firm Hired by Bldg. Owner (8) Omega Environmental Services			Name of Abatement Contractor (9) Slavco Construction Inc.		
Street Address 280 Huyler Street			Street Address 164 Getty Avenue		
City, State, Zip Code South Hackensack, NJ			City, State, Zip Code Clifton, NJ 07011		
Project Mngr. For Monitoring Firm Gary Mellor			Telephone Number 201-489-8700		
Scheduled Start Date (10) 09 / 11 / 13		Sched. Completion Date (11) 12 / 31 / 13	Telephone Number 973-478-4848		License Number 00724
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Mon - Fri 7:00 am to 3:30pm			Name of OSHA Monitor Slavco Construction Inc. Street Address 164 Getty Avenue City, State, Zip Code Clifton, NJ 07011		

**Scope of Work (Check All That Apply)**

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

Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
First & Second Floors	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Spray-On Fireproofing	188,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	VAT	1,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Slavco Construction, Inc.		NJDEP Waste S18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. North Landfill	
City, State Clifton, NJ		Disposal Date TBD	City, State Morrisville, PA		
Completed by (Print or Type) Vivian Jurcevic		Title OFFICE MGR.	Signature <i>Vivian Jurcevic</i>		Date September 4, 2013



check 46.98

ASB-41

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



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

CL #2500  
**RECEIVED**

Date of Notification (1) <b>6/13/2013</b>		Name of Building Owner / Operator (2) <b>Hess Corporation</b>	
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	Street Address <b>One Hess Plaza</b>	
	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Woodbridge, NJ 07095</b>	
	<input checked="" type="checkbox"/> Amended R#2-9/30/13	Name of Contact <b>John Philbin</b>	
	<input type="checkbox"/> Emergency	Telephone Number	
<input type="checkbox"/> Cancellation			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Hess Corporation</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>123 Derousse Ave.</b>			Square Feet      # of Floors      Bldg. Age		
City (5) <b>Pennsauken</b>	County (6) <b>Camden</b>	County Code (7)	Current Use (Prior if being demolished) <b>Exterior</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>		
Street Address <b>28 N. Pennell Road</b>			Street Address <b>1123 Beaver Street</b>		
City, State & Zip Code <b>Media, PA 19063</b>			City, State & Zip Code <b>Bristol, PA 19007</b>		
Project Manager for Monitoring Firm <b>Dave Turotsy</b>		Telephone Number <b>800-969-6AET</b>	Telephone Number <b>(215)788-6040</b>		License Number <b>00509</b>
Scheduled Start Date (10) <b>10/1/13</b>	Scheduled Completion Date (11) <b>10/4/13</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>		
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: <b>Exterior Removal</b> <input checked="" type="checkbox"/> Facility Occupied During Abatement: <b>7 AM – 3:30 PM</b>			Street Address <b>1123 Beaver Street</b>		
			City, State & Zip Code <b>Bristol, PA 19007</b>		

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 type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 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
<b>Tank 2021</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Transite Panel</b>	<b>1,760 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tank 2022</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Transite Panel</b>	<b>864 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Service Transport Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>GROWS Landfill</b>	
City, State <b>New Castle, Delaware</b>		Disposal Date <b>6/28/2013</b>	City, State <b>Morrisville, PA</b>		
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>		Date <b>9/30/13</b>



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

**RECEIVED**

Date of Notification (1) <b>6/13/2013</b>		Name of Building Owner / Operator <b>Hess Corporation</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#1-6/21/13 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>One Hess Plaza</b> City, State & Zip Code <b>Woodbridge, NJ 07095</b> Name of Contact <b>John Philbin</b>						
			Telephone Number						
	<b>FACILITY INFORMATION</b>								
	Name of Facility Where Abatement is Taking Place (3) <b>Hess Corporation</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
	Street Address <b>123 Derosse Ave.</b>		Square Feet # of Floors Bldg. Age						
City (5) <b>Pennsauken</b>	County (6) <b>Camden</b>	County Code (7)	Current Use (Prior if being demolished) <b>Exterior</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>						
Street Address <b>28 N. Pennell Road</b>		Street Address <b>1123 Beaver Street</b>							
City, State & Zip Code <b>Media, PA 19063</b>		City, State & Zip Code <b>Bristol, PA 19007</b>							
Project Manager for Monitoring Firm <b>Dave Turotsy</b>		Telephone Number <b>800-969-6AET</b>	Telephone Number <b>(215)788-6040</b> License Number <b>00509</b>						
Scheduled Start Date (10) <b>ON HOLD</b>	Scheduled Completion Date (11)		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>						
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: <b>Exterior Removal</b> <input checked="" type="checkbox"/> Facility Occupied During Abatement: <b>7 AM – 3:30 PM</b>		Street Address <b>1123 Beaver Street</b> City, State & Zip Code <b>Bristol, PA 19007</b>							
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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <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 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
<b>Tank 2021</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Transite Panel</b>	<b>1,760 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tank 2022</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Transite Panel</b>	<b>864 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>GROWS Landfill</b>					
City, State <b>New Castle, Delaware</b>		Disposal Date <b>6/28/2013</b>	City, State <b>Morrisville, PA</b>						
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni / jh</i>				Date <b>6/21/13</b>		



