

CHECK #  
3505

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

DECEMBER

Date of Notification (1) 10/28/14		Name of Building Owner/Operator (2) MEU + MACHINES		OCT 30 2014	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 225 FREMONT AVE City, State, Zip Code WOODBINE, N.J. 08270 Name of Contact LISA Telephone Number L	
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 B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 20007 LINDA AVE			Square Feet 1000		# of Floors 2
City (5) STONE HARBOR			Bldg Age 40+		
County (6) CAPE MAY			County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) N/A			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. 856-779-0422		License No. 00444
Start Date (10) 11/10/14			Scheduled Completion Date (11) 11/18/14		
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"/> 23 SF or 23 ft <input type="checkbox"/> 2160 SF or 2260 ft <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure			Street Address 369 S. SPRUCE AVE.		
City, State, Zip Code MAPLE SHADE, N.J. 08052					
Location of Asbestos-Containing Material (ACM) 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) TANKS
Amount (Specify SF or LF) SIDING X			Abatement Type Removal		
Name of Registered Waste Hauler KLEMMCO INC.			WDEP Waste Hauler ID No. 17904		Cubic Yards of Waste 5
City, State MAPLE SHADE, N.J. 08052			Disposal Date		Name of Registered Landfill C.M.C. M.U.A.
Signature Joseph Klemm			Date 10/28/14		
Completed By JOSEPH KLEMM			Title OWNER		



State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
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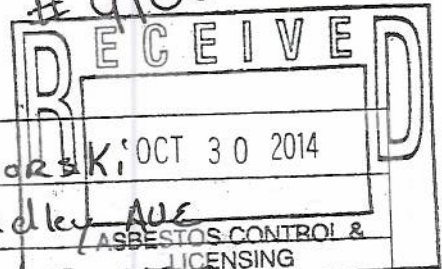
RECEIVED	OCT 30 2014
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/28/14		Name of Building Owner/Operator (2) Greg Brown	
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 9 Barlow Drive		City, State, Zip Code Califon, NJ 07830	
Name of Contact Eric Plachis		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 206 Minnehaha Trail		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address		Square Feet 1368	# of Floors 1
City (5) Mansquan, NJ		Bldg. Age 41	
County (6) Monmouth		Current Use (Prior if being demolished) none	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Brick Industries Inc.	
City, State, Zip Code		Street Address P.O. Box 915	
Project Manager for Monitoring Firm		City, State, Zip Code Brick, NJ 08723	
Telephone No.		Telephone No. 732-899-7499	
Start Date (10) 10/17/14		License No. 01196	
Scheduled Completion Date (11) 10/12/14		Name of OSHA Monitor	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code	
Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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)	
asbestos siding		1900 sf.	
Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602	
Cubic Yards of Waste 5		Name of Registered Landfill G.R.O.W.S.	
City, State Brick, NJ		Disposal Date 10/14/14	
City, State P.A.		Date 10/28/14	
Completed by Eric Plachis		Title President	
Signature [Signature]		Date 10/28/14	



