

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

RECEIVED

OC# 1112

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

FACILITY INFORMATION

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

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

Start Date (10) 10-21-13	Scheduled Completion Date (11) 9-30-15	Name of OSHA Monitor Analytical Testing + Consulting Services	
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 14625 Duster Rd.	
		City, State, Zip Code Plainville, MI 49080	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input 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
Outdoor piping			X	Thermal System Insulation	51,893 LF	X			
Warehouse			X	Thermal System Insulation	2,397 LF	X			
Warehouse			X	Floortile-Mastic-Caulk	35,755 SF	X			

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

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

OK # 8539

RECEIVED

Date of Notification (1) 10 / 2 / 13		Name of Building Owner/Operator (2) Jersey Central Power & Light/First Energy							
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 1911 - 300 Madison Ave							
		City, State, Zip Code Morristown, NJ 07962							
		Name of Contact Kenneth Seborowski							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 801 St John's Street		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) Cape May		Square Feet 2,500	# of Floors 2						
County (6) Cape May		Current Use (Prior if being demolished) residence							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc		ASCM No. 117	Name of Abatement Contractor (9) Controlled Environmental Systems						
Street Address 318 12th Street		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-704-8850	License No. 00847						
Start Date (10) 10 / 15 / 13	Scheduled Completion Date (11) 10 / 29 / 13	Name of OSHA Monitor CES							
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: 7:00AM-5:00PM / ____PM-____AM		Street Address 1121 N. Bethlehem Pike - Suite 60							
		City, State, Zip Code Spring House, PA 19477							
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) <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
thru out building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile 9"x 9"	260 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceilings and walls thru out	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Joint Compound	3310 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Transite	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior north west door	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Glazing	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sink	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler STG		NJDEP Waste Hauler ID No. 20900	Cubic Yards of Waste 30	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 10/29/13		City, State Waynesburg, OH 44688					
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>			Date 10/3/13		

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

RECEIVED

Date of Notification (1) 9 / 20 / 13		Name of Building Owner/Operator (2) Journal Square Associates LLC	
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 520 US Highway 22 --- PO Box 6872	
		City, State, Zip Code Bridgewater NJ 08807	
		Name of Contact Kiva Bartik	Telephone Number

2013 OCT -4 PM 1:12

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Block 9501 Lot 13		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 539 Summit Ave		Square Feet # of Floors Bldg. Age 3500 SF 3 50+	
City (5) Jersey City		County (6) Hudson	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Former Boarding House-Single Family Home	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Controlled Environmental Systems	
Street Address		Street Address 1121 N. Bethlehem Pike - Suite 60	
City, State, Zip Code		City, State, Zip Code Spring House, PA 19477	
Project Manager for Monitoring Firm		Telephone No. 215-542-7000	License No. 00847
Start Date (10) 10 / 7 / 13	Scheduled Completion Date (11) 11 / 20 / 13	Name of OSHA Monitor CES	
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: 7:00AM-7:00PM/ PM- AM		Street Address 1121 N. Bethlehem Pike - Suite 60	
		City, State, Zip Code Spring House, PA 19477	

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 - WRAP + CUT
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement 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 STG	NJDEP Waste Hauler ID No. 20900	Cubic Yards of Waste 40	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE	Disposal Date 11/25/13	City, State Waynesburg, OH. 44688	
Completed By (Print or Type) Patricia Visco	Title Office Manager	Signature <i>Patricia Visco</i>	Date 9/23/13

B & G proj. #: 2013-200

(Pursuant to ...)

2013 OCT -4 PM 1:53

DEPARTMENT OF ENVIRONMENTAL PROTECTION
ASBESTOS CONTROL & LICENSING

Date of Notification (1)
11/01/1011/11/3

Agencies Notified

<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation
<input checked="" type="checkbox"/> DOH	
<input type="checkbox"/> DCA	

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)

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

ASCM No.

