

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

RECEIVED
27689
2013 OCT -9 PM 7:52

Date of Notification (1) 10/4/2013		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		Street Address 128 Bartlett Avenue City, State, Zip Code West Creek, NJ 08092 Name of Contact Joyce Corliss Telephone Number 	
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		ASBESTOS CONTROL & LICENSING	

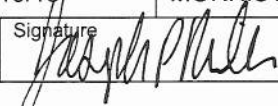
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 14 E. South Carolina Avenue			Square feet 2000 sf		
City Long Beach Twp.			# of Floors 2		
County (6) Ocean			Bldg. Age 60		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) 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 732-349-9932		
Telephone Number			License Number 00624		
Scheduled Start Date (10) 10/7/13			Name of OSHA Monitor E.M.S.L. Analytical		
Scheduled Completion Date (11) 10/9/13			Street Address 1056 Stelton Road		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Exterior		X		Asbestos siding	2450 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 10/10/13		City, State Tullytown, Pennsylvania			Date 10/4/2013		
Completed by (Print or Type) Nicholas Fernicola			Title Project Manager		Signature <i>Nicholas Fernicola</i>					

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

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

RECEIVED

Date of Notification (1) OCTOBER 4, 2013		Name of Building Owner/Operator (2) S & D DEVELOPMENT							
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 1 INDUSTRIAL WAY WEST		City, State, Zip Code EATONTON, NJ 07724							
Name of Contact WIN-WHITING LLC		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VACANT BANK		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 500 HIGHWAY 530		Square Feet 2400	# of Floors 1						
City (5) WHITING		Bldg. Age 1971							
County (6) OCEAN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) FORMER BANK							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.						
Street Address		Street Address 17 Thompson Street							
City, State, Zip Code		City, State, Zip Code West Long Branch, NJ 07764							
Project Manager for Monitoring Firm		Telephone No. 732-222-8372	License No. 00040						
Start Date (10) 10/15/13	Scheduled Completion Date (11) 10/18/13	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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
TELLER AREA			X	VAT	450 SF	X			
ROOF			X	SURFACING	792 LF	X			
WINDOWS			X	CAULKING	300 LF	X			
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp. Inc.		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 7 CU	Name of Registered Landfill GROWS NORTH LANDFILL					
City, State OCEANPORT, NJ 07757-0400			Disposal Date 10/19/13	City, State MORRISVILLE, PA					
Completed by JOSEPH P. MILLER		Title PRESIDENT	Signature 			Date 10/4/13			

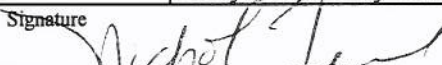
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <div style="text-align: center;">10/4/2013</div>		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 _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 11 E. North Carolina Avenue					
City Long Beach Twp.	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 3500 sf	# of Floors 3	Bldg. Age 60
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm	Telephone Number		Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 10/4/13	Scheduled Completion Date (11) 10/7/13		Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	3300 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 5	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 10/8/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 10/4/2013

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

Date of Notification (1) October 4, 2013		Name of Building Owner/Operator (2) Segal & Segal	
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 465 South Street		City, State, Zip Code Morristown, NJ 07962	
Name of Contact Fred Kimak		Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Building P			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 754 Scotland Road			Square feet 10,000 sf		
City Orange	County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors 2	Bldg. Age 80	
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			Current Use (Prior if being demolished) Storage Room		
Street Address 1889 Rte. 9, Unit 61			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code Toms River, NJ 08755			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm Nicholas Fernicola			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number 7321-349-9932			Telephone Number 732-349-9932		
Scheduled Start Date (10) 10/4/13			License Number 00624		
Scheduled Completion Date (11) 10/8/13			Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition			City, State, Zip Code Piscataway, New Jersey 08854		
			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				柳割 M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Building P Storage Room	X	Asbestos pipe insulation	150 lf	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 10/9/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 10/4/2013

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
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Date of Notification (1) October 4, 2013		Name of Building Owner/Operator (2) Segal & Segal	
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 465 South Street	
		City, State, Zip Code Morristown, NJ 07962	
		Name of Contact Fred Kimak	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Building A			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 754 Scotland Road			Square feet 10,000 sf		
City Orange	County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors 2	Bldg. Age 80	
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Rte. 9, Unit 61			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Toms River, NJ 08755			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 7321-349-9932	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 10/4/13		Scheduled Completion Date (11) 10/8/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input 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 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) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Building A Storage Room		X		Asbestos pipe insulation	200 lf	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 10/9/13	City, State Tullytown, Pennsylvania		
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>		Date 10/4/2013	

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

No CK

Date of Notification (1) October 4, 2013		Name of Building Owner/Operator (2) Michael Tennaro	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 134 Park Avenue		City, State, Zip Code Hoboken, NJ 07030	
Name of Contact Michael Tennaro		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 134 Park Avenue			Square feet 1000 sf		
City Hoboken			# of Floors 2		
County (6) Hudson			Bldg. Age 60		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			ASCM No.		
Street Address 1889 Rte. 9, Unit 61			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code Toms River, NJ 08755			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm Nicholas Fernicola			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number 732-349-9932			Telephone Number 732-349-9932		
Scheduled Start Date (10) 10/9/13			License Number 00624		
Scheduled Completion Date (11) 10/11/13			Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe			Street Address 1056 Stelton Road		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			City, State, Zip Code Piscataway, New Jersey 08854		
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement		X		Asbestos pipe wrap	50 lf	X			
Exterior		X		Roofing	1000 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 10	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 10/14/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 10/4/2013

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

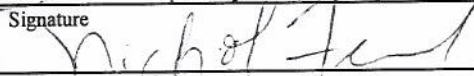
No CK

Date of Notification (1) October 4, 2013		Name of Building Owner/Operator (2) R S Development	
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 checked="" type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 62A 4th Street		City, State, Zip Code Hoboken, NJ 07030	
Name of Contact Steve McFarland		Telephone Number _____	

FACILITY INFORMATION


Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 136 Park Avenue			Square feet 1000 sf		
City Hoboken			# of Floors 2		
County (6) Hudson			Bldg. Age 60		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Rte. 9, Unit 61			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Toms River, NJ 08755			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 732-349-9932		License Number 00624	
Scheduled Start Date (10) 10/9/13		Scheduled Completion Date (11) 10/11/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition					
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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) YES NO N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V E L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	X	Transite	100 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 10/14/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 10/4/2013

