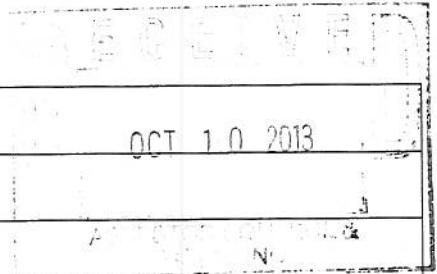


OK 3/20/13

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



Date of Notification (1) 10/7/13		Name of Building Owner/Operator (2) Thomas Phelan Private Home								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 7 Shirley Lane								
		City, State, Zip Code Manahawkin NJ 08091								
		Name of Contact Tom	Telephone Number _____							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Thomas Phelan Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 7 Shirley Lane		Square Feet 1000+	# of Floors 1							
City (5) Manahawkin NJ 08091		Bldg. Age 35+								
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329								
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727							
Start Date (10) 10/16/13	Scheduled Completion Date (11) 10/22/13	Name of OSHA Monitor Same								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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	
Through out			X	Floor Tile	800 SF	X				
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.						
City, State Elm NJ		Disposal Date 10/22/13		City, State Morrisville PA 19067						
Completed by Anthony T Perna		Title President		Signature 				Date 10/7/13		

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

Was an  
Emergency

Owner won't let Buyer in House before Closing (Change ending Date) 8/31

Date of Notification (1) <b>10/4/13</b>		Name of Building Owner/Operator (2) <b>Syed Kazim</b>							
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 Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>346 South Branch</b>						
	City, State, Zip Code <b>Hillsborough NJ 08814</b>		Name of Contact <b>Syed Kazim</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Single family Dwelling</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>346 South Branch Rd</b>		Square Feet <b>2</b>	# of Floors <b>2</b>						
City (5) <b>Hillsborough NJ 08814</b>		Bldg. Age <b>60+</b>							
County (6) <b>Somerset</b>		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>							
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>							
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		License No. <b>00394</b>							
Telephone No. <b>609 758-3365</b>		Telephone No. <b>609 758-3365</b>							
Start Date (10) <b>10/4/13</b>		Scheduled Completion Date (11) <b>10/31/13</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <b>EPC Technologies Inc</b>							
Street Address <b>P.O. Box 337</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Crawlspace</b>	<b>X</b>			<b>Pipe Insulation Laying on Ground</b>	<b>50 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>		Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Waste Management of PA</b>				
City, State <b>New Egypt NJ</b>		Disposal Date <b>10/31/13</b>		City, State <b>Morrisville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>		Signature <b>Steve Schenker</b>		Date <b>10/4/13</b>			

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



Emergency

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:89 and 12:120)


DOL - 10 DAY  
T. U. [Signature] 2013  
NJW [Signature] 2013  
APPROVED

Date of Notification (1) <b>9-30-13</b>		Name of Building Owner/Operator (2) <b>Syed Kazim</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Street Address <b>346 South Branch Rd</b>	City, State, Zip Code <b>Hillsborough NJ 08844</b>						
Name of Facility Where Abatement is Taking Place (3) <b>Single Family Dwelling</b>		Name of Contact <b>Syed Kazim</b>							
Street Address <b>346 South Branch Rd</b>		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.)							
City (5) <b>Hillsborough NJ 08844</b>	County (6) <b>Somerset</b>	Square Feet	# of Floors <b>2</b>						
County Code (7) <b>STATE USE ONLY</b>	Current Use (Prior if being demolished)	Blgd. Age <b>60+-</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>	ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>							
Street Address <b>P.O. Box 337</b>	City, State, Zip Code <b>New Egypt NJ 08533</b>	Street Address <b>P.O. Box 337</b>	City, State, Zip Code <b>New Egypt NJ 08533</b>						
Project Manager for Monitoring Firm <b>Steve Schenker</b>	Telephone No. <b>609 758-3365</b>	Telephone No. <b>609 758-3365</b>	Licence No. <b>00394</b>						
Start Date (10) <b>10-4-13</b>	Scheduled Completion Date (11) <b>10-5-13</b>	Name of OSHA Monitor <b>EPC Technologies Inc</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>P.O. Box 337</b>	City, State, Zip Code <b>New Egypt NJ 08533</b>						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥180 sf or ≥280 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Fragile 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
<b>Crawlspace</b>	<b>X</b>			<b>Pipe Insulation Laying on Ground</b>	<b>50 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Waste Management of PA</b>					
City, State <b>New Egypt NJ</b>		Disposal Date <b>10-7-13</b>	City, State <b>Morrisville PA</b>						
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>		Date <b>9-30-13</b>				