Type of Facility (4)

School (K - 12)

Subchapter 8 (Other than K)

Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

of Floors

Current Use (Prior if being demolished residential)

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

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
973-696-6869

License Number
0378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Occupancy Status During Abatement (Check only one)

Facility closed/vacated during entire period of abatement.

Abatement performed outside of normal facility hours-

Describe:

Other-Describe:

Full Containment w/negative pressure

Mini-enclosure

wrap & cut

Glovebag process

Non-friable process

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)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove
	Yes	No	N/A			
basement			X	duct insulation	41 sf	<input checked="" type="checkbox"/>
basement			X	round duct insulation	6 lf	<input checked="" type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Registered Waste Hauler
B & G Restoration, Inc.

City, State
Lincoln Park, NJ 07035

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

NJDEP Hauler ID#
19563

Cubic Yards of Waste
1

Disposal Date
10/14/2013

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Tullytown, PA

Signature
Gordana Luna

Date
10/01/2013

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

OL# 3512

RECEIVED

Date of Notification (1) 10/01/2013		Name of Building Owner/Operator (2) RR POWER LEASING LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 11 OLD TAPPAN RD	
		City, State, Zip Code OLD TAPPAN, NJ	
		Name of Contact WESLEY WEIS	

2013 OCT -4 PM 1:53

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

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	Telephone No. 973-243-9872
Start Date (10) 10/10/2013		Scheduled Completion Date (11) 10/17/2013	License No. 01172
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	
		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 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

2013 OCT -4 PM 1:49

ASBESTOS CONTROL & LICENSING

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

Name of Contact
Eugene Campbell

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

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

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Plainfield Cedarbrook K-8 Center

Street Address
1049 Central Ave

City (5)
Plainfield

County (6)
Union

County Code (7)
(STATE USE ONLY)

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

Square Feet
125000

of Floors
3

Bldg. Age
40+

Current Use (Prior to being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
TTI Environmental Inc

ASCM No.
00003

Name of Abatement Contractor (9)
GL Group, Inc

Street Address
140 Hamburg Turnpike

City, State, Zip Code
Bloomingdale, NJ 07403

Street Address
1253 North Church St

City, State, Zip Code
Moorestown, NJ 08057

Telephone No.
(201)710-9725

License No.
01084

Project Manager for Monitoring Firm
Mary Ellen Leotta

Telephone No.
856-840-8800

Name of OSHA Monitor
GL Group, Inc

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)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours
 Other - Describe:

Scope of Work (Check All That Apply)
 ≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf

Renovation
 Demolition

Full Containment with Negative Pressure
 Mini-Enclosure
 Glovebag Procedure
 Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic		X		Pipe Insulation	15 LF	X			

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

Disposal Date
TBD

Signature
[Signature]

Date
9-18-2013

City, State
Bloomingdale, NJ

Title
P.M.

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)

OK # 3626

RECEIVED

Date of Notification (1) 10/2/13		Name of Building Owner/Operator (2) Lisa Ambile Private Home	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 60 Little Egg Harbor Blvd		City, State, Zip Code Tuckerton Beach NJ 08087	
Name of Contact Lisa		Telephone Number	

2013 OCT -4 AM 11:01

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

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	Bldg. Age 35+
City (5) Tuckerton Beach NJ 08087			Current Use (Prior if being demolished) Home		
County (6) Ocean		County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) Pernaco Inc.		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Street Address PO Box 329		
Street Address		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 type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

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

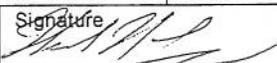
* Do not use this form for asbestos licensure exempted activities.