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

Date of Notification (1) 10-4-13		Name of Building Owner/Operator (2) Lorraine Brown		RECEIVED 2013 OCT -9 PM 7:46 ASBESTOS CONTROL & LICENSING
Agencies Notified	Type Notification	Street Address 11 Essex Rd		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, NJ, 07040		
		Name of Contact Lorraine Brown		
				Telephone Number 

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			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			Square Feet 1600	# of Floors 2	Bldg. Age 80
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 10-14-13 Month Day Year	Sched. Completion Date (11) 10-15-13 Month Day Year	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 - Describe: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>		Street Address		
		City, State, Zip Code		

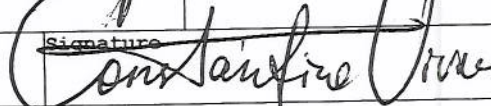
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L .	E N C L O S U R E
Basement			X	Pipe Insulation	120 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.	NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.
City, State Montclair, NJ 07042	Disposal Date 10-16-13	City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 10-4-13

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

Date of Notification (1) 10-3-2013		Name of Building Owner/Operator (2) Matt Schweitzer		RECEIVED 2013 OCT -9 PM 7:47 ASBESTOS CONTROL & LICENSING
Agencies Notified	Type Notification	Street Address 87 Inwood Ave		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, NJ, 07042		
		Name of Contact Matt Schweitzer	Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			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			Square Feet 2400	# of Floors 3	Bldg. Age 85
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 10-15-13 Month Day Year	Sched. Completion Date (11) 10-16-13 Month Day Year	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 - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address			
		City, State, Zip Code			

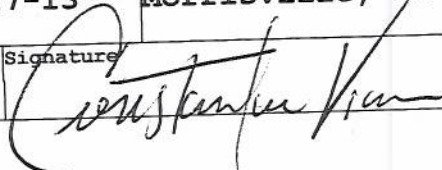
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V 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
Basement			X	Pipe Insulation	120 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 10-17-13	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 10-3-13		

10/04/2013 11:39 2013257440

BEST

PAGE 04/04

EMERGENCY **CL#4702**
REQUEST FOR WAIVERState of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:128)

DOE 4100 DAY 0

2013 OCT 20 PM 7:46

Date of Notification (6) 10-4-2013		Name of Building Owner/Operator (2) D. REMPELL		2013 OCT 20 PM 7:46	
Agency Requested <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Assessment <input type="checkbox"/> Emergency (and other justification) <input type="checkbox"/> Certification	Street Address 22 EDGEWOOD ROAD City, State, Zip Code SUMMIT, NJ 07901		Telephone Number WAIVER APPROVED	
Name of Contact D. REMPELL		Telephone Number			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (8) D. REMPELL			Type of Facility (9) <input type="checkbox"/> School (K-12) <input type="checkbox"/> College/Univ. (Undergrad K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, houses, etc.)		
Street Address 22 EDGEWOOD ROAD			Square Feet 3800		
City (8) SUMMIT			# of Floors 3		Building Age 108 yrs
County (8) UNION		County Code (7) (STATE USE ONLY)	Current Use (Enter if being demolished) RESIDENCE		
Name of Abatement Firm Hired by Building Owner (10)		Address (10)	Name of Abatement Contractor (4) Best Removal Inc		
Street Address		Street Address	Street Address 450 S. River St		
City, State, Zip Code		City, State, Zip Code	City, State, Zip Code Hackensack, N.J. 07601		
Project Manager for Abatement Firm		Telephone No.	Telephone No.	License No.	
			201-329-7444	00388	
Start Date (11) 10-9-2013		Scheduled Completion Date (14) 10-10-2013		Name of OSHA Monitor Omega Environmental Inc	
Company 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 type="checkbox"/> Other - Describe: 8 AM - 5 PM			Street Address 280 Huyler St		
			City, State, Zip Code South Hackensack, N.J. 07606		
Scope of Work (Check all that apply)					
<input type="checkbox"/> 0 to 49 SF <input type="checkbox"/> 50 to 99 SF <input type="checkbox"/> 100 to 499 SF <input type="checkbox"/> 500 to 999 SF <input type="checkbox"/> 1000 or more SF		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Full Containment <input type="checkbox"/> Enclosure Procedure <input type="checkbox"/> Non-Enclosure (7) and Non-Positive Pressure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FLOOR (12)		Is Location Normally Used Daily by Maintenance/Control Staff? (13)		Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, ceiling, VMT, or other miscellaneous) 60 LF X	
ST FLOOR RENOVATION AREA		Yes No N/A		THERMAL INSULATION	
Name of Registered Waste Hauler Best Removal Inc		Waste Hauler ID No. 17109	City, State of Waste 7/4 YD	Name of Registered Lead Minerva Enterprises	
City, State Hackensack, N.J. 07601		Disposal Date 10-10-13	City, State Waynesburg, Oh		
Completed by R. VELDRAN		Estimator R. Veldran	Date 10-4-13		

*Do not use this form for asbestos removals requiring certification.

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

RECEIVED
2013 OCT -9 PM 7:46

Date of Notification (1) 10/4/13		Name of Building Owner/Operator (2) MR. DAVID SURACE						
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 190 MAY ST						
		City, State, Zip Code HAWTHORNE ; NJ. 07506						
		Name of Contact MR. SURACE						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MR. SURACE		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 190 MAY ST		Square Feet 2000	# of Floors 2					
City (5) HAWTHORNE		Bldg. Age 1940						
County (6) PASSAIC		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) 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) 10/15/13	Scheduled Completion Date (11) 10/16/13	Name of OSHA Monitor Omega 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 Facility Hours <input checked="" type="checkbox"/> Other - Describe: 1AM TO 5PM		Street Address 280 Huyler St						
		City, State, Zip Code South Hackensack, N.J. 07606						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 100 sf or ≥ 200 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Frangible Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	NA			Removal	Repair	Enclosure
BASEMENT			Y	THERMAL SURFACE INSULATION	48 SF	X		
BASEMENT			Y	THERMAL INSULATION	15 LF	X		
Name of Registered Waste Hauler Best Removal Inc		NIEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2	Name of Registered Landfill Minerva Enterprises				
City, State Hackensack, N.J. 07601		Disposal Date 10/16/13		City, State Waynesburg, Oh				
Completed by R. VELDRAN	Title Estimator	Signature <i>[Signature]</i>				Date 10/4/13		