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

Check #9108

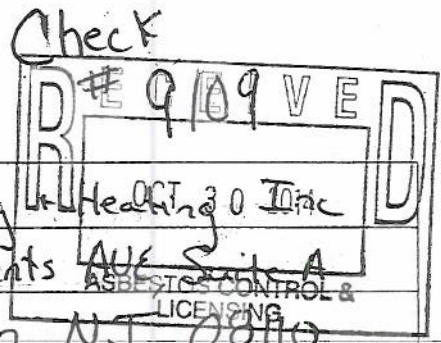


Date of Notification (1) <b>10/26/14</b>		Name of Building Owner/Operator (2) <b>Daniel Gorski</b>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>306 West Dudley Ave</b>						
		City, State, Zip Code <b>Westfield NJ 07090</b>						
		Name of Contact <b>Daniel Gorski</b>	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Single family Dwelling</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>306 West Dudley Ave</b>		Square Feet	# of Floors <b>2</b>					
City (5) <b>Westfield NJ 07090</b>		Bldg. Age <b>65+-</b>						
County (6) <b>Union</b>		Current Use (Prior if being demolished)						
County Code (7) <b>Union</b>		(STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>					
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>						
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>						
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>					
Start Date (10) <b>11-6-14</b>	Scheduled Completion Date (11) <b>11-7-14</b>		Name of OSHA Monitor <b>EPC Technologies Inc</b>					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>P.O. Box 337</b>						
		City, State, Zip Code <b>New Egypt NJ 08533</b>						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥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) <b>Basement</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>Pipe Insulation</b>	Amount (Specify SF or LF) <b>100 LF</b>	Abatement Type			
					Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Waste Management of PA</b>				
City, State <b>New Egypt NJ</b>		Disposal Date <b>11-7-14</b>	City, State <b>Morrisville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>		Date <b>10/26/14</b>			

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



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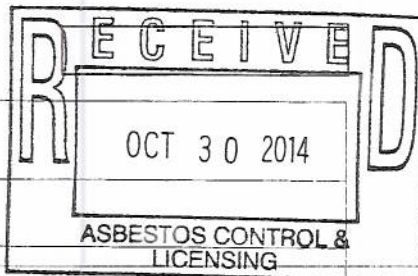


Date of Notification (1) <b>10-27-14</b>		Name of Building Owner/Operator (2) <b>Carlo Plumbing &amp; Heating Inc</b>																															
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>2230 Clements Ave Suite A</b> City, State, Zip Code <b>Pennsauken NJ 08110</b>																														
	Name of Contact <b>Gina Stickney</b>		Telephone Number <b>856-665-0733</b>																														
	<b>FACILITY INFORMATION</b>																																
Name of Facility Where Abatement is Taking Place (3) <b>Warehouse</b> Street Address <b>9111 River Road</b> City (5) <b>Pennsauken NJ 08110</b> County (6) <b>Camden</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age <b>50+-</b> Current Use (Prior if being demolished)																															
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b> Street Address <b>P.O. Box 337</b> City, State, Zip Code <b>New Egypt, NJ 08533</b>		ASCM No. <b>N/A</b> Name of Abatement Contractor (9) <b>EPC Technologies Inc</b> Street Address <b>P.O. Box 337</b> City, State, Zip Code <b>New Egypt NJ 08533</b>																															
Project Manager for Monitoring Firm <b>Steve Schenker</b> Start Date (10) <b>11-6-14</b>		Telephone No. <b>609 758-3365</b> Name of OSHA Monitor <b>EPC Technologies Inc</b> Street Address <b>P.O. Box 337</b> City, State, Zip Code <b>New Egypt NJ 08533</b>																															
Scheduled Completion Date (11) <b>11-7-14</b>		License No. <b>00394</b>																															
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____																																	
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 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																											
	Removal	Repair	Encapsulate			Enclosure																											
Bump-out Section of Bldg	X			Tar Flashing on Skylights	32 SF	X																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Name of Registered Waste Hauler <b>EPC Technologies</b></td> <td>NJDEP Waste Hauler ID No. <b>17000</b></td> <td>Cubic Yards of Waste <b>1</b></td> <td colspan="2">Name of Registered Landfill <b>Waste Management of PA</b></td> </tr> <tr> <td colspan="2">City, State <b>New Egypt NJ</b></td> <td colspan="2">Disposal Date <b>11-7-14</b></td> <td colspan="2">City, State <b>Morrisville PA</b></td> </tr> <tr> <td colspan="2">Completed by <b>Steve Schenker</b></td> <td colspan="2">Title <b>President</b></td> <td colspan="2">Signature <b>Steve Schenker</b></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">Date <b>10-27-14</b></td> </tr> </table>										Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Waste Management of PA</b>		City, State <b>New Egypt NJ</b>		Disposal Date <b>11-7-14</b>		City, State <b>Morrisville PA</b>		Completed by <b>Steve Schenker</b>		Title <b>President</b>		Signature <b>Steve Schenker</b>						Date <b>10-27-14</b>	
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Waste Management of PA</b>																													
City, State <b>New Egypt NJ</b>		Disposal Date <b>11-7-14</b>		City, State <b>Morrisville PA</b>																													
Completed by <b>Steve Schenker</b>		Title <b>President</b>		Signature <b>Steve Schenker</b>																													
				Date <b>10-27-14</b>																													