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

821

CL# 0901

RECEIVED

Date of Notification (1) July 26, 2013		Name of Building Owner/Operator (2) Owens Corning		2013 OCT -4 AM 10:59					
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		Street Address						
	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		1249 Newark Tpke. City, State, Zip Code Kearny, NJ						
			Name of Contact Bill Dowd						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Large Warehouse			Type of Facility (4)						
Street Address 1249 Newark Tpke.			<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) Kearny, NJ			Square Feet	# of Floors	Bldg. Age				
County (6) Hudson	County Code (7) <i>(STATE USE ONLY)</i> _____		Current Use (Prior if being demolished) Warehouse						
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No.	Name of Abatement Contractor (9) The MACK Group, LLC.						
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	Telephone No. (973) 759 - 5000	License No. 00781					
Start Date (10) 7-29-13	Scheduled Completion Date (11) 12-31-13		Name of OSHA Monitor The MACK Group, LLC.						
Occupancy Status During Abatement (Check Only One)			Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			1500 Kings HWY N, STE 209						
			City, State, Zip Code Cherry Hill, NJ 08034						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	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 Rovic / Newark Carting / Freehold		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 111.8	Name of Registered Landfill G.R.O.W.S / T.R.R.F Landfill					
City, State Riverdale / Newark / Freehold NJ		Disposal Date 12-31-13	City, State Morrisville, PA / Tullytown, PA						
Completed by Mike Cooper		Title President	Signature 		Date 7/26/13				

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

901

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2013 OCT -4 AM 11:00

ASBESTOS CONTROL & LICENSING

Date of Notification (1) October 02, 2013		Name of Building Owner/Operator (2) Owens Corning-Kearny, NJ	
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 # 1	1249 Newark Jersey City Tpke	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Kearny, NJ 07032	
		Name of Contact Bill Dowd	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Owens Corning-Kearny, NJ		Type of Facility (4)	
Street Address 1249 Newark Jersey City Tpke		<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) Kearny, NJ 07032		Square Feet	# of Floors
County (6) Hudson		Bldg. Age	
County Code (7) <i>(STATE USE ONLY)</i>		Current Use (Prior if being demolished) Plant	

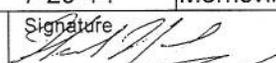
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No.	Name of Abatement Contractor (9) The MACK Group, LLC.	
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209		
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034		
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	Telephone No. (973) 759 - 5000	License No. 00781
Start Date (10) 7-29-13	Scheduled Completion Date (11) 7-29-14		Name of OSHA Monitor The MACK Group, LLC.	

Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Cherry Hill, NJ 08034	
<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 checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Fl & Roof	<input checked="" type="checkbox"/>			transite panels	11,181 s/f	<input checked="" type="checkbox"/>			
Inside Asphalt Plant	<input checked="" type="checkbox"/>			Asbestos Pipe Wrap	670 LF	<input checked="" type="checkbox"/>			
..	<input checked="" type="checkbox"/>			PACM Asbestos Pipe Insulation	270 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Rovic / Newark Carting / Freehold		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 121.2	Name of Registered Landfill G.R.O.W.S / T.R.R.F Landfill	
City, State Riverdale / Newark / Freehold NJ		Disposal Date 7-29-14		City, State Morrisville, PA / Tullytown, PA	
Completed by Mike Cooper		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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OK # 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 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								
FACILITY INFORMATION										
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	Telephone No. 973-832-4244							
		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"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
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			

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

MO#20613942674

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Date of Notification (1) <u>09</u> / <u>30</u> / <u>13</u>		Name of Building Owner/Operator (2) Leta Hamill	
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	
		Telephone Number _____	

2013 OCT -4 AM 10:58

**ASBESTOS CONTROL
& 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 974 Lawrenceville Road		Square Feet	# of Floors
City (5) Princeton, NJ 08540		Bldg. Age	
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address			Gr Tech LLC	
City, State, Zip Code			Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		Telephone No.	Telephone No.	License No.
Start Date (10) <u>10</u> / <u>15</u> / <u>13</u>		Scheduled Completion Date (11) <u>10</u> / <u>16</u> / <u>13</u>	Wayne, NJ 07470	
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		

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 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	
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 150 sf or >260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>		Date 09/30/2013	

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

MO#20613942685

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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 & 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	# of Floors
City (5) Brick, NJ 08723		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)		ASCM No.	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.	Telephone No. 973-638-1777	License No. 01127
Start Date (10) 10 / 13 / 13	Scheduled Completion Date (11) 10 / 14 / 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"/> Renovation	<input type="checkbox"/> Clean up and decontamination
<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 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>Desmond Mareen</i>		Date 09/30/2013

