

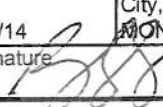
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 10 / 10 /14		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
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 Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY 28-414		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Name of Contact MIKE LATRONICA		Telephone (201) 261-1111	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 57		Square Feet 29,207	# of Floors 2
City (5) RAHWAY		County (6) UNION	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) VACANT- (Areas fences from operational areas)	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	License Number 1101
Expected State Date (10) 9 / 24 /14 Month Day Year		Sched. Completion Date (11) 10 / 10 /14 Month Day Year	
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: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Street Address 117 EAST 30TH STREET		City, State, Zip Code NEW YORK, NEW YORK 10016	

Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Renovator		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Encl. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> 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 Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
WINDOW GLAZING CAULKING	X			GLAZING CAULK	1,120 LF	X			
DUCT FLANGE CAULK	X			FLANGE CAULK	100 LF	X			
FUME HOOD LINING	X			TRANSITE	30 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste Disposal Date 9/25/2014-9/29/14	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 10/10/14

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

Date of Notification (1) 9 / 10 /14		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, IRVINGTON, NJ 07034		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Name of Contact MIKE LATRONICA		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 57		Square Feet 29,207	# of Floors 2
City (5) RAHWAY		County (6) UNION	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	License Number 1101
Expected State Date (10) 9 / 24 /14	Sched. Completion Date (11) 11 / 1 /14	Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
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: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM		Street Address 117 EAST 30TH STREET	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
WINDOW GLAZING CAULKING	X			GLAZING CAULK	1,120 LF	X			
DUCT FLANGE CAULK	X			FLANGE CAULK	100 LF	X			
FUME HOOD LINING	X			TRANSITE	30 SF	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752						
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 9/10/14						

NO CK

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


RECEIVED

2014 OCT 17 AM 2:12

Date of Notification (1) 10/14/2014		Name of Building Owner/Operator (2) E.I. Dupont De Nemours & Co							
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 Amendment #003 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Route 130 & Canal Road							
		City, State, Zip Code Deepwater, New Jersey 08023							
		Name of Contact John Kyritsis	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Canal Bridge Area		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 Route 130 & Canal Road		Square Feet 0	# of Floors 0						
City (5) Deepwater		Bldg. Age 50							
County (6) Salem	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pipe Lines & Steel Bridge for Piping							
Name of Monitoring Firm Hired by Building Owner (8) Harvard Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.						
Street Address 760 Pulaski Highway		Street Address 42 Ridge Road							
City, State, Zip Code Bear, DE 19701		City, State, Zip Code Phoenixville, PA 19460							
Project Manager for Monitoring Firm Wesly Morrison		Telephone No. 302-326-2333	Telephone No. 610-933-4332						
Start Date (10) 06/11/2014		Scheduled Completion Date (11) 10/31/2014	License No. 00836						
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 Harvard Env., Inc.							
		Street Address 760 Pulaski Hwy							
		City, State, Zip Code Bear, DE 19701							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
So% Comp canal/bridge area	X			galbestos on structural steel	5272 sf	X			
Complete canal/bridge area	X			tsi pipe	940 lf	X			
Complete canal/bridge area	X			galbestos on pipe	1240 lf	X			
Complete canal/bridge area	X			mastic on pipe	100 lf	X			
Name of Registered Waste Hauler SJ Transportation		NJDEP Waste Hauler ID No. 03217		Cubic Yards of Waste 40	Name of Registered Landfill Constoga				
City, State Woodstown, NJ		Disposal Date 7-8-9/2014		City, State Morgantown, PA					
Completed by Patrick Larney		Title Project Manager		Signature 		Date 10/14/2014			


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

PAGE-2


Date of Notification (1) 10/14/2014		Name of Building Owner/Operator (2) E.I. Dupont De Nemours & Co.							
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 Amendment # 003 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address Route 130 & Canal Road						
			City, State, Zip Code Deepwater, New Jersey 08023						
			Name of Contact John Kyritsis						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Canal Bridge Area		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 Route 130 & Canal Road		Square Feet 0							
City (5) Deepwater		# of Floors 0							
County (6) Salem		Bldg. Age 50							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Pipe Lines & Steel Bridge for Piping							
Name of Monitoring Firm Hired by Building Owner (8) Harvard Environmental, Inc.		Name of Abatement Contractor (9) Neuber Environmental Services, Inc.							
Street Address 760 Pulaski Highway		Street Address 42 Ridge Road							
City, State, Zip Code Bear, DE 19701		City, State, Zip Code Phoenixville, PA 19460							
Project Manager for Monitoring Firm Wesly Morrison		Telephone No. 302-326-2333							
Start Date (10) 06/11/2014		License No. 00836							
Scheduled Completion Date (11) 10/31/2014		Name of OSHA Monitor Harvard Env., 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 760 Pulaski Hwy							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Bear, DE 19701							
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
Canal/Pipe Rack	X			Pipe Insulation	600 LF	X			
Name of Registered Waste Hauler SJ Transportation		NJDEP Waste Hauler ID No. 03217		Cubic Yards of Waste 40		Name of Registered Landfill Constoga			
City, State Woodstown, NJ		Disposal Date 10-11-2014		City, State Morgantown, PA					
Completed by Patrick Larney		Title Project Manager		Signature 		Date 10/14/2014			

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

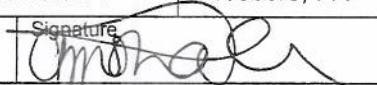
RECEIVED

Date of Notification (1) October 14, 2014		Name of Building Owner/Operator (2) Lovez, LLC		Check # N/A	
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 checked="" type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		10A Jennings Road	
				City, State, Zip Code Medford, NJ 08055	
				Name of Contact Chris Sarandoulas	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Yale School, Former Queen of Heaven (School Building)				Type of Facility (4)	
Street Address Route 70 and Connecticut Avenue				<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.)	
City (5) Cherry Hill				Square Feet 31,930	# of Floors 2
County (6) Camden				County Code (7) (STATE USE ONLY)	Bldg. Age 55
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 1253 N. Church Street				Street Address 623 Cutler Avenue	
City, State, Zip Code Moorestown, NJ 08057				City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800		Telephone No. 856-755-0099	License No. 00842
Start Date (10) October 22, 2014		Scheduled Completion Date (11) November 28, 2014		Name of OSHA Monitor EMSL Laboratories	
Occupancy Status During Abatement (Check Only One)				Street Address 200 Route 130 North	
<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 Cinnaminson, NJ 08077	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Throughout		XXX		Fittings	26 LF
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 22253		Cubic Yards of Waste 1	Name of Registered Landfill Western Berks Community Landfill
City, State Freehold, NJ		Disposal Date 11/28/2014		City, State Birdsboro, PA	
Completed by Christina Lynch		Title Operations Manager		Signature 	Date 10/14/2014