MO#22302803766

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



Date of Notification (1) 10 / 25 / 14		Name of Building Owner/Operator (2) Anne Reynolds	
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 405 Oradell Avenue City, State, Zip Code Oradell, NJ 07649	
		Name of Contact Anne Reynolds	Telephone Number [REDACTED]

## 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 405 Oradell Avenue		Square Feet	# of Floors
City (5) Oradell, NJ 07649		Bldg. Age	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

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

Start Date (10) 11 / 05 / 14	Scheduled Completion Date (11) 11 / 06 / 14	Name of OSHA Monitor Envirovision Consultants, Inc
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35 E City, State, Zip Code Fair Lawn, NJ 07410

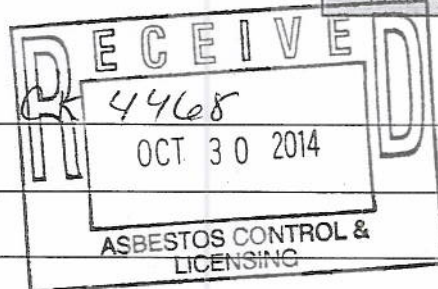
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	220 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470	Disposal Date TBD	City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 10/25/2014

Emergency

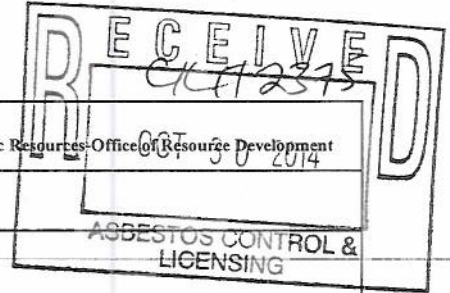
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 10/27/14		Name of Building Owner/Operator (2) John Jester Private Home							
Agencies Notified	Type Notification	Street Address 8806 Bay Lane							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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 Long Beach Twp NJ 08008							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact John	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) John Jester 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 8806 Bay Lane		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) 10/28/14	Scheduled Completion Date (11) 10/31/14	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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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 10/31/14		City, State Morrisville NJ 08091					
Completed by Anthony T Perna		Title President		Signature 			Date 10/27/14		



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



Date of Notification (1) 1   0   / 2   4   / 1   4		Name of Building Owner/Operator (2) NJ-Dept. of Environmental Protection-Natural & Historic Resources-Office of Resource Development	
Agencies Notified <input checked="" type="checkbox"/> EPA		Street Address 501 EAST STATE STREET, 4TH FLOOR	
Type of Notification <input checked="" type="checkbox"/> Initial Notification		City, State, Zip Code TRENTON, NJ 08626-0420	
<input checked="" type="checkbox"/> DOL <input type="checkbox"/> Amended Notification Amendment		Name of Contact MR. AL PAYNE	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> Cancellation		Telephone Number	
<input type="checkbox"/> DCA <input type="checkbox"/> Emergency			

Name of Facility Where Abatement is Taking Place (3) LEONARDO STATE MARINA-MAINTENANCE BUILDING			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 102 CONCORD AVENUE			Square Feet      # of Floors      Bldg. Age		
City (5) LEONARDO	County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Maintenance Building		

Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT INC.		ASCM 00112	Name of Abatement Contractor (9) J.R. CONTRACTING & ENVIRONMENTAL CONSULTING INC.	
Street Address 344 WEST STATE STREET			Street Address 1141 ROUTE 23	
TRENTON, NJ 08618			City, State, Zip WAYNE, NJ 07470	
Project Manager for Monitoring Firm WILLIAM WEISGARBER		Telephone Number 609-656-8101	Telephone Number 973 628-9500	License Number 00408

Scheduled State Date (10) 1   1   / 0   3   / 1   4   Month / Day / Year		Scheduled Completion Date (11) 1   1   / 1   2   / 1   4   Month / Day / Year		Name of OSHA Monitor ENVIRO VISION 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 <input checked="" type="checkbox"/> Hours - Describe: Mon & Fri - 7:00 a.m. - 3:30 p.m. <input type="checkbox"/> Other - Describe:				Street Address 20-21 WAGARAW ROAD, BLDG. #34A	
				City, State, Zip Code FAIR LAWN, NJ 07410	

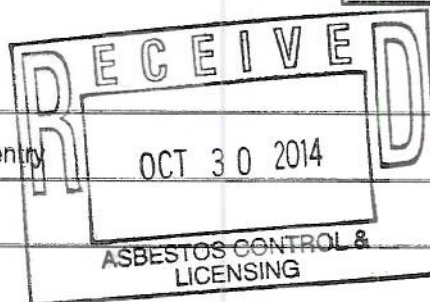
Scope of Work (Check all that apply)

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

Location of Asbestos - Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance / Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior			X	Window Glazing	20 SF	X			
Exterior			X	Transite Siding	90 SF	X			
Room 104A and 108A			X	Drywall and Assoc. Joint Compound	180 SF	X			

Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting, Inc.		NJDEP Waste Hauler ID No 17819	Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S	
City, State Wayne NJ 07470		Disposal Date		City, State Morrisville PA	
Completed by (Print or Type) Jerry Bijelonic	Title Project Manager	Signature 		Date 10/24/14	

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



Date of Notification (1) October 28th, 2014		Name of Building Owner/Operator (2) Washington Park Memorial Cemetery							
Agencies Notified	Type Notification	Street Address 234 Paramus Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus, New Jersey 07652							
		Name of Contact Debbie Santangelo	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Washington Park Memorial Cemetery		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 234 Paramus Road		Square Feet 3000	# of Floors 2						
City (5) Paramus		Bldg. Age 50							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commerical Bldg.							
Name of Monitoring Firm Hired by Building Owner (8) D S A Consulting Service		ASCM No.	Name of Abatement Contractor (9) Slavco Construction Inc.						
Street Address 26 Lorenza Courut		Street Address 164 Getty Ave.							
City, State, Zip Code Matawan, New Jersey 07747		City, State, Zip Code Clifton, New Jersey 07011-1802							
Project Manager for Monitoring Firm Mr. Michael Chain		Telephone No. 732-921-9223	Telephone No. 973-478-4848						
License No. 00724									
Start Date (10) November 3, 2014	Scheduled Completion Date (11) November 14, 2014	Name of OSHA Monitor Slavco Construction Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Monday-Friday 7:00am-3:30pm		Street Address 164 Getty Ave.							
		City, State, Zip Code Clifton, New Jersey 07011-1802							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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	Debris Clean-up	300SF				
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Clifton, New Jersey 07011-1802			Disposal Date TBD	City, State Morrisville, Pa					
Completed by Vivian D. Jurcevic		Title Office Manager	Signature <i>Vivian D. Jurcevic</i>			Date October 28th, 2014			