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

**RECEIVED**

2013 OCT 10 AM 10:24 52

Date of Notification (1) <b>6/13/2013</b>		Name of Building Owner / Operator (2) <b>Hess Corporation</b>	
Agencies Notified	Type Notification	Street Address <b>One Hess Plaza</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Woodbridge, NJ 07095</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact <b>John Philbin</b>	
<input checked="" type="checkbox"/> DOL 5308	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH 5292	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Hess Corporation</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>123 Derausse Ave.</b>			Square Feet		
City (5) <b>Pennsauken</b>			County (6) <b>Camden</b>	County Code (7)	# of Floors
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc.</b>			Current Use (Prior if being demolished) <b>Exterior</b>		
Street Address <b>28 N. Pennell Road</b>			Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>		
City, State & Zip Code <b>Media, PA 19063</b>			Street Address <b>1123 Beaver Street</b>		
Project Manager for Monitoring Firm <b>Dave Turotsy</b>			City, State & Zip Code <b>Bristol, PA 19007</b>		
Telephone Number <b>800-969-6AET</b>			Telephone Number <b>(215)788-6040</b>		
Scheduled Start Date (10) <b>6/24/2013</b>			License Number <b>00509</b>		
Scheduled Completion Date (11) <b>6/28/2013</b>			Name of OSHA Monitor <b>Bristol Environmental Inc.</b>		
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: Exterior Removal <input checked="" type="checkbox"/> Facility Occupied During Abatement: 7 AM - 3:30 PM			Street Address <b>1123 Beaver Street</b>		
			City, State & Zip Code <b>Bristol, PA 19007</b>		

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

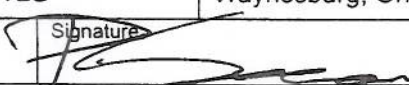
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Tank 2021	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Panel	1,760 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank 2022	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Panel	864 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Service Transport Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>GROWS Landfill</b>	
City, State <b>New Castle, Delaware</b>		Disposal Date <b>6/28/2013</b>	City, State <b>Morrisville, PA</b>		
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>		Date <b>6/13/13</b>



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

RECEIVED

Date of Notification (1) 09/30/2013		Name of Building Owner/Operator (2) Syntek Construction Services, Inc. (owner's rep)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 85-R Hoffman Lane		City, State, Zip Code Islandia, New York 11749							
Name of Contact Lisa Monjardo		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1256 Cresnet Avenue		Square Feet 2,500	# of Floors 2						
City (5) Roselle		Bldg. Age 70							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No. _____							
Street Address		Name of Abatement Contractor (9) Sky Contracting, LLC							
City, State, Zip Code		Street Address 1385 Valley Road, Suite K							
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, New Jersey 07470							
Telephone No. _____		Telephone No. (973) 928-5040	License No. 00874						
Start Date (10) 10/10/2013	Scheduled Completion Date (11) 10/19/2013	Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1385 Valley Road, Suite K							
		City, State, Zip Code Wayne, New Jersey 07470							
Scope of Work (Check All That Apply) <input 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
Exterior - Siding		x		Transite Siding	1,500 SF	x			
Basement & First Floor Living Rm		x		Pipe Insulation	140 LF	x			
First Floor Living Room		x		ACM Debris	700 SF	x			
Basement		x		Floor Tiles	300 SF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 10	Name of Registered Landfill Minerva Enterprises, LLC				
City, State New Castle, Delaware				Disposal Date TBD	City, State Waynesburg, Ohio				
Completed by Predrag Sarcev		Title Vice President		Signature 		Date 09/30/2013			



CHECK #  
2964

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

Date of Notification (1) 10/2/13		Name of Building Owner/Operator (2) PINELANDS CONSTRUCTION	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 300 77 TH ST. STANOS CONTROL		City, State, Zip Code SEA ISLE CITY, N.J. 08243	
Name of Contact FRANK EDUARDI		Telephone	
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 153 OCEAN ROAD		Square Feet	
City (5) OCEAN CITY		# of Floors	
County (6) CAPE MAY		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) KLEMMCO INC.	
City, State, Zip Code		Street Address 369 S. SPRUCE AVE.	
Project Manager for Monitoring Firm		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Telephone No.		Telephone No. 856-779-0472	
Start Date (10) 10/12/13		License No. 00444	
Scheduled Completion Date (11) 10/19/13		Name of OSHA Monitor JOSEPH KLEMM	
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 369 S. SPRUCE AVE.	
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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE		Amount (Specify SF or LF) 1800 sf	
Name of Registered Waste Hauler KLEMMCO INC.		Abatement Type Removal Repair Encapsulate X	
NJDEP Waste Hauler ID No. 17904		Cubic Yards of Waste	
City, State MAPLE SHADE, N.J.		Name of Registered Landfill C.M.C.M.V.A.	
Disposal Date		City, State WOODBINE, N.J.	
Completed By JOSEPH KLEMM		Signature Joseph Klemm	
Title V/P		Date 10/2/13	