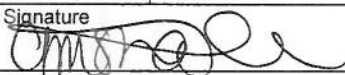
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) October 14, 2014		Name of Building Owner/Operator (2) Lovez, LLC		Check # N/A					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 10A Jennings Road City, State, Zip Code Medford, NJ 08055 Name of Contact Chris Sarandoulas Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Yale School, Former Queen of Heaven (School Building)				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 Route 70 and Connecticut Avenue				Square Feet 31,930	# of Floors 2				
City (5) Cherry Hill				Bldg. Age 55					
County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address 1253 N. Church Street		Street Address 623 Cutler Avenue		City, State, Zip Code Maple Shade, NJ 08052					
City, State, Zip Code Moorestown, NJ 08057		Telephone No. 856-840-8800		Telephone No. 856-755-0099	License No. 00842				
Start Date (10) October 22, 2014		Scheduled Completion Date (11) November 28, 2014		Name of OSHA Monitor EMSL Laboratories					
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 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout		XXX		Floor Tile	27,000 SF	X			
Throughout		XXX		Window Glazing	2,100 LF	X			
Throughout		XXX		Window Caulking	520 LF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 22253		Cubic Yards of Waste 200	Name of Registered Landfill Western Berks Community Landfill				
City, State Freehold, NJ		Disposal Date 11/28/2014		City, State Birdsboro, PA					
Completed by Christina Lynch		Title Operations Manager		Signature 		Date 10/14/2014			

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

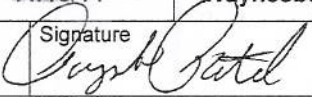
Date of Notification (1) October 14, 2014		Name of Building Owner/Operator (2) Lovez, LLC		Check # N/A					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 10A Jennings Road City, State, Zip Code Medford, NJ 08055 Name of Contact Chris Sarandoulas Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Yale School, Former Queen of Heaven (Rectory Building)				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 Route 70 and Connecticut Avenue				Square Feet 2,650					
City (5) Cherry Hill				# of Floors 2					
County (6) Camden				Bldg. Age 30					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Rectory							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address 1253 N. Church Street		Street Address 623 Cutler Avenue							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800		License No. 00842					
Start Date (10) October 22, 2014		Scheduled Completion Date (11) November 28, 2014		Name of OSHA Monitor EMSL Laboratories					
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 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input 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
1st Floor Hallway		XXX		Linoleum	25 SF	X			
Basement & Exterior		XXX		Window Glazing	330 LF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 22253		Cubic Yards of Waste 5	Name of Registered Landfill Western Berks Community Landfill				
City, State Freehold, NJ				Disposal Date 11/28/2014	City, State Birdsboro, PA				
Completed by Christina Lynch		Title Operations Manager			Signature 		Date 10/14/2014		

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

Date of Notification (1) October 14, 2014		Name of Building Owner/Operator (2) Lovez, LLC		Check # N/A				
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 checked="" type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		10A Jennings Road				
				City, State, Zip Code Medford, NJ 08055				
				Name of Contact Chris Sarandoulas				
				Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Yale School, Former Queen of Heaven (Rectory Building)				Type of Facility (4)				
Street Address Route 70 and Connecticut Avenue				<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.)				
City (5) Cherry Hill				Square Feet 2,650	# of Floors 2			
County (6) Camden				County Code (7) (STATE USE ONLY)	Bldg. Age 30			
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC				
Street Address 1253 N. Church Street				Street Address 623 Cutler Avenue				
City, State, Zip Code Moorestown, NJ 08057				City, State, Zip Code Maple Shade, NJ 08052				
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800		Telephone No. 856-755-0099	License No. 00842			
Start Date (10) October 22, 2014		Scheduled Completion Date (11) November 28, 2014		Name of OSHA Monitor EMSL Laboratories				
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:				200 Route 130 North				
				City, State, Zip Code Cinnaminson, NJ 08077				
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
1st and 2nd Floor		XXX	Joint Compound	150 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 22253		Cubic Yards of Waste 5	Name of Registered Landfill Western Berks Community Landfill			
City, State Freehold, NJ		Disposal Date 11/28/2014		City, State Birdsboro, PA				
Completed by Christina Lynch		Title Operations Manager		Signature 		Date 10/14/2014		

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

Date of Notification (1) 10 / 12 / 14		Name of Building Owner/Operator (2) Hovbros Delanco, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 900 Birchfield Dr							
		City, State, Zip Code Mt. Laurel NJ. 08054							
		Name of Contact Pat Creelman	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rhawn Pipe		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 200 Rhawn St.									
City (5) Delanco	Square Feet 25,000	# of Floors 2	Bldg. Age 160+						
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) None							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Management International,		ASCM No.	Name of Abatement Contractor (9) Luzon, Inc.						
Street Address 34 E Germantown Pike # 204		Street Address 8451 Executive Ave.							
City, State, Zip Code E. Norriton, PA 19401		City, State, Zip Code Philadelphia, Pa. 19153							
Project Manager for Monitoring Firm Raymond Giordano	Telephone No. 610 277 0405	Telephone No. 267-284-1050	License No. 01109						
Start Date (10) 10 / 15 / 14	Scheduled Completion Date (11) 11 / 15 / 14	Name of OSHA Monitor Joseph Maronski							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM / PM - AM		Street Address 8451 Executive Avenue							
		City, State, Zip Code Philadelphia, Pa. 19153							
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
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	25,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk	2,325	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collapsed Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Assumed Floor Tile and Mastic	1,343	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Panels and Doors	3,800	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Luzon, Inc.		NJDEP Waste Hauler ID No. 32587	Cubic Yards of Waste 720 CYS.	Name of Registered Landfill Minerva Landfill					
City, State Philadelphia, PA		Disposal Date 11/15/14		City, State Waynesburg OH. 44688					
Completed By (Print or Type) Piyush Patel		Title Program Manager		Signature 			Date 10/14/14		

CH 3427

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

Date of Notification (1) <u>10/13/14</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <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 <u>155 RT. 50</u>		City, State, Zip Code <u>GREEN FIELD, NJ 08230</u>	
Name of Contact <u>BRUCE BREUNIG</u>		Telephone Number <u>---</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 B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>739 Bay Ave</u>		Square Foot <u>1000</u>	
City (5) <u>Ocean City</u>		# of Floors <u>2</u>	
County (6) <u>CAPE MAY</u>		Bldg Age <u>40+</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.	
Street Address <u>369 S. SPRUCE AVE.</u>		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
City, State, Zip Code <u>MAPLE SHADE, NJ 08052</u>		Street Address <u>369 S. SPRUCE AVE.</u>	
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE, NJ 08052</u>	
Telephone No.		Telephone No. <u>856-779-0422</u>	
Start Date (10) <u>10/27/14</u>		License No. <u>20444</u>	
Scheduled Completion Date (11) <u>11/3/14</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>	
Scope of Work (Check all that apply) <input type="checkbox"/> 23 sq ft or 23 ft <input type="checkbox"/> 250 sq ft or 2260 ft <input checked="" 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-Frangible Procedure		City, State, Zip Code <u>MAPLE SHADE, NJ 08052</u>	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> (13)		Description of Asbestos Containing Material (ACM) i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous	
Is Location Normally Used Solely by Custodial Staff? (12)		Amount (Specify SF or LF) <u>2400#</u>	
Yes No N/A <u>X</u>		Asbestos <u>TRASHITE</u>	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		Cubic Yards of Waste <u>5</u>	
City, State <u>MAPLE SHADE, NJ 08052</u>		Disposal Date <u>---</u>	
Name of Registered Landfill <u>C.M.C. M.U.A.</u>		City, State <u>WOODBINE, NJ</u>	
Completed By <u>JOSEPH KLEMM</u>		Signature <u>Joseph Klemm</u>	
Title <u>OWNER</u>		Date <u>10/13/14</u>	