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

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 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)		Street Address 25 Montclair Avenue	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Montclair, NJ 07042	
		Name of Contact Michele Becker	Telephone Number

2013 OCT -4 AM 10:57

ASBESTOS CONTROL & 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 25 Montclair Avenue		Square Feet	
City (5) Montclair, NJ 07042		# of Floors	Bldg. Age
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	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.	Telephone No. 973-638-1777	License No. 01127	

Start Date (10) 10 / 16 / 13	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		
		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 checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination		
<input type="checkbox"/> > 160 sf or >260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure		
		<input checked="" type="checkbox"/> Mini-Enclosure		
		<input checked="" type="checkbox"/> Glovebag Procedure	<input type="checkbox"/> Tent with Negative Pressure	
		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
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler insulation	30 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"/>

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

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

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MO# 20733389032

2013 OCT -4 AM 10:56

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/01/13		Name of Building Owner/Operator (2) DRA ASIA, LLC	
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 _____

FACILITY INFORMATION

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	# of Floors 2	Bldg. Age 50+-
City (5) Secaucus	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)

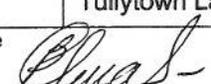
- | | | |
|--|--|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Demolition | <input checked="" type="checkbox"/> 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		Type Notification		Street Address 11 GRAY STREET									
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code NEWARK, NJ 07107 Name of Contact Father Joseph Kwiatkowski									
				Telephone Number _____									
FACILITY INFORMATION													
Name of Facility Where Abatement is Taking Place (3) St Rose of Lima Church				Type of Facility (4)									
Street Address 11 Gray Street				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
City (5) Newark, NJ 07107		Square Feet 45,000	# of Floors 2	Bldg. Age 80+									
County (6) ESSEX		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)			Street Address _____										
<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: <u>Starting @ 5 PM</u>			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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type				
		Yes	No	N/A					Removal	Repair	Encapsulate	Enclosure	
Basement 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

2013 OCT -4 AM 10:45
ASBESTOS CONTROL & 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 304 Meeker Avenue		Square Feet	# of Floors
City (5) Newark, NJ 07112		Bldg. Age	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	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.	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	
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 checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination
<input 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
		<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	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>Rute Jevtic</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)

RECEIVED

No. CK

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								
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 buildings, homes, etc.)									
Street Address 250 Wayne Town Center			Square Feet 220,000	# of Floors 2	Bldg. Age 45							
City (5) Wayne		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		Telephone No. 973-478-4848								
Project Manager for Monitoring Firm Mr. Gary Mellor		Telephone No. 201-489-8700		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) <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 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	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 <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 # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 250 Wayne Town Center, NJ State Route 23 and Milfordbrook Blvd		ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code Wayne, New Jersey 07470							
		Name of Contact Mark Messier		Telephone Number					
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 buildings, homes, etc.)						
Street Address 250 Wayne Town Center			Square Feet 220,000	# of Floors 2	Bldg. Age 45 Yrs.				
City (5) Wayne		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant-Retail Store					
County (6) Passaic		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: <u>Monday-Friday 7:00am-3:30pm</u>			Street Address 164 Getty Ave.						
			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 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			
	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 13-0718

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
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 Mngnr. For Monitoring Firm Gary Mellor		Telephone Number 201-489-8700	Telephone Number 973-478-4848	License Number 00724	
Scheduled Start Date (10) 09 / 11 / 13		Scheduled Completion Date (11) 12 / 31 / 13			

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	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			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
First & Second Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spray-On Fireproofing	188,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	1,000 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"/>

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

No OK

RECEIVED

2013 OCT -4 AM 10:47

Date of Notification (1) October 1, 2013		Name of Building Owner/Operator (2) VNO Wayne Town Center LLC	
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 _____
	FACILITY INFORMATION		

WILLOWBROOK CONTROL & LICENSING

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
City (5) Wayne		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) <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 type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input 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	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 type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 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					
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 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)					
		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) <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 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 8:26-7 AND 12:120-7
 ANNUAL NOTIFICATION