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

Date of Notification (1)

10-4-13

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial

Notification

☐ Amended

Notification

☐ EMERGENCY☐ Cancellation

Name of Building Owner/Operator (2)

Anita Jongco

Street Address

344 Forest Road

City, State, Zip Code

South Orange, NJ, 07079

Name of Contact

Anita Jongco

Telephone Number

RECEIVED

2013 OCT -9 PM 7:45

ASBESTOS CONTROL
& LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Same as above

Street Address

Type of Facility (4)

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

Square Feet

4000

of Floors

2

Bldg. Age

75

Current Use (Prior if being demolished)

City (5)

County (6) Essex

County Code (7)
(STATE USE ONLY)

Name of Monitoring Firm hired by Building

Owner (8)

N/A

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Telephone Number

(973) 744-8800

License Number

00371

Project Manager for Monitoring Firm

Telephone Number

N/A

Scheduled Start Date (10)

10-16-13

Sched. Completion Date (11)

10-17-13

Month Day Year

Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period
of Abatement☐ Abatement Performed Outside of Normal Facility
Hours - Describe: «OffHours Descript»☐ Other - Describe: «Other Occupancy Descript»

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf☒ Renovation
☐ Demolition☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Main- tenance/ Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Basement			X	Pipe Insulation	210 lf	X				

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste
Hauler ID No.
17040Cubic Yards
of Waste 2.0

Name of Registered Landfill

G.R.O.W.S.

City, State

Montclair, NJ 07042

Disposal Date

10-7-13

City, State

Morrisville, PA 19067

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Date

10-4-13

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

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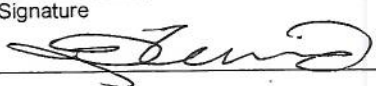
CK # 3138

Date of Notification (1) 10/04/2013		Name of Building Owner/Operator (2) Spectrum for Living Group Homes, Inc.						
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 210 Rivervale Road						
		City, State, Zip Code River Vale, NJ 07675						
		Name of Contact William Schuldt	Telephone Number _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Ringwood ATC		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 30 Morris Road		Square Feet 2000	# of Floors 2					
City (5) Ringwood		Bldg. Age 1950						
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant for Demolition						
Name of Monitoring Firm Hired by Building Owner (8) Athenica Environmental Services, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Incinia Contracting, Inc.					
Street Address 45-09 Greenpoint Avenue		Street Address 1360 Clifton Avenue, Unit 365						
City, State, Zip Code Long Island City, NY 11101		City, State, Zip Code Clifton, NJ 07012						
Project Manager for Monitoring Firm Spiro Dongaris		Telephone No. 718-784-7490	Telephone No. 973-450-9500					
Start Date (10) 10/15/2013		Scheduled Completion Date (11) 10/25/2013	License No. 01036					
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 Incinia Contracting, Inc.						
		Street Address 1360 Clifton Avenue, Unit 365						
		City, State, Zip Code Clifton, NJ 07012						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
House Basement		X		Pipe Insulation	100 LF	X		
Barn - 1st Floor		X		Vinyl Floor Tiles	500 SF	X		
Barn - Exterior		X		Transite Siding	1,000 SF	X		
Name of Registered Waste Hauler Atlantic Carting, LLC		NJDEP Waste Hauler ID No. NJ-641	Cubic Yards of Waste 20	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.				
City, State Wayne, NJ		Disposal Date TBD		City, State Bethlehem, PA				
Completed by Milena Zoric		Title Director of Operations	Signature <i>Milena Zoric</i>	Date 10/4/2013				

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

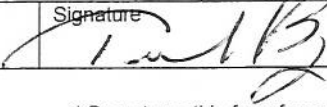
No CK

RECEIVED

Date of Notification (1) 9 / 19 / 13		Name of Building Owner/Operator (2) Kinder Morgan							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 78 Lafayette Street							
		City, State, Zip Code Carteret, NJ 07008							
		Name of Contact Matthew Manchester	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kinder Morgan		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 920 High Street		Square Feet 3,600	# of Floors 0						
City (5) Perth Amboy		Bldg. Age 40							
County (6) Middlesex County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Groundwater & Environmental Services		ASCM No.	Name of Abatement Contractor (9) VersiTech Industrial Services of PA, Inc						
Street Address 1340 Campus Parkway, Suite B4		Street Address 100 Alexander Drive							
City, State, Zip Code Neptune, NJ 07753		City, State, Zip Code Monaca, PA 15061							
Project Manager for Monitoring Firm Matthew Ferrari	Telephone No. 800-220-3068	Telephone No. 724-728-6144	License No. 01123						
Start Date (10) 10 / 15 / 13	Scheduled Completion Date (11) 10 / 25 / 13	Name of OSHA Monitor VersiTech Industrial Services of PA, 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 100 Alexander Drive							
		City, State, Zip Code Monaca PA 15061							
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
Maintenance Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Black Roofing Material	3,600	<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 Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 10	Name of Registered Landfill Monmouth County Reclamation Center					
City, State Newark, New Jersey		Disposal Date 10/18/13	City, State Tinton Falls, NJ 07753						
Completed By (Print or Type) Jim Kreider	Title Project Manager	Signature 				Date 10/3/13			

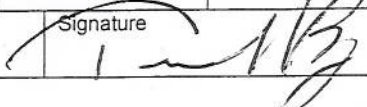
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 9841