OK 3639

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

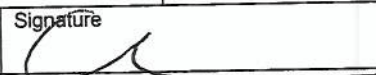
RECEIVED  
OCT 10 2013

Date of Notification (1) 10/7/13		Name of Building Owner/Operator (2) Thomas Phelan Private Home								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 11 Shirley Lane								
		City, State, Zip Code Manahawkin NJ 08091								
		Name of Contact Tom	Telephone Number _____							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Thomas Phelan Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 11 Shirley Lane		Square Feet 1000+	# of Floors 1							
City (5) Manahawkin NJ 08091		Bldg. Age 35+								
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329								
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727							
Start Date (10) 10/16/13	Scheduled Completion Date (11) 10/22/13	Name of OSHA Monitor Same								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition  <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Exterior Siding			x	Exterior Siding	1200 SF	x				
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.						
City, State Elm NJ		Disposal Date 10/22/13		City, State Morrisville PA 19067						
Completed by Anthony T Perna		Title President		Signature 				Date 10/7/13		



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

*ckz*

Date of Notification (1) 10/7/13		Name of Building Owner/Operator (2) Ray Sikora Private Home								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 7 West Delaware								
		City, State, Zip Code Little Egg Harbor NJ 08070								
		Name of Contact Ray	Telephone Number							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Ray Sikora Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 7 West Delaware		Square Feet 1000+	# of Floors 2							
City (5) Little Egg Harbor NJ 08070		Bldg. Age 35+								
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329								
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727							
Start Date (10) 10/18/13	Scheduled Completion Date (11) 10/24/13	Name of OSHA Monitor Same								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Exterior Siding			x	Exterior Siding	1900 SF	x				
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.						
City, State Elm NJ		Disposal Date 10/24/13		City, State Morrisville PA 19067						
Completed by Anthony T Perna		Title President		Signature 			Date 10/7/13			



CHECK #  
2972

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:124)

RECEIVED  
OCT 10 2013

Date of Notification (1) <u>10/7/13</u>		Name of Building Owner/Operator (2) <u>BOA MOUSE</u>	
Agency Notified NJDEP NJDOH NJED NJOP	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 <u>P.O. BOX 322</u>	
		City, State, Zip Code <u>BRIGANTINE, N.J. 08203</u>	
		Name of Contact <u>SAUE</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.)		
Address <u>320 33RD ST</u>		Square Feet <u>1000#</u>	# of Floors <u>2</u>	Blq Age <u>40T</u>
City <u>BRIGANTINE</u>		Current Use (Prior to being demolished) <u>VACANT</u>		
County <u>ATLANTIC</u>		County Code (7) (STATE USE ONLY)		

Name of Monitoring Firm Hired by Building Owner <u>NA</u>	ASCM No.	Name of Abatement Contractor (9) <u>Klemco Inc.</u>
Address		Street Address <u>369 S. SPRUIELL AVE</u>
State, Zip Code		City, State, Zip Code <u>MARLE SHADE, N.J. 08112</u>
Person Manager for Monitoring Firm	Telephone No. <u>856-774-0472</u>	License No. <u>001744</u>

Date of Start <u>10/23/13</u>	Scheduled Completion Date (11) <u>10/30/13</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>
Agency 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. SPRUIELL AVE</u>
		City, State, Zip Code <u>MARLE SHADE, N.J. 08112</u>

Abatement Method (Check all that apply)

Renovation  
 Demolition

Full Containment with Negative Pressure  
 Mini-Enclosure  
 Glovebag Procedure  
 Non-Exempted (1') 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 (Spec. SF or L)	Remarks
	Y	N	NA			
<u>BUILDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>1500#</u>	<u>X</u>

Name of Abatement Contractor <u>KLEMM INC.</u>	NJDEP Waste Permit D No. <u>17904</u>	Cubic Yards of Waste	Name of Receiving Company <u>ACUA</u>
Address <u>MARLE SHADE, N.J.</u>	Disposal Date	City, State <u>BRIGANTINE, N.J.</u>	
Signature <u>Joseph Klemm</u>	Title <u>V/P</u>	Signature <u>James Klemm</u>	Date <u>10/7/13</u>

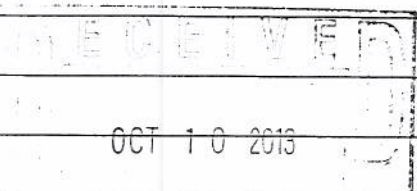
\* Do not use this form for asbestos licensure exempted activities



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

**CHECK # 1007**

Date of Notification (1) <b>10-3-13</b>		Name of Building Owner / Operator (2) <b>Environmental Liability Transfer</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>1650 Des Peres Rd., Suite 306</b>
			City, State & Zip Code <b>St. Louis, MO 63131</b>
			Name of Contact <b>Ron Froh, ELT</b>
			Telephone Number



