



(K 1471)

Print Form

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

Date of Notification (1) September 10, 2014		Name of Building Owner/Operator (2) Don Tash							
Agencies Notified	Type Notification	Street Address 204 Evelyn Drive							
<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 Deptford, NJ 08096							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Don Tash	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Tash 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 204 Evelyn Drive		Square Feet 2,000	# of Floors 1						
City (5) Deptford		Bldg. Age 50							
County (6) Gloucester	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Lou Lauretti		Telephone No. 609-298-4070	Telephone No. 856-755-0099						
License No. 00842									
Start Date (10) September 19, 2014	Scheduled Completion Date (11) September 22, 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
Attic		XXX		Asbestos Insulation	150 SF				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste 10	Name of Registered Landfill Western Berks Community Landfill					
City, State Freehold, NJ		Disposal Date 9/22/2014		City, State Birdsboro, PA					
Completed by Christina Lynch		Title Operations Manager		Signature 			Date 9/10/2014		

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

Date of Notification (1) September 11, 2014		Name of Building Owner/Operator (2) William Russell		Check # 107P 15 AM 2:07					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 519 Kresson Road City, State, Zip Code Cherry Hill, NJ 08034 Name of Contact William Russell					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Russell 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 519 Kresson Road				Square Feet 2,000	# of Floors 2				
City (5) Cherry Hill				Bldg. Age 50					
County (6) Camden		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No. _____		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Lou Lauretti		Telephone No. 609-298-4070		Telephone No. 856-755-0099	License No. 00842				
Start Date (10) September 22, 2014		Scheduled Completion Date (11) September 23, 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
Basement		XXX		Asbestos Paper on Risers	110 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 9/23/2014		City, State Birdsboro, PA					
Completed by Christina Lynch		Title Operations Manager		Signature 		Date 9/11/2014			

EMERGENCY

CK 1620

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

Date of Notification (1) <u>9-6-14</u>		Name of Building Owner/Operator (2) <u>CARRIAGE SERVICES</u>					
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address <u>61 BROAD ST.</u>		City, State, Zip Code <u>KEYPORT NJ. 07735</u>					
Name of Contact <u>ERIC PLACKIS</u>		Telephone Number <u>732 898-7499</u>					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>63 BROAD ST</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
City (5) <u>KEYPORT NJ. 07735</u>		Square Feet <u>1800</u>	# of Floors <u>2</u>				
County (6) <u>MONMOUTH</u>		Bldg. Age <u>50</u>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>VACANT HOME</u>					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <u>BRICK INDUSTRIES INC.</u>					
Street Address <u>145 NATICK TRAIL</u>		Street Address <u>145 NATICK TRAIL</u>					
City, State, Zip Code <u>BRICK NJ. 08724</u>		City, State, Zip Code <u>BRICK NJ. 08724</u>					
Project Manager for Monitoring Firm		Telephone No. <u>732 898-7499</u>	License No. <u>01196</u>				
Start Date (10) <u>9-8-14</u>	Scheduled Completion Date (11) <u>9-11-14</u>	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: <u>VACANT</u>		Street Address					
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		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) <u>3000 SF</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<u>INTERIOR PLASTER</u>	<input checked="" type="checkbox"/>	<u>ACM</u>	<u>3000 SF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>BRICK INDUSTRIES INC.</u>		NJDEP Waste Hauler ID No. <u>21602</u>	Cubic Yards of Waste <u>12</u>	Name of Registered Landfill <u>GROWS</u>			
City, State <u>BRICK N.J.</u>		Disposal Date <u>9-12-14</u>	City, State <u>PA</u>				
Completed By <u>ERIC PLACKIS</u>		Title <u>PRES.</u>	Signature <u>[Signature]</u>		Date <u>SEPT. 6-14</u>		