Date of Notification (1) 9-30-13		Name of Building Owner/Operator (2) Summerwood Corporation		2013 OCT -9 PM 7:41					
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 14 Balligomingo Blvd.						
			City, State, Zip Code Conshohocken, PA 19428						
			Name of Contact Samuel Nasuti						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial 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 Coopertowne Blvd. & White Horse Pike									
City (5) Magnolia				Square Feet 8,000	# of Floors 2				
County (6) Camden				County Code (7) (STATE USE ONLY) _____	Bldg. Age 53yrs.				
Name of Monitoring Firm Hired by Building Owner (8) Batta Environmental			ASCM No. -	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.					
Street Address 6 Garfield Way			Street Address 923 Haws Avenue						
City, State, Zip Code Newark, DE 19713			City, State, Zip Code Norristown, PA 19401						
Project Manager for Monitoring Firm Todd Zeisloft		Telephone No. 302-737-3376		Telephone No. 610-239-9920	License No. 00398				
Start Date (10) 10/14/13		Scheduled Completion Date (11) 10/31/13		Name of OSHA Monitor Plymouth Environmental Co., 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 923 Haws Avenue					
				City, State, Zip Code Norristown, PA 19401					
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <input 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 </div> </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
roof			x	roofing material	6,320 SF	x			
1st floor			x	VAT & mastic	3,270 SF	x			
Name of Registered Waste Hauler Robinson Waste		NJDEP Waste Hauler ID No. 17304		Cubic Yards of Waste 100	Name of Registered Landfill GROWS, Inc.				
City, State Bellmawr, NJ				Disposal Date 10/31/13	City, State Morrisville, PA				
Completed by Timothy E. Bryan		Title Vice-President		Signature 		Date 9-30-13			

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

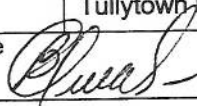
RECEIVED # 9840

Date of Notification (1) 9-30-13		Name of Building Owner/Operator (2) Macy's Incorporated <i>2013 OCT -9 PM 7:38</i>							
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 7 W. 7th Street ASBESTOS CONTROL							
		City, State, Zip Code Cincinnati, OH 45202 & LICENSING							
		Name of Contact Tia Liddell Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Macy's - Menlo Park Mall		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 275 Menlo Park Mall		Square Feet 390,000	# of Floors 4						
City (5) Edison		Bldg. Age 47yrs.							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) retail store							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates		ASCM No. -	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address 515 Grove Street, Suite 1B		Street Address 923 Haws Avenue							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Joe Anello, Jr.		Telephone No. 856-547-0505	Telephone No. 610-239-9920 License No. 00398						
Start Date (10) 10/14/13	Scheduled Completion Date (11) 10/18/13	Name of OSHA Monitor Plymouth Environmental Co., Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 923 Haws Avenue City, State, Zip Code Norristown, PA 19401							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
roof	<input checked="" type="checkbox"/>			pipe insulation	100 LF	<input checked="" type="checkbox"/>			
roof	<input checked="" type="checkbox"/>			caulking	60 LF	<input checked="" type="checkbox"/>			
roof	<input checked="" type="checkbox"/>			flashing	100 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 3	Name of Registered Landfill IESI					
City, State Newark, NJ			Disposal Date 10/18/13	City, State Bethlehem, PA					
Completed by Timothy E. Bryan		Title Vice-President	Signature 				Date 9-30-13		

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

RECEIVED

OK # 2514

Date of Notification (1) 10/3/2013		Check #2514		Name of Building Owner/Operator (2) Holy Trinity School		2013 OCT -9 PM 7:38			
Agencies Notified		Type Notification		Street Address 34 Maple Avenue		ASBESTOS CONTROL & LICENSING			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Hackensack, NJ 07601		Telephone Number			
				Name of Contact Tom Heckey					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Holy Trinity School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 34 Maple Avenue				Square Feet 40,000		# of Floors 3			
City (5) Hackensack, NJ 07601				Bldg. Age 60+					
County (6) N/A		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) BERGEN			ASCM No.		Name of Abatement Contractor (9) EA Services Corporation				
Street Address				Street Address 426 69th Street					
City, State, Zip Code				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) 10/19/13		Scheduled Completion Date (11) 10/21/2013		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: Starting at noon				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Cafeteria-Basement		x		CPI pipechase	20 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 10/3/2013				

10/02/2013 11:32 2017587151

FIRST PHASE GROUP IN

PAGE 02/12

2013 OCT -9 PM 7:37

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

CHH

DOL - 10 DAY


OCT - 2 - 2013

WAIVER APPROVED

Date of Notification (1) 9/23/2013		Name of Building Owner/Operator (2) Ana Gomez							
Agencies Notified	Type Notification	Street Address 30 and 26 1/2 Cleveland Ave							
<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 checked="" type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Harrison NJ							
		Name of Contact Ana Gomez							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 30 and 26 1/2 Cleveland Ave		Squares Feet 1000							
City (5) Harrison NJ		# of Floors 2							
County (6) Union county		Bldg. Age +50							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A							
Street Address N/A		Name of Abatement Contractor (9) First Phase Group Inc							
City, State, Zip Code N/A		Street Address 587-52nd Street Suite#16							
Project Manager for Monitoring Firm N/A		City, State, Zip Code West New York NJ 07093							
Telephone No. N/A		Telephone No. 201-758-7158							
Start Date (10) 10/11/2013		License No. 001144							
Scheduled Completion Date (11) 10/15/2013		Name of OSHA Monitor J&S Environmental Corp							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 8 hours		Street Address 2333 Route 22 West							
		City, State, Zip Code Union NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 250 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Fixable 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
Roof			x	Roofing material	850LF	x			
			x						
Name of Registered Waste Hauler Tri State Transfer Assoc Inc		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste		Name of Registered Landfill Minerva Enterprises			
City, State 1199 Randall Ave Bronx NY		Disposal Date		City, State Waynesburg OH 44688					
Completed by Edwin Precilla		Title Project Manager		Signature Edwin Precilla		Date 9/23/2013			