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3477

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

2014 OCT 17 AM 2:26

Date of Notification (1) 10/13/14		Name of Building Owner/Operator (2) PINELANDS COMMUNITY CENTER	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <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 300 77TH ST.		City, State, Zip Code SEA ISLE CITY, N.J. 08243	
Name of Contact FRANK EDUARDI		Telephone Number 212-241-2121	
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 138 73RD ST.		Square Feet # of Floors Bldg Age	
City (5) SEA ISLE CITY		County Code (7) (STATE USE ONLY) VACANT	
County (6) CAPE MAY		Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. Name of Abatement Contractor (9) KLEMMCO INC.	
Street Address N/A		Street Address 369 S. SPRUCE AVE.	
City, State, Zip Code N/A		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Project Manager for Monitoring Firm N/A		Telephone No. 856-779-0472	
Start Date (10) 10/13/14		Scheduled Completion Date (11) 11/3/14	
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 JOSEPH KLEMM	
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 ft <input 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		Street Address 369 S. SPRUCE AVE.	
City, State, Zip Code MAPLE SHADE, N.J. 08052		License No. 00444	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE		Amount (Specify SF or LF) 1400 SF	
Name of Registered Waste Hauler KLEMMCO INC.		Cubic Yards of Waste 12904	
City, State MAPLE SHADE, N.J.		Name of Registered Landfill C.M.C.M.V.A.	
Disposal Date 10/13/14		City, State WOODBINE, N.J.	
Completed By JOSEPH KLEMM		Signature Joseph Klemm	
Title V/P		Date 10/13/14	

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

Date of Notification (1) 10/13/14		Name of Building Owner/Operator (2) EARTHTECH CONTRACTING	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOT <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 155 RT. 50		City, State, Zip Code GREENFIELD N.J. 08230	
Name of Contact BRUCE BREUNIG		Telephone Number 732-231-1111	

Name of Facility Where Abatement is Taking Place (3) RESIDENCE		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 1240 SIMPSON AVE.		Square Feet 1000	# of Floors 2
City (5) QUEEN CITY		Bldg Age 40+	
County (6) Cape May	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) VACANT	

Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLEMMCO INC.
Street Address		Street Address 369 S. SPRUCE AVE.	
City, State, Zip Code		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Project Manager for Monitoring Firm		Telephone No. 856-779-0472	License No. 00444

Start Date (10) 10/27/14	Scheduled Completion Date (11) 11/3/14	Name of OSHA Monitor JOSEPH KLEMM	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 369 S. SPRUCE AVE.	
		City, State, Zip Code MAPLE SHADE, N.J. 08052	

Scope of Work (Check all that apply) <input type="checkbox"/> 23 SF or 23 ft <input type="checkbox"/> 2160 SF or 2260 ft		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Win-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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Location of Asbestos-Containing Material (ACM) (13) SIDING TO BE ABATED IN FACILITY	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	Other
SIDING			X	TRANSITE	1800 LF	X		

Name of Registered Waste Hauler KLEMMCO INC.		NJDEP Waste Hauler ID No. 17907	Cubic Yards of Waste 5	Name of Registered Landfill C.M.C. M.U.A.	
City, State MAPLE SHADE, N.J. 08052		Disposal Date	City, State WOODBINE, N.J.		
Completed By JOSEPH KLEMM	Title OWNER	Signature <i>Joseph Klemm</i>	Date 10/13/14		

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

Date of Notification (1) 10/13/2014		Name of Building Owner/Operator (2) TD BANK, N.A.							
Agencies Notified	Type Notification	Street Address 418 BELMONT AVENUE							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HALEDON, NJ 07508							
		Name of Contact THOMAS MESSINA	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) TD BANK, N.A.		Type of Facility (4)							
Street Address 418 BELMONT AVENUE		<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) HALEDON		Square Feet	# of Floors						
		Bldg. Age							
County (6) PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 1253 NORTH CHURCH STREET		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code MORRISTOWN, NJ 08057		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm JIM GUILARDI		Telephone No. 856-985-8800	License No. 00494						
Start Date (10) 10/17/2014	Scheduled Completion Date (11) 10/21/2014	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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		TILE & MASTIC	1,100 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 5	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 10/21/2014		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>				Date 10/13/2014	

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

Date of Notification (1) 10/13/2014		Name of Building Owner/Operator (2) THE COLLEGE OF NEW JERSEY						
Agencies Notified	Type Notification	Street Address 2000 PENNINGTON ROAD						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code EWING, NJ 08628						
		Name of Contact JOHN HAMILTON						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) THE COLLEGE OF NEW JERSEY - NORSWORTHY HALL		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 2000 PENNINGTON ROAD		Square Feet	# of Floors					
City (5) EWING		Bldg. Age						
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.					
Street Address		Street Address 250 RUTHERFORD BLVD.						
City, State, Zip Code		City, State, Zip Code CLIFTON, NJ 07014						
Project Manager for Monitoring Firm		Telephone No. 973-956-8700	License No. 00494					
Start Date (10) 10/23/2014	Scheduled Completion Date (11) 10/27/2014	Name of OSHA Monitor SAME AS (9) ABOVE						
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: EXTERIOR		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 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
EXTERIOR		X		TRANSITE LINED PIPE	6 LF	X		
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 1	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.				
City, State CLIFTON, NJ			Disposal Date 10/27/2014	City, State MORRISVILLE, PA				
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 10/13/2014				

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

Date of Notification (1) 10/15/2014		Name of Building Owner/Operator (2) MARCOS NAVARRO						
Agencies Notified	Type Notification	Street Address 74 BROOK AVENUE						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code PASSAIC, NJ 07055						
		Name of Contact WILL ALFARO						
		Telephone Number 212-219-0010						
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 74 BROOK AVENUE		Square Feet						
City (5) PASSAIC		# of Floors						
County (6) PASSAIC		Bldg. Age						
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.						
Street Address		Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
City, State, Zip Code		Street Address 250 RUTHERFORD BLVD.						
Project Manager for Monitoring Firm		City, State, Zip Code CLIFTON, NJ 07014						
Telephone No.		Telephone No. 973-956-8700						
Start Date (10) 10/25/2014		License No. 00494						
Scheduled Completion Date (11) 10/28/2014		Name of OSHA Monitor SAME AS (9) ABOVE						
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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf								
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
BASEMENT		X	PIPE	20 LF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743		Cubic Yards of Waste 2		Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.		
City, State CLIFTON, NJ		Disposal Date 10/28/2014		City, State MORRISVILLE, PA				
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>		Date 10/15/2014		