COPY
 13-0718

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 APBESTOS CONTROL	
<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)		
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
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	Telephone Number 973-478-4848	License Number 00724	
Scheduled Start Date (10) 09 / 11 / 13	Sched. Completion Date (11) 12 / 31 / 13				

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			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
First & Second Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spray-On Fireproofing	188,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	1,000 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"/>

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

check 46.98

Date of Notification (1) 9-30-13		Name of Building Owner/Operator (2) ESTATE OF KEENAN								
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 609 ROBERGE DRIVE								
		City, State, Zip Code RIVER VALE, NJ 07675								
		Name of Contact L. CHIPELLI								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) ESTATE OF KEENAN		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 609 ROBERGE DRIVE		Square Feet 1950	# of Floors 2							
City (5) RIVER VALE		Blgd. Age 62 YRS								
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE								
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)								
ASCM No.		Best Removal Inc								
Street Address		Street Address 450 S. River St								
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601								
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388							
Start Date (10) 10-10-13	Scheduled Completion Date (11) 10-11-13	Name of OSHA Monitor Omega Environmental Inc								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler St								
		City, State, Zip Code South Hackensack, N.J. 07606								
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥ 3 of or ≥ 3 F <input checked="" type="checkbox"/> ≥ 100 of or ≥ 200 F		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (?) and Non-Feasible Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED at 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	NA			Removal	Repair	Encapsulate	Enclosure	
EXTERIOR SIDING			X	TRANSITE SHINGLES	1450 SF	X				
Name of Registered Waste Hauler Best Removal Inc		N.J.E.P. Waste Hauler ID No. 17109	Cubic Yards of Waste 2405	Name of Registered Landfill Minerva Enterprises						
City, State Hackensack, N.J. 07601		Disposal Date 10-11-13	City, State Waynesburg, Oh							
Completed by R. VELDRAN		Title Estimator	Signature R. Veldran				Date 9-30-13			

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

2013 OCT -4 AM 10:44

ASBESTOS CONTROL
LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hess Corporation			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 123 Derousse Ave.			Square Feet	# of Floors	Bldg. Age
City (5) Pennsauken	County (6) Camden	County Code (7)	Current Use (Prior if being demolished) Exterior		

Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 28 N. Pennell Road		Street Address 1123 Beaver Street			
City, State & Zip Code Media, PA 19063		City, State & Zip Code Bristol, PA 19007			
Project Manager for Monitoring Firm Dave Turotsy		Telephone Number 800-969-6AET	Telephone Number (215)788-6040	License Number 00509	

Scheduled Start Date (10) 10/1/13	Scheduled Completion Date (11) 10/4/13	Name of OSHA Monitor Bristol Environmental Inc.			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: Exterior Removal <input checked="" type="checkbox"/> Facility Occupied During Abatement: 7 AM – 3:30 PM		Street Address 1123 Beaver Street			
		City, State & Zip Code Bristol, PA 19007			

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input 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"/>

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

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

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2013 OCT -4 AM 10:44

Date of Notification (1) 6/13/2013		Name of Building Owner / Operator Hess Corporation	
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 One Hess Plaza
			City, State & Zip Code Woodbridge, NJ 07095
			Name of Contact John Philbin
			Telephone Number

FACILITY INFORMATION

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

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input 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"/>

Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 20	Name of Registered Landfill GROWS Landfill	
City, State New Castle, Delaware		Disposal Date 6/28/2013	City, State Morrisville, PA		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni / jf</i>		Date 6/21/13