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Building #15, former ASARCO facility</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>1160 State Street</b>		Square Feet <b>NA</b>	# of Floors <b>NA</b>
City (5) <b>Perth Amboy</b>	County (6) <b>Middlesex</b>	County Code (7) <b>NA</b>	Bldg. Age <b>NA</b>
Current Use (Prior if being demolished) <b>None</b>			

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Mid Atlantic Abatement, LLC</b>	
Street Address		Street Address <b>PO Box 1314</b>		
City, State & Zip Code		City, State & Zip Code <b>Cherry Hill, NJ 08003</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>609-567-0950</b>	License Number <b>01187</b>

Scheduled Start Date (10) <b>9-6-13</b>	Scheduled Completion Date (11) <b>10-18-13</b>	Name of OSHA Monitor <b>EMSL Analytical</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>107 Haddon Ave.</b>		
		City, State & Zip Code <b>Westmont, NJ 08108</b>		

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 type="checkbox"/> ≥160 sf ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing material	26,000 s.f.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof flashing material	1,115 s.f.	<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 <b>Bull Waste &amp; Recycling, LLC</b>		NJDEP Waste Hauler ID No. <b>400</b>	Cubic Yards of Waste <b>400</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Berlin, NJ</b>		Disposal Date <b>10-18-13</b>	City, State <b>Morrisville, PA</b>		
Completed By (Print or Type) <b>Theodore S. Budzynski</b>		Title <b>Gen. Mgr.</b>	Signature 		Date <b>10-03-13</b>



CHECK #  
2974

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

RECEIVED

OCT 10 2013

Date of Notification (1) <u>10/7/13</u>		Name of Building Owner/Operator (2) <u>EARTH TECH CONTRACTING</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOM <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 RT. 50</u>	
		City, State, Zip Code <u>GREENFIELD, N.J. 08230</u>	
		Name of Contact <u>BRUCE BREUNIG</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>2928 ASBURY AVE.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>OCEAN CITY</u>		Bldg Age <u>40+</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>KLEMCO 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.	Telephone No. <u>856-779-0422</u>
		License No. <u>00444</u>

Start Date (10) <u>10/23/13</u>	Scheduled Completion Date (11) <u>10/30/13</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)

23 sq ft or 23 ft<sup>2</sup>  
 2160 sq ft or 2260 ft<sup>2</sup>

Renovation  
 Demolition

Full Containment with Negative Pressure  
 Min. Enclosure  
 Glovebag Procedure  
 Non-Exempted (\*) and Non-Enable 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	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>1800 LF</u>		<u>X</u>

Name of Registered Waste Hauler <u>KLEMCO INC.</u>	NJDEP Waste Hauler ID No. <u>17907</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>10/7/13</u>



*\* Emergency \**

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


CR 3632

Date of Notification (1) 10/7/13		Name of Building Owner/Operator (2) Sal Marino Private Home								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1275 Mill Creek City, State, Zip Code Manahawkin NJ 08050 Name of Contact Sal							
	<b>FACILITY INFORMATION</b>									
	Name of Facility Where Abatement is Taking Place (3) Sal Marino Private Home Street Address 1275 Mill Creek City (5) Manahawkin NJ 08050		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 1000+      # of Floors 1      Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329								
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800      License No. 00727							
Start Date (10) 10/8/13	Scheduled Completion Date (11) 10/9/13	Name of OSHA Monitor Same								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Exterior Siding			X	Exterior Siding	1000SF	X				
Trough out			X	Floor Tile	600 SF	X				
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.						
City, State Elm NJ		Disposal Date 10/9/13		City, State Morrisville PA19067						
Completed by Anthony T Perna		Title President		Signature 			Date 10/7.13			



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

OK 3633

Date of Notification (1) 10/7/13		Name of Building Owner/Operator (2) David Phelan Private Home								
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 8 Ruth Lane						
				City, State, Zip Code Manahawkin NJ 08091						
		Name of Contact Tom		Telephone Number						
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) David Phelan Private Home				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 8 Ruth Lane				Square Feet 1000+	# of Floors 1					
City (5) Manahawkin NJ 08091				Bldg. Age 35+						
County (6) Ocean		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Home						
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address			Street Address PO Box 329							
City, State, Zip Code			City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800	License No. 00727					
Start Date (10) 10/16/13		Scheduled Completion Date (11) 10/22/13		Name of OSHA Monitor Same						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address						
				City, State, Zip Code						
Scope of Work (Check All That Apply)										
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure						
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure						
				<input type="checkbox"/> Glovebag Procedure						
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Exterior Siding			x	Exterior Siding	1200 SF	x				
Name of Registered Waste Hauler United Containers			NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ			Disposal Date 10/22/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna			Title President		Signature 			Date 10/7/13		