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

Check # 1532

2014 OCT 17 AM 2:02

21102110

Telephone Number
609-666-2200

Date of Notification (1) October 2, 2014		Name of Building Owner/Operator (2) Hopewell Valley Board of Education							
Agencies Notified	Type Notification	Street Address 425 South Main Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Pennington, NJ 08534							
		Name of Contact Eric Muentener	Telephone Number 609-666-2200						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hopewell Valley Central High School		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 259 Pennington Titusville Road		Square Feet 5,000	# of Floors 2						
City (5) Pennington		Bldg. Age 100							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) PARS Environmental		ASCM No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 500 Horizon Drive, Suite 540		Street Address 623 Cutler Avenue							
City, State, Zip Code Robbinsville, NJ 08691		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Julian Fernandez		Telephone No. 609-890-7277	Telephone No. 856-755-0099						
License No. 00842									
Start Date (10) October 13, 2014	Scheduled Completion Date (11) October 15, 2014	Name of OSHA Monitor EMSL Laboratories							
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 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Robotics Laboratory		XXX		Floor Tile	40 SF	x			
Robotics Laboratory		XXX		Pipe Fittings (Wrap & Cut)	8 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste 3	Name of Registered Landfill GROWS Landfill					
City, State Freehold, NJ		Disposal Date 10/15/2014		City, State Morrisville, PA					
Completed by Diana Lynch		Title Operations Manager		Signature			Date 10/2/2014		

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

ck# 1660

Date of Notification (1) 10/5/2014		Name of Building Owner / Operator 2214 OCT 17 AM 2:03 Khorso Dibadj						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 174-178 Main Street City, State & Zip Code Ridgefield Park NJ Name of Contact Khorso Dibadj						
		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Vacant		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 174-178 Main Street		Square Feet 3000	# of Floors 2					
City (5) Ridgefield Park		Bldg. Age 50+						
County (6) Bergen	County Code (7)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Alpha Environmental Services					
Street Address		Street Address PO Box 8297						
City, State & Zip Code		City, State & Zip Code Trenton, NJ						
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 609-847-2956	License Number 01222					
Scheduled Start Date (10) 10/16/2014	Scheduled Completion Date (11) 10/23/2014	Name of OSHA Monitor EMSL Analytical						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 107 Haddon Ave.						
		City, State & Zip Code Westmont, NJ 08108						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF) 900sf 40sf	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
1st Floor Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic Boiler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 00033330	Cubic Yards of Waste 1	Name of Registered Landfill Grows Landfill				
City, State Trenton, NJ		Disposal Date various		City, State Morrisville, PA				
Completed By (Print or Type) Rod Richardson		Title Project Manager	Signature <i>Rod Richardson</i>		Date 10/5//2014			

Check# 2473

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

Date of Notification (1) 10/14/14		Name of Building Owner/Operator (2) Wayne Lee	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <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 31 Stiles Rd		City, State, Zip Code Edison	
Name of Contact Nate		Telephone Number 212-111-1111	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Lee 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 31 Stiles Rd		Square Feet 1800	
City (5) Edison		# of Floors 1	
County (6) Middlesex		Bldg. Age 63	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Ace Insulation Co., Inc.	
City, State, Zip Code		Street Address 95 Montrose Road	
Project Manager for Monitoring Firm		City, State, Zip Code Colts Neck, N.J. 07722	
Telephone No.		Telephone No. 732-294-1757	
Start Date (10) 10/23/14		License No. 00029	
Scheduled Completion Date (11) 10/28/14		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 AM - 7 PM		Street Address	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Outside		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A Y	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Siding		Amount (Specify SF or LF) 1800 SF	
Abatement Type Removal Repair Encapsulate Enclosure Y			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	
Cubic Yards of Waste 3		Name of Registered Landfill G.R.O.W.S.	
City, State Colts Neck, New Jersey		Disposal Date 10/28/14	
City, State Tullytown, PA		Completed by Bree McGuire	
Title Secretary Treasurer		Signature Bree McGuire	
Date 10/14/14			

CK# 2473

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

Date of Notification (1) 10/14/14		Name of Building Owner/Operator (2) Jephart Res.	
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 211 Washington Ave		City, State, Zip Code Spring Lake New Jersey	
Name of Contact Jones/mark		Telephone Number (732) 732-294-1757	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Jephart Residence		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 211 Washington Ave		Square Feet 2500	
City (5) Spring Lake		# of Floors 2	
County (6) Monmouth		Bldg. Age 65+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Res. dnce	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Ace Insulation Co., Inc.	
City, State, Zip Code		Street Address 95 Montrose Road	
Project Manager for Monitoring Firm		City, State, Zip Code Colts Neck, N.J. 07722	
Telephone No.		Telephone No. 732-294-1757	
Start Date (10) 10/24/14		License No. 00029	
Scheduled Completion Date (11) 10/29/14		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM-4PM		Street Address	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> 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		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) outdoors		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Siding w/vinyl		Amount (Specify SF or LF) 2500	
Abatement Type Removal Repair Encapsulate Enclosure		X	
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	
Cubic Yards of Waste 4		Name of Registered Landfill G.R.O.W.S.	
City, State Colts Neck, New Jersey		Disposal Date 10/29/14	
City, State Tullytown, PA		Signature Bree	
Completed by Bree McGuire		Title Secretary Treasurer	
Date 10/14/14			

check 1007

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

Date of Notification (1) 10/12/14		Name of Building Owner/Operator (2) LAKEHURST REALTY		RECEIVED					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1880- RT. 35 City, State, Zip Code SOUTH AMBOY, NJ 08879 Name of Contact SERA Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 103-HIBERNIA AVE.			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 103-HIBERNIA AVE.			Square Feet 1200 # of Floors 1 Bldg. Age +50						
City (5) LAKHURST			County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) 1 FAMILY						
County (6) OCEAN		Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) DINAGO ENVIRONMENT, LLC.					
Street Address		ASCM No.		Street Address 339-LAFAYETTE STREET					
City, State, Zip Code		Telephone No.		City, State, Zip Code NEWARK, NJ 07105					
Project Manager for Monitoring Firm		Telephone No.		License No. 001240					
Start Date (10) 10-21-14		Scheduled Completion Date (11) 10-22-14		Name of OSHA Monitor J&S ENVIRONMENT CORP.					
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 type="checkbox"/> Other - Describe: _____				Street Address 2333-ROUTE 22 WEST City, State, Zip Code UNION, 07083					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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	TRANSITE SHINGLES	1600	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 CARLOS GOMES			Title PRESIDENT		Signature			Date 10-12-14	

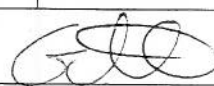
CHECK # 8416

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

"EMERGENCY"