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

RECEIVED

2013 OCT 10 10:52

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hess Corporation			Type of Facility (4)		
Street Address 123 Derosse 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) Pennsauken	County (6) Camden	County Code (7)	Square Feet	# of Floors	Bldg. Age
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.			Current Use (Prior if being demolished) Exterior		
Street Address 28 N. Pennell Road			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
City, State & Zip Code Media, PA 19063			Street Address 1123 Beaver Street		
Project Manager for Monitoring Firm Dave Turotsy			City, State & Zip Code Bristol, PA 19007		
Telephone Number 800-969-6AET			Telephone Number (215)788-6040		
Scheduled Start Date (10) 6/24/2013			License Number 00509		
Scheduled Completion Date (11) 6/28/2013			Name of OSHA Monitor Bristol Environmental Inc.		
Occupancy Status During Abatement (Check only one)			Street Address 1123 Beaver Street		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - Describe: Exterior Removal <input checked="" type="checkbox"/> Facility Occupied During Abatement: 7 AM - 3:30 PM			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input type="checkbox"/> Demolition | <input 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"/>

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

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

RECEIVED

OK # 1417

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								
FACILITY INFORMATION										
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 Crescent 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.	Name of Abatement Contractor (9) Sky Contracting, LLC							
Street Address		Street Address 1385 Valley Road, Suite K								
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470								
Project Manager for Monitoring Firm		Telephone No. (973) 928-5040	License No. 00874							
Start Date (10) 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 type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
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			

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

CH# 22041

RECEIVED

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

2013 OCT -4 AM 10:35
HAZARDOUS WASTE CONTROL LICENSING

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 K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 17 E. Delaware Ave			Square feet 2480 sf	# of Floors 1	Bldg. Age 63
City Beach Haven	County (6) Ocean	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) 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		Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<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 NonFriable Procedure		
			<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		

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

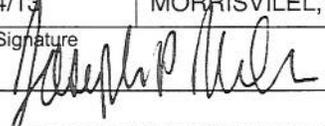
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 10/03/2013	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 10/01/2013

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

CL# 13104

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

RECEIVED

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								
FACILITY INFORMATION												
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	# of Floors 2	Bldg. Age 1831							
City (5) LEBANON		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) RESIDENCE								
County (6) HUNTERDON		Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____								
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 301 MAIN STREET			Street Address 17 Thompson Street									
City, State, Zip Code LEBANON, NJ 07036			City, State, Zip Code West Long Branch, NJ 07764									
Project Manager for Monitoring Firm _____		Telephone No. _____		Telephone No. 732.222.8372	License No. 00040							
Start Date (10) OCT 14, 2013		Scheduled Completion Date (11) OCT 15, 2013		Name of OSHA Monitor N/A								
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 type="checkbox"/> Full Containment with Negative Pressure								
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure								
				<input type="checkbox"/> Glovebag Procedure								
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) 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				
								Removal	Repair	Encapsulate	Enclosure	
BEDROOM		Yes	No	N/A	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				

RECEIVED

CK# 2207

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

2013 OCT -4 AM 10:31

Date of Notification (1) 09/10/13		Name of Building Owner/Operator (2) ABRAHAM STREICHER	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 461 RIDGE AVE	
		City, State, Zip Code LAKEWOOD NJ 08701	
		Name of Contact	Telephone Number

ASBESTOS CONTROL LICENSING

FACILITY INFORMATION

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)	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS	
Street Address		Street Address 6 WHITE DOVE COURT		
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-668-9078	License No. 1200

Start Date (10) 09/13/13	Scheduled Completion Date (11) 09/16/13	Name of OSHA Monitor AAA LEAD PROFESSIONALS		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT		
		City, State, Zip Code LAKEWOOD, NJ 08701		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) 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
				SIDING	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

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

CK# 2252

2013 OCT -4 AM 10:31

Date of Notification (1) 10/01/13		Name of Building Owner/Operator (2) MARINE AGENCY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 191 MAPLEWOOD AVE	
		City, State, Zip Code MAPLEWOOD NJ 07040	
		Name of Contact SARRYL	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 191 MAPLEWOOD 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) MAPLEWOOD	Square Feet	# of Floors	Bldg. Age
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm (8)	ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS	
Street Address		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 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) <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		Street Address 6 WHITE DOVE COURT	
		City, State, Zip Code LAKEWOOD, NJ 08701	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> 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
				PIPE INSULATION	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
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