CK 7330

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

Date of Notification (1) 09 / 10 / 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <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.				Square Feet 25,000					
City (5) Delanco				# of Floors 2					
County (6) Burlington				Bldg. Age 160+					
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		License No. 01109					
Start Date (10) 9 / 15 / 14		Scheduled Completion Date (11) 10 / 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-4:00PM/ _____ 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) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<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 10/15/14		City, State Waynesburg OH. 44688					
Completed By (Print or Type) Piyush Patel		Title Program Manager		Signature <i>Piyush Patel</i>			Date 9-10-14		

(K 2670)

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

Date of Notification (1) 9/9/2014 Check #2670		Name of Building Owner/Operator (2) Yongsung Construction							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 78 Westervelt Place							
		City, State, Zip Code Creskill, NJ 07626							
		Name of Contact Mr Young							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 6725 Polk 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) West New York, NJ 07093		Square Feet 5,000	# of Floors 2						
County (6) HUDSON		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) EA Services Corporation						
Street Address		Street Address 426 69th Street							
City, State, Zip Code		City, State, Zip Code Guttenberg, NJ 07093							
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. 201-295-1700						
Start Date (10) 9/12/2014		Scheduled Completion Date (11) 9/15/2014	License No. 01074						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor same as above							
<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: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage Area			x	Roofing debris bags	10 Bags	x			
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste _____	Name of Registered Landfill GROWS North Landfill					
City, State Freehold, NJ		Disposal Date tbd		City, State Morrisville, PA					
Completed by Gina Salvador		Title Office Manager		Signature 		Date 9/9/2014			

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

Date of Notification (1) 9/10/2014		Check#2671		Name of Building Owner/Operator (2) Little Flower Parish					
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 110 Roosevelt Avenue City, State, Zip Code Berkley Heights, NJ 07922 Name of Contact Mr. Scott Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rectory Building-Little Flower Parish				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 110 Roosevelt Avenue				Square Feet 30,000	# of Floors 2				
City (5) Berkely Heights, NJ 07922				Bldg. Age 60+					
County (6) UNION		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Church Rectory					
Name of Monitoring Firm Hired by Building Owner (8) -		ASCM No. _____		Name of Abatement Contractor (9) EA Services Corporation					
Street Address				Street Address 426 69th Street					
City, State, Zip Code				City, State, Zip Code Guttenberg, NJ 07093					
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 201-295-1700	License No. 01074				
Start Date (10) 9/20/2014		Scheduled Completion Date (11) 9/24/2014		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 4:00 PM				Street Address City, State, Zip Code _____					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> 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
Rectory bldg basement boiler room		x		Pipe Insulation	15 LF	x			
Name of Registered Waste Hauler Freehold Carting Inc		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste tbd	Name of Registered Landfill Cumberland County Landfill				
City, State Freehold, NJ		Disposal Date tbd		City, State Newburg, PA					
Completed by Gina Salvador		Title Office Manager		Signature _____		Date 9/10/2014			

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

Date of Notification (1) <u>9/11/14</u>		Name of Building Owner/Operator (2) <u>HARBACH DEVELOPERS</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>318 GLASSBORO ROAD</u>		City, State, Zip Code <u>WOODBURY HEIGHTS, NJ 08097</u>	
Name of Contact <u>SONIE</u>		Telephone Number _____	

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>160 113TH ST</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>STONE HARBOR</u>		Bldg Age <u>40+</u>	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
Street Address _____		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm _____		Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>
Start Date (10) <u>9/15/14</u>	Scheduled Completion Date (11) <u>10/13/14</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 sf or 23 ft <input type="checkbox"/> 2160 sf or 2260 ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
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	Encaps	Encapsulation
<u>BUILDING</u>			<u>X</u>	<u>TRAPDOOR</u>	<u>2500 LF</u>	<u>X</u>		

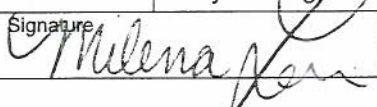
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>	NJ DEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C.M.U.A.</u>
City, State <u>MAPLE SHADE, N.J. 08052</u>	Disposal Date _____	City, State <u>WOODBURY, N.J.</u>	
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>9/11/14</u>