Date of Notification (1) 10 / 10 / 14		Name of Building Owner/Operator (2) Dover Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Grace Street City, State, Zip Code Dover, NJ 07801 Name of Contact Mr. Rober Gomes Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Dover High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 100 Grace Street, Dover, NJ 07801		Square Feet 120,000 SF # of Floors 2 Bldg. Age 40+							
City (5) Dover	County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		ASCM No. 00112	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address 344 West State Street		Street Address 494 E. 41 Street							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm William Weisgarber, Jr.		Telephone No. 609-656-8101	Telephone No. 973-345-0022 License No. 00507						
Start Date (10) 10 / 11 / 14	Scheduled Completion Date (11) 10 / 12 / 14	Name of OSHA Monitor East Coast Haz Mat Removal, Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8AM-4PM / PM- AM		Street Address 494 E. 41 Street City, State, Zip Code Paterson, NJ 07504							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bathrooms Area/Corridor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Valve - Insulation	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. 18602	Cubic Yards of Waste 2	Name of Registered Landfill GROWS, INC. W/M of Pennsylvania					
City, State Paterson, NJ 07504		Disposal Date 10-13-2014		City, State Morrisville, PA 19067					
Completed By (Print or Type) Lelsie Olszewski		Title Project Manager		Signature 		Date 10-10-2014			

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

Date of Notification (1) 10 / 10 / 14			Name of Building Owner/Operator (2) Erwin W Ruff II Check # 3297 \$200						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 885 Caldwell Avenue City, State, Zip Code Union, New Jersey 07083 Name of Contact Erwin W Ruff II					
				Telephone Number 908-314-3555					
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 and commercial buildings, homes, etc.)						
Street Address 885 Caldwell Avenue									
City (5) Union, New Jersey 07083			Square Feet 3000	# of Floors 2	Bldg. Age 55+				
County (6) Union		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCN 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	License No. 01104				
Start Date (10) 10 / 20 / 14		Scheduled Completion Date (11) 10 / 21 / 14		Name of OSHA Monitor J & S Environmental Laboratories LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			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 type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 85 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSI (Wrap & Cure)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Woodland Park, New Jersey				Disposal Date 10/22/14	City, State Morrisville, Pennsylvania				
Completed By (Print or Type) Momo Glavatovic		Title Vice President		Signature 		Date 10-10-14			

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

Check # 7626

Date of Notification (1) 10/13/14		Name of Building Owner/Operator (2) Borough of Bay Head	
Agencies Notified	Type of Notification	Street Address 106 Bridge Ave.	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency Amended Notification <input type="checkbox"/> Cancellation	City, State, Zip Code Bay Head, NJ 08742	
		Name of Contact Chip Tillson	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Borough Hall			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 81 Bridge Ave.			Square Feet 6000	# of Floors 1	Bldg. Age ~ 70
City (5) Bay Head	County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) educational		
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) 10/27/14	Sched. Completion Date (11) 11/7/14		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input type="checkbox"/> Other – Describe:			Street Address 2333 Route 22 W		
			City, State, Zip Code Union, NJ 07083		

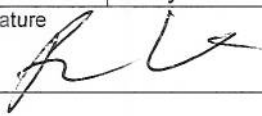
Scope of Work (Check all that apply)

- ☒ 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) 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
First floor		X		VAT	1600 SF	X			

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 4	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 11/21/14	City, State Waynesburg, OH		
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 10/13/14

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

CR#
1659

Date of Notification (1) 10/13/2014		Name of Building Owner / Operator (2) Haviland Carpentry					
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 checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation					
Street Address 520 Willow Street		City, State & Zip Code Bordentown, NJ 08505					
Name of Contact Jon Haviland		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 149 MtHolly Ave		Square Feet 1200					
City (5) MtHolly		County (6) Burlington	County Code (7) ---				
Bldg. Age 80+		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) ---		ASCM No. ---					
Street Address ---		Name of Abatement Contractor (9) ALPHA ENVIRONMENTAL					
City, State & Zip Code ---		Street Address PO Box 8297					
Project Manager for Monitoring Firm ---		Telephone Number 215-295-1004	License Number 01222				
Scheduled Start Date (10) 10/14/2014	Scheduled Completion Date (11) 10/14/2014	Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 107 Haddon Avenue					
City, State & Zip Code Westmont, NJ 08108		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 ≥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 type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF) 20sf	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
1st Floor/Extending 2 ft into basement	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Duct Insulation (wrap and remove)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0033330	Cubic Yards of Waste 1cubic	Name of Registered Landfill Grows Landfill			
City, State Trenton		Disposal Date Various		City, State Morrisville, PA			
Completed By (Print or Type) Rod Richardson		Title PM	Signature <i>Rod Richardson</i>		Date 10/13/2014		

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

Check # 9095

Date of Notification (1) 10-14-14		Name of Building Owner/Operator (2) Nagisa Mamabe						
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 <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 24 Sycamore Place		City, State, Zip Code Kingston, NJ 08540						
Name of Contact Nagisa Manabe		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Nagisa Mamabe		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 24 Sycamore Place								
City (5) Kingston NJ 08540		Square Feet	# of Floors 2					
County (6) Middlesex		Bldg. Age 60+						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc					
Street Address P.O. Box 337		Street Address P.O. Box 337						
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533						
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394					
Start Date (10) 10-24-14		Scheduled Completion Date (11) 11-1-14						
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 EPC Technologies Inc						
		Street Address P.O. Box 337						
		City, State, Zip Code New Egypt NJ 08533						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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
Basement	X			Pipe Insulation	250 LF	X		
Kitchen		X		Flooring	150 SF	X		
Detached Garage			X	Siding Shingles	150 SF	X		
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 4	Name of Registered Landfill Waste Management of PA				
City, State New Egypt NJ		Disposal Date 11-1-14		City, State Morrisville PA				
Completed by Steve Schenker		Title President	Signature Steve Schenker		Date 10-14-14			

Open window Date

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

Check
9094
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Date of Notification (1) Oct 14, 2014		Name of Building Owner/Operator (2) Mary Frenzen							
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 142 Crafton Ave City, State, Zip Code Pitman NJ 08071 Name of Contact Mary Frenzen Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		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 142 Crafton Ave		Square Feet 2 # of Floors 2 Bldg. Age 90+-							
City (5) Pitman NJ 08071		Current Use (Prior if being demolished)							
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) EPC Technologies Inc							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A							
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) 10-24-14	Scheduled Completion Date (11) 10-30-14	Name of OSHA Monitor EPC Technologies 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 P.O. Box 337 City, State, Zip Code New Egypt NJ 08533							
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 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	<input checked="" type="checkbox"/>			Pipe Insulation	150 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 3	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date 10/31/14	City, State Morrisville PA						
Completed by Steve Schenker		Title President	Signature Steve Schenker		Date 10/14/14				