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

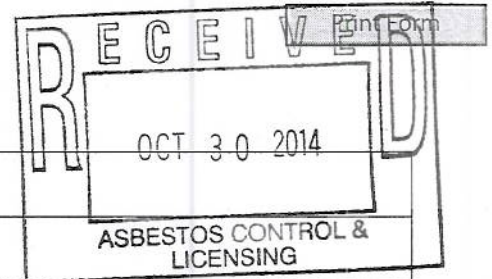
CA # 8275

Date of Notification (1) October 21, 2014		Name of Building Owner/Operator (2) Washington Park Memorial Cemetery							
Agencies Notified	Type Notification	Street Address 234 Paramus Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus, New Jersey 07652							
		Name of Contact Debbie Santangelo	Telephone Number 						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Washington Park Memorial Cemetery		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 234 Paramus Road		Square Feet 3000	# of Floors 2						
City (5) Paramus,		Bldg. Age 50							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial Bldg.							
Name of Monitoring Firm Hired by Building Owner (8) C S A Consulting Services		ASCM No. 	Name of Abatement Contractor (9) Slavco Construction Inc.						
Street Address 26 Lorenzo Court		Street Address 164 Getty Ave.							
City, State, Zip Code Matawan, New Jersey 07747		City, State, Zip Code Clifton, New Jersey 07011-1802							
Project Manager for Monitoring Firm Mr. Michael Chain		Telephone No. 732-921-9223	License No. 00724						
Start Date (10) October 30, 2014	Scheduled Completion Date (11) November 14, 2014	Name of OSHA Monitor Slavco Construction Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Monday-Friday 7:00am-3:30pm		Street Address 164 Getty Ave.							
		City, State, Zip Code Clifton, New Jersey 07011-1802							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement			x	Debris Cleanup	300SF	x			
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Clifton, New Jersey 07011-1802			Disposal Date TBD	City, State Morrisville, Pa					
Completed by Vivian D. Jurcevic		Title Office Manager	Signature <i>Vivian D. Jurcevic</i>			Date October 21, 2014			



CK 2920

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

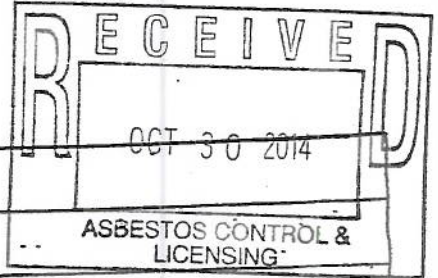


Date of Notification (1) 04/01/14		Name of Building Owner/Operator (2) DSW HOMES, LLC							
Agencies Notified	Type Notification	Street Address 2770 HOOPER AVENUE							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code BRICK, NJ 08723							
		Name of Contact DAVID SELLERS	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 30 WEST SAIL DRIVE		<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) LITTLE EGG HARBOR, NJ		Square Feet 800	# of Floors 1						
County (6) OCEAN COUNTY		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOME						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 10/28/14	Scheduled Completion Date (11) 10/28/14	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<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 LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				SIDING	1000 SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 10/28/14		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 10/2314			