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

Ch#0319

Date of Notification (1) 10-4-2013		Name of Building Owner/Operator (2) 2 Fifth Street Associates		<div style="border: 1px solid black; padding: 5px;"> APPROVED NJ Dept. of Health & Senior Services  (electronic) Date: 10/4 Time: 11:31 </div>					
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 <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 580 Sylvan Ave. Suite ME City, State, Zip Code Englewood Cliffs, NJ Name of Contact Carmelo			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House for Demo				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 2 Fifth Street				Square Feet					
City (5) Englewood Cliffs				# of Floors					
County (6) Bergen				Bldg. Age 50+					
Country Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) House					
Name of Monitoring Firm Hired by Building Owner (8) n/a			ASCM No. n/a		Name of Abatement Contractor (9) Loznica Management Corporation				
Street Address n/a			Street Address 22 Troy Lane						
City, State, Zip Code n/a			City, State, Zip Code Lincoln Park, NJ 07035						
Project Manager for Monitoring Firm n/a			Telephone No. n/a		License No. 01193				
Start Date (10) 10-7-2013			Scheduled Completion Date (11) 10-9-2013		Name of OSHA Monitor Loznica Management Corporation				
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9 am - 5 pm				Street Address 22 Troy Lane					
				City, State, Zip Code Lincoln Park, NJ 07035					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> 23 sq ft or less <input checked="" type="checkbox"/> 24 sq ft or more <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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			x	Asbestos Shingles	2500	x			
Name of Registered Waste Hauler Loznica Management Corporation			NJDEP Waste Hauler ID No. 0033137		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill			
City, State Lincoln Park, NJ 07035			Disposal Date TBD		City, State Morrisville PA 19067				
Completed by E. Cirovic			Title Secretary		Signature E. Cirovic		Date 10-4-2013		

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

CHECK # 0342

Date of Notification (1) 10-4-2013		Name of Building Owner/Operator (2) Legow Management							
Agencies Notified	Type Notification	Street Address 160 S. Livingston Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston, NJ 07039							
		Name of Contact John	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Chilton Towers Apt. 10d		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 220 W. Jersey Street		Square Feet 10,000	# of Floors 15						
City (5) Elizabeth		Bldg. Age 50+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartment Building							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01193						
Start Date (10) 10-15-2013	Scheduled Completion Date (11) 10-16-2013	Name of OSHA Monitor Loznica Management Corporation							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Apartment is vacated</u>		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen Apt 10D			<input checked="" type="checkbox"/>	VAT	70 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville PA 19067					
Completed by E. Cirovic		Title Secretary	Signature <i>E. Cirovic</i>			Date 10-4-2013			

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

CHECK # 0320

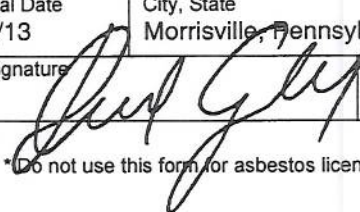
Date of Notification (1) 10-4-2013		Name of Building Owner/Operator (2) Legow Management							
Agencies Notified	Type Notification	Street Address 160 S. Livingston Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston, NJ 07039							
		Name of Contact John	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Chilton Towers Apt. 8c		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 220 W. Jersey Street		Square Feet 10,000	# of Floors 15						
City (5) Elizabeth		Bldg. Age 50+							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartment Building							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950						
		License No. 01193							
Start Date (10) 10-16-2013	Scheduled Completion Date (11) 10-17-2013	Name of OSHA Monitor Loznica Management Corporation							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Apartment is vacated		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Kitchen Apt 8c			<input checked="" type="checkbox"/>	VAT	74 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville PA 19067					
Completed by E.Cirovic		Title Secretary	Signature <i>E. Cirovic</i>			Date 10-4-2013			

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

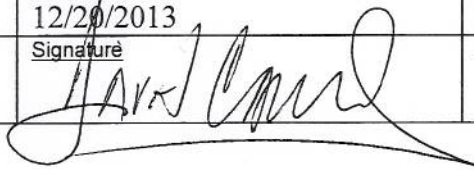
CK# 0318

Date of Notification (1) 9-30-2013		Name of Building Owner/Operator (2) Northwest Realty LLC		APPROVED NJ Dept. of Health & Senior Services <i>Paul C. Hines</i> (signature) Date: 9/30/13 Time: 3:28 PM	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address PO Box 916 City, State, Zip Code Millburn, NJ 07041 Name of Contact Jahn	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) House for Demo			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 15 Overlook Terrace			Square Feet # of Floors Bldg. Age		
City (5) Short Hills			County (6) Essex		
County Code (7) Essex			Current Use (Prior if being demolished) House for Demo		
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Loznica Management Corporation	
Street Address n/a		Street Address 22 Troy Lane		City, State, Zip Code Lincoln Park, NJ 07035	
City, State, Zip Code n/a		Telephone No. n/a		License No. 01193	
Project Manager for Monitoring Firm n/a		Telephone No. 973-708-7950		Name of OSHA Monitor Loznica Management Corporation	
Start Date (10) 10/01/2013		Scheduled Completion Date (11) 10/07/2013		Street Address 22 Troy Lane	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 9am - 4pm		City, State, Zip Code Lincoln Park, NJ 07035			
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 ft <input checked="" type="checkbox"/> ≥160 sf or ≥260 ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Kitchen, Living Room & Bedrooms		X		Wall Plaster	
				1,000 SF	
				X	
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste TBD	
City, State Riverdale, NJ		Disposal Date TBD		Name of Registered Landfill GROWS LANDFILL	
Completed by E. Cirovic		Title Secretary		City, State Montville PA 19067	
		Signature <i>E. Cirovic</i>		Date 9-30-2013	

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

Date of Notification (1) 10/04/13		Name of Building Owner/Operator (2) Ben Boisvert		2013 OCT -9 PM 7:29					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		2511 Tack Circle					
				City, State, Zip Code Scotch Plains, NJ 07076					
		Name of Contact Ben Boisvert		Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property				Type of Facility (4)					
Street Address 2511 Tack Circle				<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) Scotch Plains				Square Feet 2,000 +	# of Floors 2				
				Bldg. Age 50+					
County (6) Union		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____		Name of Abatement Contractor (9) Pyramid Contracting Corp.					
Street Address		Street Address 163 Sargeant Avenue							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 973-689-6281	License No. 01099				
Start Date (10) 10/14/13		Scheduled Completion Date (11) 10/15/13		Name of OSHA Monitor J&S Environmental Laboratories LLC					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				2333 Route 22 West					
				City, State, Zip Code Union, NJ 07081					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage-Basement			X	Transite Panels	400 SF	X			
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613		Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S., Inc.				
City, State Clifton, New Jersey				Disposal Date 10/14/13	City, State Morrisville, Pennsylvania				
Completed by Dimo Golcev		Title President		Signature 	Date 10/04/13				