Open window Date

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

ch 5290

Date of Notification (1) 10-13-14		Name of Building Owner/Operator (2) A. LEACH							
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment & Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 18 DUMONT ROAD							
		City, State, Zip Code FAR HILLS, NJ 07931							
		Name of Contact A. LEACH	Telephone Number 201 400 1717						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) A. LEACH		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 18 DUMONT ROAD		Square Feet 1700	# of Floors 2						
City (5) FAR HILLS		Bldg. Age 81 YRS							
County (6) SOMERSET		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) 10-24-14		Scheduled Completion Date (11) 10-25-14	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 sf or ≥ 3 LF <input type="checkbox"/> ≥ 150 sf or ≥ 250 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (7) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BASEMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="width:100%; text-align: center;"> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> <tr> <td></td> <td></td> <td>X</td> </tr> </table>	Yes	No	N/A			X	Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT, or other miscellaneous) THERMAL INSULATION	Amount (Specify SF or LF) 170 LF
		Yes	No	N/A					
		X							
Abatement Type <table border="1" style="width:100%; text-align: center;"> <tr> <th>Removal</th> <th>Repair</th> <th>Encapsulate</th> <th>Enclosure</th> </tr> <tr> <td>X</td> <td></td> <td></td> <td></td> </tr> </table>	Removal	Repair	Encapsulate	Enclosure	X				
Removal	Repair	Encapsulate	Enclosure						
X									
Name of Registered Waste Hauler Best Removal Inc		NJ DEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1 YD.						
City, State Hackensack, N.J. 07601		Disposal Date 10-25-14	Name of Registered Landfill Minerva Enterprises						
Completed by R. Veldran		Title Estimator	Signature R. Veldran						
			Date 10-13-14						

ASB-41

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

Check#2016

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

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2014 OCT 17 AM 2:11

3 LIB-1015

Date of Notification (1) 10 / 14 / 14		Name of Building Owner/Operator (2) Lisa Yannotta	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 811 Edmunds Avenue		City, State, Zip Code Keyport, NJ 07735	
Name of Contact Mike McEvoy		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 811 Edmunds Avenue		Square Feet # of Floors Bldg. Age	
City (5) Keyport, NJ 07735		County (6) Monmouth	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	
Start Date (10) 10 / 23 / 14		Scheduled Completion Date (11) 10 / 24 / 14	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		Clean up and decontamination with negative pressure Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SIF or LF)	
Abatement Type Removal Repair Encapsulate Enclosure			
Outside siding		Transite siding 1,000 SF	
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	
City, State Wayne, NJ 07470		Cubic Yards of Waste TBD	
Name of Registered Landfill T.R.R.F. Inc		Disposal Date TBD	
City, State Tullytown, PA			
Completed By (Print or Type) N.Jevtic		Title Owner	
Signature <i>N. Jevtic</i>		Date 10/14/2014	

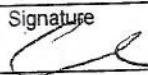
* Do not use this form for asbestos licensure exempted activities.

ASB-41

MAY 11

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

Emergency *CK 4440*


Date of Notification (1) 10/15/14		Name of Building Owner/Operator (2) Vince & Janine Priolo Private Home							
Agencies Notified	Type Notification	Street Address 7405 Ocean Blvd							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Long Beach Twp NJ 08008							
		Name of Contact Vince							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vince & Janine Priolo 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 7405 Ocean Blvd		Square Feet 1000+	# of Floors 2						
City (5) Long Beach Twp NJ 08008		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) 10/16/14	Scheduled Completion Date (11) 10/17/14	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	2000 SF	x			
Through Out			x	Floor tile	1400 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 10/17/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 10/15/14		

Emergency

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

Print Form


RECEIVED 4439

Date of Notification (1) 10/14/14		Name of Building Owner/Operator (2) Joan Vogel Private Home							
Agencies Notified	Type Notification	Street Address 7506 Long Beach Blvd							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Brant Beach NJ 08008							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Joan	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Joan Vogel 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 7506 Long Beach Blvd		Square Feet 1000+	# of Floors 2						
City (5) Brant Beach NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 10/15/14	Scheduled Completion Date (11) 10/17/14	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	1900 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 10/17/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 10/14/14		

Emergency

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

CK 4432

Date of Notification (1) 10/13/14		Name of Building Owner/Operator (2) Robert Mazy 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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 74 Arnold Blvd							
		City, State, Zip Code High Bar Harbor NJ 08008							
		Name of Contact Robert	Telephone Number 408 555						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Robert Mazy 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 74 Arnold Blvd		Square Feet 1000+	# of Floors 1						
City (5) High Bar Harbor NJ 08008		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) 10/14/14	Scheduled Completion Date (11) 10/16/14	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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 SF	x			
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 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 10/16/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 10/13/14		

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

Check # 1084

Date of Notification (1) 10/14/2014		Name of Building Owner/Operator (2) St. Joseph's Regional Medical Center							
Agencies Notified	Type Notification	Street Address 703 Main Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Paterson, NJ 07503							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Edward Curry	Telephone Number 4-3460						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private 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 10 Hine Street		Square Feet 3,000 +	# of Floors 3						
City (5) Paterson		Bldg. Age 50+							
County (6) Passaic	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) Unicorn Contracting Corp.						
Street Address		Street Address 163 Sargeant Avenue							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 01232						
Start Date (10) 10/15/2014	Scheduled Completion Date (11) 10/16/2014	Name of OSHA Monitor Envirovision Consultants Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 20-21 Wagaraw Rd - Bldg. 35E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥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 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		x		Roofing cement around chimney	52 SF	x			
1st Floor Bedroom 1		x		Brown 12"x12" - 2nd Layer	90 LF	x			
Basement		x		Troweled-on Plaster on Chimney	30 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Freehold, New Jersey		Disposal Date TBD		City, State Morrisville, Pennsylvania					
Completed by Blagica Nikolova		Title President		Signature <i>B. Nikolova</i>		Date 10/14/2014			

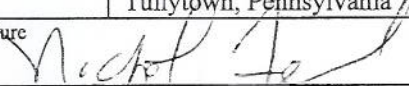
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) October 14, 2014		Name of Building Owner/Operator (2) Shore Luxury Homes	
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 97 Royal Drive	
		City, State, Zip Code Brick, NJ 08723	
		Name of Contact Ron Youmans, Jr.	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 112 Fremont Avenue					
City Seaside Heights	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 500 sf	# of Floors 1	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 10/15/2014		Scheduled Completion Date (11) 10/16/2014		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 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) 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	R	E			E			
	E	P	N						
	M	A	C						
	O	I	P						
	V	R	S						
	A		U						
	L		E						
Exterior		X		Asbestos siding	550 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 10/17/2014	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 10/14/14

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

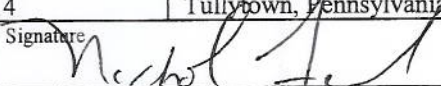
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) October 14, 2014		Name of Building Owner/Operator (2) Segal & Segal	
Agencies Notified	Type of Notification	Street Address 465 South Street	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	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) Lafayette Apts. Bldg. 5			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 160 Randolph Place					
City West Orange	County (6) Essex	County Code (7) (STATE USE ONLY)	Square feet 10,000 sf	# of Floors 2	Bldg. Age 80
			Current Use (Prior if being demolished) Storage Area		
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	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) 10/14/14	Scheduled Completion Date (11) 10/15/14		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"/> 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		
<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		

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 - storage area		X		Asbestos pipe insulation	100 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 10/16/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 10/14/2014