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

Check #1101



<b>Date of Notification (1)</b> October 27, 2014		<b>Name of Building Owner/Operator (2)</b> Ms. Eleanor Farley Kern	
<b>Agency Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<b>Type Notification</b> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>Street Address</b> 37 Ridgeview Road	<b>ASBESTOS CONTROL &amp; LICENSING</b>
		<b>City, State, Zip Code</b> Princeton, NJ, 08540	<b>Telephone Number</b>
		<b>Name of Contact</b> Ms. Eleanor Farley Kern	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b>		<b>Type of Facility (4)</b>	
<b>Street Address</b> 37 Ridgeview Road		<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.)	
<b>City (5)</b> Princeton, NJ		<b>Square Feet</b> 2800	<b># of Floors</b> 2
<b>County (6)</b> Mercer		<b>Bldg. Age</b> 62 yrs.	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b>		<b>County Code (7) (STATE USE ONLY)</b>	
<b>Street Address</b>		<b>Current Use (Prior if being demolished)</b>	
<b>City, State, Zip Code</b>		<b>Name of Abatement Contractor (9)</b>	
<b>Project Manager for Monitoring Firm -</b>		<b>Street Address</b>	
<b>Telephone No.</b>		<b>City, State, Zip Code</b>	
<b>Start Date (10)</b> 11/05/2014		<b>Telephone No.</b> 732-238-7500	
<b>Scheduled Completion Date (11)</b> 12/05/2014		<b>License No.</b> 00806	
<b>Occupancy Status During Abatement (Check only one)</b> <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:		<b>Name of OSHA Monitor</b> Novatech Inc.	
<b>Scope of Work (Check all that apply)</b> <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<b>Street Address</b> P. O. Box 814	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<b>City, State, Zip Code</b> Old Bridge, NJ 08857	
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (B) and Non-Friable Procedure			
<b>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</b>	<b>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</b> Yes No N/A	<b>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</b>	<b>Amount (Specify SF or LF)</b>
Basement	X	Transite Ceiling Tiles	<150 sq. ft.
<b>Name of Registered Waste Hauler</b> Novatech Inc.	<b>NJDEP Waste Hauler ID No.</b> 18501	<b>Cubic Yards of Waste</b> 5 cu. yds.	<b>Name of Registered Landfill</b> G.R.O.W.S. Inc.
<b>City, State</b> Old Bridge, NJ	<b>Disposal Date</b> 12/08/14	<b>City, State</b> Morrisville, PA	
<b>Completed by</b> Carlos Almeida	<b>Title</b> President	<b>Signature</b> 	<b>Date</b> 10/27/2014



OK 2929

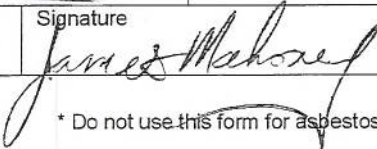
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 04/01/14		Name of Building Owner/Operator (2) GREG PINE							
Agencies Notified	Type Notification	Street Address 85 ANDERSON STREET							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HACKENSACK, NJ 07601							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 85 ANDERSON STREET		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) HACKENSACK, NJ		Square Feet	# of Floors						
County (6) BERGEN COUNTY		Current Use (Prior if being demolished) APARTMENT BUILDING							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 11/06/14	Scheduled Completion Date (11) 11/06/14	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<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 LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT				PIPE INSULATION	100 LF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 4	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 11/06/14		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date 10/27/14		



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

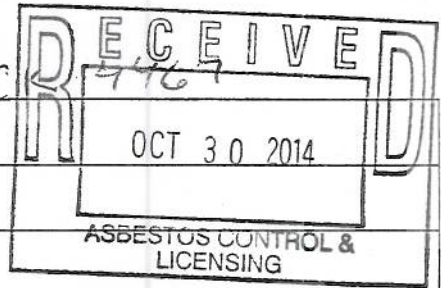
Date of Notification ( <b>10/27/14</b> )		Name of Building Owner/Operator (2) <b>Garfield Public Schools</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> Emergency (including justification) Cancellation	Street Address <b>125 Outwater Lane</b>	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>OCT 30 2014</b>  <b>ASBESTOS CONTROL &amp; REMEDIATION</b> </div>						
		City, State, Zip Code <b>Garfield, N.J. 07735</b>							
		Name of Contact <b>John Czujko</b>							
<b>FACILITY INFORMATION</b>									
name of Facility Where Abatement is Taking Place (3) <b>James Madison School #10</b>		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>99 Marsellus Place</b>		Square Feet <b>30,000</b>	# of Floors <b>3</b>						
City (5) <b>Garfield</b>		Bldg. Age <b>100 +</b>							
County (6) <b>Bergen</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Whitman Consulting Engineer</b>		ASCM No. _____	Name of Abatement Contractor (9) <b>Tricon Enterprises Inc</b>						
Street Address <b>7 Pleasant Hill Rd.</b>		Street Address <b>322 Beers St</b>							
City, State, Zip Code <b>Cranbury, N.J. 08512</b>		City, State, Zip Code <b>Keyport N.J. 07735</b>							
Project Manager for Monitoring Firm <b>Kevin Lovely</b>		Telephone No. <b>732-390-5858</b>	Telephone No. <b>732-739-1200</b>						
License No. <b>01095</b>									
Start Date (10) <b>7/21 /14</b>	Scheduled Completion Date (11) <b>12/30/14</b>	Name of OSHA Monitor <b>n/a</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address  City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted () and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached			X			X			
Name of Registered Waste Hauler <b>Atlantic Carting Inc</b>		NJDEP Waste Hauler ID No. <b>26085</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>1141 Rt 23 Wayne N.J. 07470</b>		Disposal Date <b>1/15/15</b>		City, State <b>Waynesburg, OH 44688</b>					
Completed by <b>James Mahoney</b>		Title <b>Project manager</b>	Signature 			Date <b>10/27/14</b>			