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

**CH# 22641**

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Date of Notification (1) 10/1/2013		Name of Building Owner/Operator (2) Seminole Construction	
Agencies Notified	Type of Notification	Street Address 128 Bartlett Avenue	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code West Creek, NJ 08092	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____	Name of Contact Joyce Corliss	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Telephone Number _____	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 17 E. Delaware Ave			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K12)		
City Beach Haven			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 2480 sf	# of Floors 1	Bldg. Age 63	
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) 10/01/2013		Scheduled Completion Date (11) 10/02/2013			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Name of OSHA Monitor E.M.S.L. Analytical		
			Street Address 1056 Stelton Road		
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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		

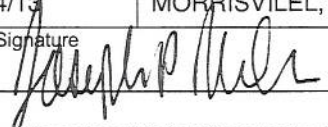
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify 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	3500 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 10/03/2013	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 10/01/2013

\*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)

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Date of Notification (1) OCT. 2, 2013		Name of Building Owner/Operator (2) LORIE ROUSE		2013 OCT -4 AM 10:35					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 719 CHAPMAN LANE City, State, Zip Code KEY WEST, FL 33040 Name of Contact LORIE ROUSE					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) ROUSE 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 301 MAIN STREET			Square Feet 3,800						
City (5) LEBANON			# of Floors 2		Bldg. Age 1831				
County (6) HUNTERDON		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) RESIDENCE					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc					
Street Address		Street Address 17 Thompson Street							
City, State, Zip Code		City, State, Zip Code West Long Branch, NJ 07764							
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 732.222.8372					
Start Date (10) OCT 14, 2013		Scheduled Completion Date (11) OCT 15, 2013		License No. 00040					
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 N/A						
			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"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input 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
BEDROOM			X	VAT	180 SF	X			
Name of Registered Waste Hauler FINISHING TOUCH ASBESTOS		NJDEP Waste Hauler ID No. 12058		Cubic Yards of Waste 2 CU		Name of Registered Landfill GROWS NORTH LANDFILL			
City, State OCEANPORT, NJ		Disposal Date 10/14/13		City, State MORRISVILLE, PA					
Completed by JOSEPH P. MILLER		Title PRESIDENT		Signature 		Date 10/2/13			



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

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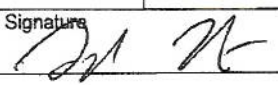
Date of Notification (1) 09/10/13		Name of Building Owner/Operator (2) ABRAHAM STREICHER						
Agencies Notified	Type Notification	Street Address 461 RIDGE AVE						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code LAKEWOOD NJ 08701						
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) 461 RIDGE AVE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) LAKEWOOD		Square Feet	# of Floors					
County (6) OCEAN		County Code (7) (STATE USE ONLY)	Bldg. Age					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS					
Street Address		Street Address 6 WHITE DOVE COURT						
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701						
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200					
Start Date (10) 09/13/13		Scheduled Completion Date (11) 09/16/13						
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 AAA LEAD PROFESSIONALS						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address 6 WHITE DOVE COURT						
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code LAKEWOOD, NJ 08701						
<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
				2000	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill IESI				
City, State NEWARK, NJ		Disposal Date		City, State BETHLEHEM PA				
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date			

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

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OK # 2252

Date of Notification (1) 10/01/13		Name of Building Owner/Operator (2) MARINE AGENCY						
Agencies Notified	Type Notification	Street Address 191 MAPLEWOOD 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code MAPLEWOOD NJ 07040						
		Name of Contact SARRYL						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)						
Street Address 191 MAPLEWOOD AVE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) MAPLEWOOD		Square Feet	# of Floors					
County (6) ESSEX		Bldg. Age						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)						
Street Address		AAA LEAD PROFESSIONALS						
City, State, Zip Code		Street Address 6 WHITE DOVE COURT						
Project Manager for Monitoring Firm		City, State, Zip Code LAKEWOOD, NJ 08701						
Telephone No.		Telephone No. 732-668-9078	License No. 1200					
Start Date (10) 10/11/13	Scheduled Completion Date (11) 10/14/13	Name of OSHA Monitor AAA LEAD PROFESSIONALS						
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT						
<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: BASEMENT VACATED DURING ABATEMENT		City, State, Zip Code LAKEWOOD, NJ 08701						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
				18LF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill IESI				
City, State NEWARK, NJ		Disposal Date		City, State BETHLEHEM PA				
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 		Date 10/01/13			