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

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

Date of Notification (1) October 14, 2014		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 908-984-0400

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Lafayette Apts. Bldg. #3			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 160 Randolph Place			Square feet 10,000 sf		
City West 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) 10/14/14		Scheduled Completion Date (11) 10/15/14	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"/> ≥160 sf or ≥260 lf			<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		
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) 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	N			E			
Basement - storage area		X		Asbestos pipe insulation	80 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 10/16/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 10/14/2014

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

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) October 14, 2014		Name of Building Owner/Operator (2) Mercer General Works	
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 2401 Pennington Road	
		City, State, Zip Code Pennington, NJ 08534	
		Name of Contact Ron Meier	Telephone Number 1047

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 3312 Moon Rise Lane			Square feet 800 sf		
City Toms River Twp.	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			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) 10/15/14		Scheduled Completion Date (11) 10/16/14		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input checked="" type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R	E	N			E			
Exterior		X		Asbestos siding	750 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 10/17/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 10/14/2014

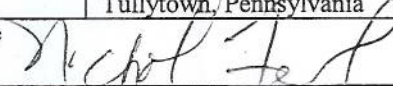
*Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1) October 14, 2014		Name of Building Owner/Operator (2) Jersey Proud Modular Homes RECEIVED 25387	
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 2109 Bridge Avenue EST 17 AM 2:31	
		City, State, Zip Code Point Pleasant, NJ 08742 CONTROL	
		Name of Contact Lou	Telephone Number - 7780

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 1967 Washington Avenue					
City Ortley Beach	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 800 sf	# of Floors 1	Bldg. Age 60
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm	Telephone Number		Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 10/15/14	Scheduled Completion Date (11) 10/16/14		Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R E 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	600 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 10/17/14		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 10/14/14		

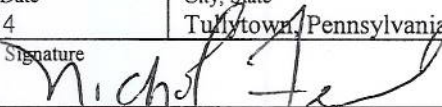
*Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1) October 13, 2014		Name of Building Owner/Operator (2) Miller Homes	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	112 Giffordtown Lane	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Tuckerton, NJ 08087	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Jim Miller	856 0611

FACILITY INFORMATION

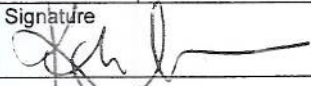
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 1881 Ensign Court			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Toms River			Square feet 1000 sf		
			# of Floors 1		
County (6) Ocean			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		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) 10/14/14		Scheduled Completion Date (11) 10/15/14		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) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	465 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 10/16/14		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 10/13/14		

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

Page 1 of 4

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

Date of Notification (1) 10 / 14 / 14		Name of Building Owner/Operator (2) Leap Cramer Hill, LLC		Job # 1410-1924 Chk. #3806 2014 OCT 17 AM 5:05			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 549 Cooper Street City, State, Zip Code Camden, NJ 08102		Name of Contact Manny Delgado Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Leap Academy Charter Schol - Wilson 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 and commercial buildings, homes, etc.)				
Street Address 130 North Broadway			Square Feet 73,000				
City (5) Camden			# of Floors 12		Bldg. Age 1926		
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) Oxford Engineering Company		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.			
Street Address 336 Point Street		Street Address 3859 Sylon Boulevard		City, State, Zip Code Hainesport, NJ 08036			
City, State, Zip Code Camden, NJ 08102		Telephone No. 856-541-0700		License No. 00862			
Project Manager for Monitoring Firm Wm. Wayn Moran		Telephone No. 609-702-0400		Name of OSHA Monitor EMSL Analytical, Inc.			
Start Date (10) 10 / 27 / 14		Scheduled Completion Date (11) 11 / 7 / 14		Street Address 200 U.S. Route 130 North			
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		City, State, Zip Code Cinnaminson, NJ 08077		Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> WRAP & CUT METHODOLOGY <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			
				Removal	Repair	Encapsulate	Enclosure
See Attached Scope of Work	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schedule - 3 pages attached	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste 8	Name of Registered Landfill GROWS Landfill			
City, State Freehold, NJ		Disposal Date 11/8/14		City, State Morrisville, PA 19067			
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 10-14-14	

SCOPE OF WORK SCHEDULES
The Wilson Building
First Floor through Twelfth Floor
130 North Broadway
Camden, New Jersey

RECEIVED

2014 OCT 17 AM 5:00

APPROVED
 10/17/14
 J. J. [Signature]

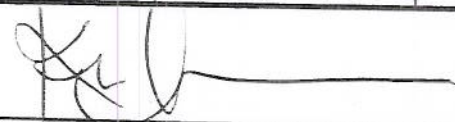
LOCATION: First Floor through Twelfth Floor - The Wilson Building

Note: Prior to initiation of asbestos abatement activities, the Contractor shall carefully demolish column and chase enclosures at each work area location in order to expose ACM pipe insulation. Demolition debris shall be properly disposed as C&D waste. Pre-existing non-ACM column enclosure debris located immediately adjacent to the identified work areas shall be removed and properly disposed. Upon completion of the localized demolition activities, the following ACM shall be removed and properly disposed.

LOCATION	MATERIAL TYPE	QUANTITY	ABATEMENT METHOD
First Floor:			
First Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (B-3)	3" Compressed Paper Pipe Insulation Riser	18 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	40 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (C-1/2)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (C-5/6)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (D-1/2)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Masonry Chase Enclosure at Column Line (D)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Masonry Chase Enclosure at Column Line (D)	12" Block Pipe Insulation Riser	26 LF	Intact Wrap and Cut Pipe Technique
First Floor, Masonry Chase Enclosure at Column Line (D)	12" Block Pipe Joint Insulation	2 Jts	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (D-5/6)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (F-1/2)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (F-4)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (F-5/6)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (H-1/2)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (H-5/6)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique

First Floor, Masonry Chase Enclosure at Column Line (K) Mezzanine Stair	3" Compressed Paper Pipe Insulation Riser	11 LF	Intact Wrap and Cut Pipe Technique
First Floor, Masonry Chase Enclosure at Column Line (K) Mezzanine Stair	3" Pipe Joint Insulation	1 Jt.	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (K-1/2)	6" Block Pipe Insulation Riser	210 LF	Intact Wrap and Cut Pipe Technique
Second Floor:			
Second Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Second Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Second Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Second Floor, Column Enclosure (C-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Third Floor:			
Third Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Third Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Third Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Third Floor, Column Enclosure (C-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Fourth Floor:			
Fourth Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Fourth Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Fourth Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Fourth Floor, Column Enclosure (C-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Fifth Floor:			
Fifth Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Fifth Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Fifth Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Sixth Floor:			
Sixth Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Sixth Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique

Seventh Floor:			
Seventh Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Seventh Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Seventh Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Eighth Floor:			
Eighth Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Eighth Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Eighth Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Eighth Floor, Column Enclosure (C-1/2)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Eighth Floor, Column Enclosure (K-1/2)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Ninth Floor:			
Ninth Floor	N/A	N/A	Clean-up and Disposal of Non-ACM Demolition Debris Only
Tenth Floor:			
Tenth Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Tenth Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Tenth Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Eleventh Floor:			
Eleventh Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Eleventh Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Eleventh Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Twelfth Floor:			
Twelfth Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	36 LF	Intact Wrap and Cut Pipe Technique
Twelfth Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	18 LF	Intact Wrap and Cut Pipe Technique
Twelfth Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	36 LF	Intact Wrap and Cut Pipe Technique

X 

Submitted by: Kimberly Anne Thambethi, AMS. Corp.