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT ISES CHECK # 10636

Date of Notification (1) 10/02/2013		Name of Building Owner/Operator (2) Tower West Condominium Association						
Agencies Notified () EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA		Type of Notification (X) Initial Notification () Amended Amendment # _____ () Emergency (including justification) () Cancellation		Street Address 6050 John F. Kennedy Blvd E City, State, Zip Code West New York, NJ 07093				
		Name of Contact Sean Nelson		Tel. Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential Property			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)					
Street Address 6050 John F. Kennedy Blvd E			Sq. Feet: 345,000 # of Floors 23 Bldg. Age 60					
City (5) West New York	County (6) HUDSON	County Code (7) (State Use Only)	Current Use (if being demolished):					
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No. N/A	Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc.					
Street Address N/A		Street Address 3300 Hudson Avenue						
City, State, Zip Code N/A		City, State, Zip Code Union City, NJ 07087						
Project Manager for Monitoring Firm N/A	Telephone Number		Telephone Number (201)325-0055		License Number 01124			
Scheduled Start Date (10) 10/14/2013	Scheduled Completion Date (11) 12/20/2013		Name of OSHA Monitor ISES, Inc.					
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Work in unoccupied units			Street Address 3300 Hudson Avenue City, State, Zip Code Union City, NJ 07087					
Source of Work (Check all that apply) () Demolition (X) Renovation () Minor Project (< 25 SF or < 10 LF ACM) (X) Small Project (>25 <160 SF or >10 <260 LF ACM) () Large Project (>160 SF or > 260 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glove-bag 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 or Custodial Staff? (12)		Description of 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
Through-out		X	Pipe TSI (elbows and debris)	~ 80 SFT	X			
Maintenance room	X		Pipe TSI	~ 60				
Exterior perimeter and lobby area		X	Pipe TSI	~ 100				
Name of Reg. Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID # 04509		Cubic Yards of Waste 15	Name of Reg. Landfill IESI BETHLEHEM LANDFILL			
City, State 369 Raymond Blvd., Newark, NJ 07105			Disp. Date 12/20/2013		City, State BETHLEHEM, PA 18015			
Completed by (Print or Type) David Camacho		Title Project Supervisor		Signature 		Date 10/02/2013		

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

Check # 7297

Date of Notification (1) 10/3/13		Name of Building Owner/Operator (2) Borough of Paramus	
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 of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address Jockish Square	
		City, State, Zip Code Paramus, NJ 07652	
		Name of Contact Guy Picone	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Office			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 97 Farview Ave			Square Feet 3000	# of Floors 2	Bldg. Age ~ 70
City (5) Paramus	County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) offices		
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.		ASCM No. 00110	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 7 Pleasant Hill Road		Street Address 3 Lynn Court			
City, State, Zip Code Cranford, NJ 08512		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 10/15/13	Sched. Completion Date (11) 10/18/13		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacated</u>			Street Address 2333 Route 22 W		
			City, State, Zip Code Union, NJ 07083		


Scope of Work (Check all that apply)

- ☐ Demolition
☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☐ Renovation

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

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			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	R	E	E	
Basement		X		TSI	110 LF		X	X		

Name of Registered Waste Hauler Jupiter Environmental Services	NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 1/8	Name of Registered Landfill Minerva Landfill
City, State Lincoln Park, NJ		Disposal Date 10/18/13	City, State Waynesburg, OH
Completed By (Print or Type) Pane Repic	Title General Manager	Signature 	Date 10/3/13

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

Check # 7298

Date of Notification (1) 10/3/13		Name of Building Owner/Operator (2) City of Camden	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address City Hall - Room 213	
		City, State, Zip Code Camden, NJ 08101	
		Name of Contact Rueben Perez	Telephone Number

FACILITY INFORMATION

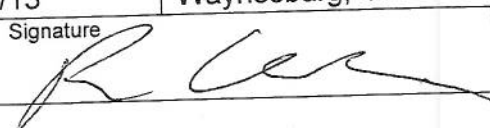
Name of Facility Where Abatement is Taking Place (3) DPW Bldg.			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 101 Newton Avenue			Square Feet 20000	# of Floors 2	Bldg. Age ~ 50
City (5) Camden	County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) DPW bldg.		
Name of Monitoring Firm Hired by Building Owner TTI Environmental, Inc		ASCM No. 00003	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 1253 N. Church St.			Street Address 3 Lynn Court		
City, State, Zip Code Moorestown, NJ 08057			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Jim Gerardi		Telephone Number 856-840-8800	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 10/22/13	Sched. Completion Date (11) 10/31/13		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>evenings/weekend</u> <input type="checkbox"/> Other - Describe:			Street Address 2333 Route 22 W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

- ☐ Demolition
☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation

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

Location of Asbestos - Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	E	N	E	
Boiler room	x			Water tank insulation	600 SF	X				
Boiler room	x			Pipe Insulation	40 LF	X				
Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782		Cubic Yards Of Waste 10	Name of Registered Landfill Minerva Landfill					
City, State Lincoln Park, NJ		Disposal Date 11/1/13		City, State Waynesburg, OH						
Completed By (Print or Type) Pane Repic		Title General Manager		Signature 				Date 10/3/13		

CHECK #
2970

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

Date of Notification (1) <u>10/4/13</u>		Name of Building Owner/Operator (2) <u>MCN + MACHINISTS - 9 PM 7:21</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>225 FREEMONT AVE</u>					
		City, State, Zip Code <u>WOODBINE, N.J. 08270</u>					
		Name of Contact <u>LISA FISHER</u>	Telephone Number _____				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>6803 OCEAN DRIVE</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>				
City (5) <u>AVALON</u>		Bldg Age <u>40 Y</u>					
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No. _____	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>					
Street Address _____		Street Address <u>369 S. SPRUCE AVE.</u>					
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Project Manager for Monitoring Firm _____		Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>				
Start Date (10) <u>10/21/13</u>	Scheduled Completion Date (11) <u>10/28/13</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>					
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Scope of Work (Check all that apply) <input type="checkbox"/> 23 ft or 23 ft <input type="checkbox"/> 2160-31 or 2260 II <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>800 LB</u>	Asbestos Removal	Asbestos Enclosure	Asbestos Enclosure
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>			
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date _____	City, State <u>WOODBINE, N.J.</u>				
Completed By <u>JOSEPH KLEMM</u>		Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>		Date <u>10/4/13</u>		