**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 7:26-2.12)

*OK 805032*

E 16 10 W 15 D  
OCT 10 2013

<b>Date of Notification (1)</b> 9/26/2013		<b>Name of Building Owner/Operator (2)</b> Sunoco Partners Marketing & Terminals, L.P.	
<b>Agencies Notified</b> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Notification Type</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled	
<b>Street Address</b> US Route 130 & I-295		<b>City, State, Zip Code</b> Westville, NJ 08093-1000	
<b>Name of Contact</b> Dorothy Rurak		<b>Tel. Number</b>	

**FACILITY INFORMATION**

<b>Name of Facility Where Abatement is Taking Place (3)</b> Sunoco Partners Marketing & Terminals, L.P.			<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)		
<b>Street Address</b> US Route 130 & I-295			<b>Sq. Feet</b> N/A <b># of Floors</b> N/A		
<b>City (5)</b> Westville	<b>County (6)</b> Gloucester	<b>County Code (7)</b> (State Use Only)	<b>Bldg. Age</b> N/A (Outside piping) <b>Current Use</b> (prior if being demolished) Oil Refinery		
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> KA Industrial services, LLC.		<b>ASCM No.</b>	<b>Name of Contractor (9)</b> K A Industrial Services LLC.		
<b>Street Address</b> 26 Colonial Ave			<b>Street Address</b> 800 Billingsport Rd		
<b>City, State, Zip</b> Woodbury Nj 08096			<b>City State, Zip Code</b> Paulsboro, NJ 08066		
<b>Project Manager for Monitoring Firm</b> Scott Dechant		<b>Telephone Number</b> 856-224-4385	<b>Telephone Number</b> 856-224-4392	<b>License Number</b> 00857	
<b>Scheduled Start Date (10)</b> 10/10/2013		<b>Scheduled Completion Date (11)</b> 11/8/2013		<b>Name of OSHA Monitor</b> Same	
<b>Occupancy Status During Abatement (Check only one)</b> <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 - Exterior abatement/renovations within restricted work area, no other contractors present			<b>Street Address</b>		
			<b>City, State, Zip Code</b>		

**Source of Work (Check all that apply)**

- Demolition     Renovation  
 Large Proj. (>160 SF or >260 LF ACM)     SM Proj. (>25<160 SF or >10 <260 LF ACM)     Minor Proj. (<25 SF or <10 LF ACM)  
 Full Containment     Mini-Enclosure     Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES      NO      NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) (Estimated)	Abatement Type			
				Rem.	Rep.	Encap	Enclose
4 pipelines in pipe rack along Main Plant Rd east of former Cat Unit	X	Pipe Insulation - TSI	~ 1,800 LF	X			

<b>Name of Reg. Waste Hauler</b> Waste Management, Inc.	<b>NJDEP Waste Hauler ID #</b> 17273	<b>Cubic Yards of Waste</b> 20 (estimated)	<b>Name of Reg. Landfill</b> Gloucester County Landfill
<b>City, State</b> South Harrison, NJ		<b>Disp. Date</b> Various	<b>City, State</b> South Harrison, NJ

<b>Completed by (Print or Type)</b> ANDREW GREEN	<b>Title</b> MANAGER - KAIS	<b>Signature</b> <i>Andy Green</i> Site Operations Supervisor	<b>Date</b> 9/26/2013
-----------------------------------------------------	--------------------------------	---------------------------------------------------------------------	--------------------------

Mail to: NJDEP-DSHW-BRTRP  
401 E. State St., PO 414  
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORDMYDOCS\ASBESTOS  
9/18/00



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

OCT 10 2013

Date of Notification (1) 10/04/13 CK# 2848 \$200		Name of Building Owner/Operator (2) Adelheid Greiss	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 167 Washington Avenue	
		City, State, Zip Code Union, New Jersey 07083	
		Name of Contact Adelheid Greiss	Telephone Number

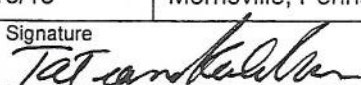
**FACILITY INFORMATION**

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 167 Washington Avenue		Square Feet 2,250	# of Floors 2
City (5) Union, New Jersey 07083		Bldg. Age 55+	
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address		Street Address 606 McBride Avenue	
City, State, Zip Code		City, State, Zip Code Woodland Park, New Jersey 07424	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-225-8400
Start Date (10) 10/14/13		Scheduled Completion Date (11) 10/16/13	License No. 01104
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: 9AM		Name of OSHA Monitor J&S Environmental Labs	
		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, New Jersey 07083	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		TSI	95 LF	X		X	

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S Landfill	
City, State Woodland Park, New Jersey 07424			Disposal Date 10/18/13	City, State Morrisville, Pennsylvania	
Completed by Tatiana Kalenikova		Title Vice President	Signature 	Date 10/04/13	