Date: 10-14-14

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

Date of Notification (1) 10/13/14		Name of Building Owner/Operator (2) Borough of Lincoln Park	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 43 Chapel Hill Road	
		City, State, Zip Code Lincoln Park, NJ 07035	
		Name of Contact Paul Darmofalski	Telephone Number 201-600-1111

2014 OCT 17 AM 5:06
RECEIVED
NJ DEPT OF ENVIRONMENT & NATURE
ASBESTOS ABATEMENT DIVISION

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Flood Buy-Out House - Green Acres		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 45 Pequannock Avenue		Square Feet 2,000	# of Floors 2
City (5) Lincoln Park		Bldg. Age 50	
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.	
Street Address		Street Address 152 Route 206 South	
City, State, Zip Code		City, State, Zip Code Hillsborough, NJ 08844	
Project Manager for Monitoring Firm		Telephone No. 908-218-0880	License No. 01228
Start Date (10) 10/23/14	Scheduled Completion Date (11) 10/26/14	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 52 Route 206 South	
		City, State, Zip Code Hillsborough, NJ 08844	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement under carpet			x	Brown 12" x 12" floor tile	256 SF	x			
Kitchen			x	Yellow Linoleum	80 SF	x			

Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Sanitation	
City, State Hillsborough, NJ			Disposal Date 10/25/14	City, State Penn Argyl, PA	
Completed by Anna Bastos		Title Administrative Assistant	Signature <i>Anna Bastos</i>	Date 10/13/14	

Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2014-184

Check # 6856

Date of Notification (1) 11/01/14		Name of Building Owner/Operator (2) Matthew Cornett	
Agencies Notified	Type Notification	Street Address 14 Ethel Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Hawthorne, NJ 07506	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Matthew Cornett	Telephone Number 973 224-1111
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Matthew Cornett			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 14 Ethel Avenue			Square Feet # of Floors Bldg. Age		
City (5) Hawthorne	County (6) Passaic	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		
Scheduled Start Date (10) 10/24/2014		Sched. Completion Date (11) 10/24/2014	License Number 00378		
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: <input type="checkbox"/> Other-Describe:			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code LincolnPark, NJ 07035		

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
boiler room			<input checked="" type="checkbox"/>	pipe insulation	10 lf & 6 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
laundry room			<input checked="" type="checkbox"/>	pipe insulation	6 lf & 6 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
laundry room			<input checked="" type="checkbox"/>	pipe insulation	9 lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
closet area			<input checked="" type="checkbox"/>	pipe insulation & flue packing	6 lf & 1 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 10/27/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 10/14/2014

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

CK#24499

Date of Notification (1) 10/15/2014		Name of Building Owner/Operator (2) JOANNE CLEVINGER		2014 OCT 17 AM 5:00				
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 101 HONEYFLOWER DRIVE		2014 OCT 17 AM 5:00			
			City, State, Zip Code TRENTON, NJ 08620					
			Name of Contact DAVID J. D'ANDREA					
			Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) CLEVINGER 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)				
Street Address 915 S.W. CENTRAL AVENUE				Square Feet				
City (5) SEASIDE PARK, NJ				# of Floors Bldg. Age				
County OCEAN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) AMERITECH		ASCM No. 00102		Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.				
Street Address 1A ST. LAWRENCE AVENUE		Street Address 15 BLACK FOREST ROAD						
		City, State, Zip Code HAMILTON, NJ 08691						
Project Manager for Monitoring Firm ROD MORRIS		Telephone No. 732-664-7788		License No. 00676				
Start Date (10) 11/3/2014		Scheduled Completion Date (11) 11/6/2014		Name of OSHA Monitor AMERITECH				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours ESSENTIAL PERSONNEL ONLY		Street Address 1 A ST. LAWRENCE AVENUE						
		City, State, Zip Code SEASIDE PARK, NJ 08752						
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 type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
THROUGHOUT HOME			ASBESTOS DRYWALL COMPOUND	5320.S.F.	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler TIMSTER			NJDEP Waste Hauler ID No. 21079	Cubic Yards of Waste 15 YDS	Name of Registered Landfill TULLYTOWN			
City, State HAMILTON, NJ			Disposal Date 11/7/2014	City, State TULLYTOWN, PA.				
Completed By DAVID D'ANDREA		Title PRESIDENT	Signature <i>David D'Andrea</i>		Date 10/15/2014			

ASB-41


* Do not use this form for asbestos licensure exempted activities

GL14-030

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

Page 1 of 1

Check # 1346


Date of Notification (1) 10-9-2014		Name of Building Owner/Operator (2) Naturex Inc.							
Agencies Notified	Type Notification	Street Address 375 Huyler St							
<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 type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Hackensack, NJ 07606							
		Name of Contact Denes Gonthier	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Naturex Inc.		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 375 Huyler St		Square Feet 80,000 +	# of Floors 5						
City (5) South Hackensack		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Manufacturer/Production							
Name of Monitoring Firm Hired by Building Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) GL Group, Inc						
Street Address _____		Street Address 140 Hamburg Turnpike							
City, State, Zip Code _____		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm _____		Telephone No. _____	License No. 01084						
Start Date (10) 10-11-2014	Scheduled Completion Date (11) 10-18-2014	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Saturday/Sunday and after 4pm during work week</u>		Street Address 140 Hamburg Turnpike							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Passage Area		X		Transite Panels	1,170 SF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Grows					
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Michael B Solakov		Title P.M.	Signature 			Date 10-9-2014			

EDS14-366

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

Page 1 of 1

Check # 1347

Date of Notification (1) 10-10-2014		Name of Building Owner/Operator (2) Summit Board of Education							
Agencies Notified	Type Notification	Street Address 14 Beekman Terrace							
<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 type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Summit, NJ 07901							
		Name of Contact Angelo Palumbo	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lawton C Johnson Summit Middle 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 272 Morris Avenue		Square Feet 40,000	# of Floors 2						
City (5) Summit		Bldg. Age 50+							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Karl & Associates		ASCM No. _____	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 20 Lauck Road		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Mohnton, PA 19540		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Michael Krischer		Telephone No. (610) 223-1832	License No. 01084						
Start Date (10) 10-10-2014 at 3.30 pm	Scheduled Completion Date (11) 10-14-2014	Name of OSHA Monitor GL Group, 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 140 Hamburg Turnpike							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Stage Ceiling		X		Wrap and Cut Pipe Insulation	50 LF	X			
Top Stage (bw stage and auditorium)		X		Transite	350 SF	X			
Stage		X		Cleaning Up	3,000 SF				
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Grows					
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Michael B Solakov		Title P.M.	Signature 			Date 10-10-2014			