CHECK#
2970

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

Date of Notification (1) <u>10/14/13</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address <u>300 77TH ST. STOS CONTROL</u>		City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u>					
Name of Contact <u>FRANK EDUARDI</u>		Telephone Number <u>1</u>					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>360 46TH ST.</u>		Square Feet _____					
City (5) <u>SEA ISLE CITY</u>		# of Floors _____					
County (6) <u>CAPE MAY</u>		Bldg. Age _____					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCN No. _____					
Street Address _____		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>					
City, State, Zip Code _____		Street Address <u>369 S. SPRUCE AVE.</u>					
Project Manager for Monitoring Firm _____		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Telephone No. _____		Telephone No. <u>856-779-0472</u>					
License No. _____		License No. <u>00444</u>					
Start Date (10) <u>10/21/13</u>		Scheduled Completion Date (11) <u>10/28/13</u>					
Name of OSHA Monitor <u>JOSEPH KLEMM</u>		Street Address <u>369 S. SPRUCE AVE.</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>1500 SF</u>	Abatement Type		
					Removal	Repair	Encapsulate
					<u>X</u>		
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste _____	Name of Registered Landfill <u>C.M.C.M.V.A.</u>			
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date _____	City, State <u>WOODBINE, N.J.</u>				
Completed By <u>JOSEPH KLEMM</u>		Title <u>V/P</u>	Signature <u>Joseph Klemm</u>		Date <u>10/14/13</u>		

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

CK # 2060

Date of Notification (1) 10/4/13		Name of Building Owner/Operator (2) Robert Greenblatt	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address PO Box 2060
	City, State, Zip Code Vorhees NJ 08043		Name of Contact Andrew Ricco
	Telephone Number _____		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 28 E 3rd Avenue		Square Feet 1130	# of Floors 1.5
City (5) Pine Hill		Bldg. Age 93	
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Ricco Construction Corp	
Street Address _____		Street Address 282 Creek Road	
City, State, Zip Code _____		City, State, Zip Code Bellmaw NJ 08031	
Project Manager for Monitoring Firm _____		Telephone No. 856-466-1452	License No. 61204
Start Date (10) 10/18/13	Scheduled Completion Date (11) 10/25/13	Name of OSHA Monitor Andrew Ricco	
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 282 Creek Road	
		City, State, Zip Code Bellmaw NJ 08031	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			X	siding	250 SF	X			

Name of Registered Waste Hauler Ricco Construction Corp	NJDEP Waste Hauler ID No. 28909	Cubic Yards of Waste 2	Name of Registered Landfill Salem County
City, State Bellmaw NJ	Disposal Date TBD	City, State Alloway NJ	
Completed by Andrew Ricco	Title Owner	Signature <i>Andrew Ricco</i>	Date 10/4/13


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

check 4.703

Date of Notification (1) 10-4-13		Name of Building Owner/Operator (2) B. DOWNN				
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 188 GRIGGS AVENUE				
		City, State, Zip Code TEANECK, NJ, 07666				
		Name of Contact B. DOWNN				
Telephone Number						
FACILITY INFORMATION						
Name of Facility Whose Abatement is Taking Place (3) B. DOWNN		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 188 GRIGGS AVENUE		Square Feet 1600	# of Floors 2			
City (5) TEANECK		Bldg. Age 81 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)		ASCM No.	Name of Abatement Contractor (9)			
Street Address			Best Removal Inc			
City, State, Zip Code			Street Address 450 S. River St			
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code Hackensack, N.J. 07601			
Start Date (10) 10-14-13		Scheduled Completion Date (11) 10-15-13	Telephone No. 201-329-7444			
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: 8 AM 5 PM		License No. 00388				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 of or ≥ 5 ft <input type="checkbox"/> ≥ 160 sf or ≥ 280 lf		Name of OSHA Monitor Omega Environmental Inc				
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Street Address 280 Huyler St				
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Full Containment <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Friable Procedure		City, State, Zip Code South Hackensack, N.J. 07606				
Location of Asbestos-Containing Material (ACM) (13) TO BE ABATED IN FACILITY	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 70 LF	Abatement Type		
				Removal	Repair	Encapsulation
BASEMENT	X	THERMAL INSULATION	70 LF	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3/4 YD	Name of Registered Landfill Minerva Enterprises		
City, State Hackensack, N.J. 07601		Disposal Date 10-15-13	City, State Waynesburg, Oh			
Completed by R. VELDRAN	Title Estimator	Signature <i>R. Veldran</i>	Date 10-4-13			

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

No CK

Date of Notification (1) 10/4/13		Name of Building Owner/Operator (2) Bergen County Housing Authority		200 OCT -9 PM 7:06					
Agencies Notified		Type Notification		Street Address One Bergen County Plaza, Second Floor					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Hackensack, NJ 07601					
		Name of Contact Jason Rooney		Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house			Type of Facility (4)						
Street Address 151 Hackensack 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) East Rutherford			Square Feet 1796	# of Floors 2	Bldg. Age 63				
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC					
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-583-8500	License No. 703				
Start Date (10) 10/9/13		Scheduled Completion Date (11) 11/9/13		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	130 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Freehold, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Andrew Scott Higgins		Title President		Signature 		Date 10/4/13			

New Jersey Department of Health
Consumer, Environmental & Occupational Health Service
PO Box 369, Trenton, NJ 08625-0369
Telephone: 609-826-4950 Fax: 609-826-4975

2013 OCT -9 PM 7:15

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

No CR

Type of Notification (check one) and Date Submitted

☒ Initial ☐ Amended ☐ Cancellation

☐ Emergency (must include justification)

Date of Notification: 10/03/2013

Building Information

Name of Building Owner/Operator:

Mercer County Technical Schools

Street Address: 1085 Old Trenton Road

City: Trenton

State: NJ Zip: 08690

Name of Contact: Sean Cavalier

Telephone No.:

Facility Information

Name of Facility Where Work Activity is to Take Place:

Arthur Sypek Center

Describe Facility Use: School

Street Address: 129 Bull Run Road

City: Pennington

State: NJ Zip: 08534

County Name: Mercer

County Code (state use only):

Scheduled Start Date: 10/16/2013

Scheduled Completion Date: 10/22/2013

Occupancy Status During Activity (check only one):

☒ Facility Closed/Vacated During Entire Activity

☐ Activity Performed Outside Normal Facility Hours—Describe:

☐ Other—Describe:

Scope of Work (check all that apply):

☒ Floor Tile

Square Footage: 3,112 SF (non-asbestos)

Percentage Asbestos:

☒ Mastic

Square Footage: 3,112 SF

Percentage Asbestos:

☐ Other:

Square Footage:

Percentage Asbestos:

Contractor Information

Company Name: Shade Environmental, LLC

Telephone No.: (856)755-0099

Street Address: 623 Cutler Avenue

City: Maple Shade

State: NJ Zip: 08052

New Jersey Asbestos License Number (if applicable): 00842

Monitoring Firm (if applicable): Pars Environmental

Telephone No.: 609-890-7277

Signature

Completed By (type or print legibly): Christina Lynch

Title: Office Manager

Signature:

Date: 10/03/2013

New Jersey Department of Health
Consumer, Environmental & Occupational Health Service
PO Box 369, Trenton, NJ 08625-0369
Telephone: 609-826-4950 Fax: 609-826-4975

CONTRACTOR INFORMATION FOR NON-FRIABLE ASBESTOS WORK ACTIVITIES—Exemption Request
Please Type or Print Legibly

Type of Exemption Request

☒ Floor Tile ☐ Roofing ☐ Siding ☐ Transite ☐ Other, explain: _____

General Information

Name of Company: **Shade Environmental, LLC**
Type of Company: ☐ Corporation ☐ Individual ☒ Partnership
Mailing Address: **623 Cutler Avenue** City: **Maple Shade** State: **NJ** Zip: **08052**
Company Name: **Shade Environmental, LLC** Telephone No.: **(856)755-0099**
Fax No.: **(856)482-5879** Telephone No.: **(856)755-0099** Federal I.D. Number: **87-0721731**
Corporation Number (if applicable): **n/a** Date Incorporated: ____/____/____ State Incorporated In: _____

Primary Company Contact

Name: **William J. Lynch** Title: **Owner** Telephone No. _____
Address: **623 Cutler Avenue** City: **Maple Shade** State: **NJ** Zip: **08052**

Company (as identified above) Information

How long has the company/agency been in existence? **9** Years **8** Months
Has the company's name changed within the past two (2) years? ☒ No ☐ Yes If yes, explain below: _____

Is the company/agency an affiliate or subsidiary of any other organization? ☒ No ☐ Yes*

*If you answered yes to the above question, list the name(s) and address(es) for the related organization(s) and explain the relationship on a separate piece of paper.

List all owners, partners, shareholders (10% or more), officers, and directors of the company (use a separate piece of paper if necessary):

Name (Last, First, Middle Initial)	Address	Office/Title	% Ownership
Lynch, Diana B.	623 Cutler Avenue Maple Shade, NJ 08052	Owner	80%
Lynch, William J.	623 Cutler Avenue Maple Shade, NJ 08052	Owner	20%

Go To Page 2 to Complete This Application

CONTRACTOR INFORMATION FOR NON-FRIABLE ASBESTOS WORK ACTIVITIES (cont'd)

Company's History of Legal Actions

If you answer "yes" to any of the following questions, you must provide a detailed statement to fully explain the circumstances, and attach the statement to this form.

Has the company or any person identified on this form:

been subject to, or has pending, any disciplinary action(s), suspension(s), or citation(s) of violation(s) by any administrative, governmental or regulatory agency, including, but not limited to, OSHA, EPA, NJDOLWD, NJDEP, NJDCA or NJDHSS?

☐ No ☒ Yes

now or has been subject to any order resulting from any criminal, civil or administrative proceeding brought against such company, persons or parties by any administrative, governmental or regulatory agency?

☒ No ☐ Yes

been denied any license/certification/approval, or had it suspended or revoked by any administrative, governmental or regulatory agency?

☒ No ☐ Yes

been disbarred, suspended or disqualified by any federal, state or municipal agency?

☒ No ☐ Yes

been a defendant in any civil or criminal litigation?

☒ No ☐ Yes

Historical Data (check most appropriate)

☒ Intend to use the data provided by the RFCI which indicates that no significant exposure exists during the removal of asbestos containing floor tiles, when their methodology is applied to their described situation.

☐ The RFCI data is not applicable to the floor tile removal I am undertaking. Attached is data for the removal method which will be employed. This data represents airborne asbestos levels generated during and after the removal, and is proof that no significant exposure exists.

☐ I am undertaking the removal of (check one): ☐ transite ☐ roofing ☐ siding
Attached is historical or current data for this type of removal which indicate that no significant exposure exists during or after the removal of the material.

Statement and Signature

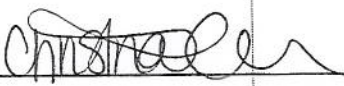
I agree that the information contained herein is accurate, true and complete, to the best of my knowledge. I understand that if such information contained herein is found to be false, I may be subject to the penalty provisions of N.J.A.C. 8:60.

I understand that this information is subject to verification and that I agree to provide any additional documentation, as required. For the same purpose, I also understand that outside sources may be contacted, therefore I hereby give permission for disclosure of any information which may be needed to determine if the contents of this document is valid and/or eligible. I also understand that failure to provide full disclosure of any of the requested or required information may result in the rejection of this request. I also understand that completion of this form does not guarantee approval of this Request.

By signing this form, I understand that, should this request be approved, I am required to follow any and all procedures prescribed by the New Jersey Department of Health in regulation and/or guidance documents as provided.

I am authorized to sign for and in behalf of persons listed as owners, partners, shareholders, officers and directors of the company identified in this document.

Name (Print): Christina Lynch Title: Office Manager

Signature:  Date: 10/03/2013