[illegible]



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



Date of Notification (1) 10/27/14		Name of Building Owner/Operator (2) Joseph Smith Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 3602 A Long Beach Blvd		City, State, Zip Code Brant Beach NJ 08008							
Name of Contact Joseph		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Joseph Smith 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 3602 A Long Beach Blvd		Square Feet 1000							
City (5) Brant Beach NJ 08008		# of Floors 2							
County (6) Ocean		Bldg. Age 35+							
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.							
Street Address		Name of Abatement Contractor (9) Pernaco Inc.							
City, State, Zip Code		Street Address PO Box 329							
Project Manager for Monitoring Firm		City, State, Zip Code West Berlin NJ 08091							
Telephone No.		Telephone No. 856-753-9800							
Start Date (10) 10/28/14		License No. 00727							
Scheduled Completion Date (11) 10/31/14		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							
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		City, State, Zip Code							
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			
Through out			x	Floor Tile	700 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 10/31/14		City, State Morrisville NJ 08091					
Completed by Anthony T Perna		Title President		Signature 		Date 10/27/14			



NO CK

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

10 OPEN  
NOTIFICATION

Date of Notification (1) <b>10/28/14</b>		Name of Building Owner/Operator (2) <b>P.S.E.G.</b>		<b>RECEIVED</b> <b>2014 OCT 30 PM 10:49</b> <b>ASBESTOS CONTROL</b> <b>&amp; LICENSURE</b>				
Agencies Notified	Type Notification	Street Address <b>4000 HADLEY ROAD</b>						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>SOUTH PLAINFIELD, NJ. 07080</b>						
		Name of Contact <b>MAGUETTE FALL</b>						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>PSE &amp; G</b>			Type of Facility (4)					
Street Address <b>1389 RTE 202 NORTH</b>			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) <b>NESHANIC STATION</b>			Square Feet <b>N/A</b>	# of Floors <b>N/A</b>	Bldg. Age <b>N/A</b>			
County (6) <b>SOMERSET</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>SWITCH STATION</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCN No. <b>0045</b>	Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA</b>					
Street Address <b>64 BROAD STREET</b>			Street Address <b>396 WHITEHEAD AVE.</b>					
City, State, Zip Code <b>MATAWAN, NJ 07747</b>			City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>					
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-292-2217</b>	Telephone No. <b>732-432-8350</b>	License No. <b>01111</b>				
Start Date (10) <b>10/17/14</b>		Scheduled Completion Date (11) <b>11/14/14</b>		Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</b>				
Occupancy Status During Abatement (Check Only One)			Street Address <b>396 WHITEHEAD AVE.</b>					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>OUT DOORS</b>			City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>					
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>OUTSIDE</b>		<b>X</b>	<b>ACM TRANSITE PIPE</b>	<b>35 LF</b>			<b>X</b>	
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste	Name of Registered Landfill <b>GROWS NORTH</b>				
City, State <b>ELIZABETH, NJ</b>			Disposal Date	City, State <b>MORRISVILLE, PA</b>				
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR.</b>	Signature <i>Carol Raimo</i>		Date <b>10/28/14</b>			