CHECK #
3429

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

Date of Notification (1) <u>9/11/14</u>		Name of Building Owner/Operator (2) <u>HANSAUGH DEVELOPERS</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>318 GLASSBORO ROAD</u>		City, State, Zip Code <u>WOODBURY HEIGHTS, NJ 08097</u>	
Name of Contact <u>SONIE</u>		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>170 104TH ST</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>STONE HARBOR</u>		Bldg Age <u>40+</u>	
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>
Start Date (10) <u>9/25/14</u>		Scheduled Completion Date (11) <u>10/3/14</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:		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
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		Street Address <u>369 S. SPRUCE AVE.</u>	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>BUILDING</u>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>IN ROOFING</u>	
Amount (Specify SF or LF) <u>2500 LF</u>		Amount (Specify SF or LF) <u>2500 LF</u>	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		Name of Registered Landfill <u>C.M.C.M.U.A.</u>	
City, State <u>MAPLE SHADE, N.J. 08052</u>		City, State <u>WOODBURY, N.J.</u>	
Completed By <u>JOSEPH KLEMM</u>		Signature <u>Joseph Klemm</u>	
Title <u>OWNER</u>		Date <u>9/11/14</u>	

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

Date of Notification (1) 09/10/2014		Name of Building Owner/Operator (2) DIV 75 Demarest LLC c/o The Davis Companies							
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 # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 125 High Street							
		City, State, Zip Code Boston, MA 02110							
		Name of Contact Enrique Bellido	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 75 Demarest Drive		Square Feet 190,000	# of Floors 2						
City (5) Wayne		Bldg. Age 46							
County (6) Passiac	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Incinia Contracting, Inc.							
Name of Monitoring Firm Hired by Building Owner (8) CTSI Environmental Safety & Health Profess.		ASCM No. 00109	Name of Abatement Contractor (9) 1360 Clifton Avenue						
Street Address 237 West 35th Street, Suite 805		Street Address Unit 365							
City, State, Zip Code New York, NY 10001		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Farhood Selamie		Telephone No. 212-929-3451	Telephone No. 973-450-9500						
License No. 01036									
Start Date (10) 7/21/2014	Scheduled Completion Date (11) 12/31/2014	Name of OSHA Monitor Incinia Contracting, 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 1360 Clifton Avenue, Unit 365							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler Red Tech LLC operating under Weigle Truck		NJDEP Waste Hauler ID No. 17634	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Linden, PA		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Milena Zoric		Title Executive Director		Signature 			Date 9/10/2014		

NO CK

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

2014 SEP 15 AM 2:21

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Date of Notification (1) 09/03/14		Name of Building Owner/Operator (2) Container Port Group	
Agencies Notified	Type Notification	Street Address 99 East Peddie Street	
<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 # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07114	
		Name of Contact Robert Leef	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Container Port Group		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 99 East Peddie Street		Square Feet 20,000	# of Floors 2
City (5) Newark		Bldg. Age 50+-	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. 00078	Name of Abatement Contractor (9) Stanmark Contractors, LLC
Street Address		Street Address 27 Edsall Drive	
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461	
Project Manager for Monitoring Firm		Telephone No. 973-864-2022	License No. 01137
Start Date (10) 08/19/14	Scheduled Completion Date (11) 09/20/14	Name of OSHA Monitor AmeriSci	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 117 East 30th Street	
		City, State, Zip Code New York, NY 10016	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <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)
Roof - Bldg. 91	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Brick seam caulk	300 S.F.
Throughout Warehouse- Bldg. 99	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Interior window glazing	1,200 L.F.
Boiler room -Bldg. 99	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Boiler breeching insulation	80 S.F.
Roof - Bldg. 99	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Brick seam flashing	2,450 S.F.
Roof - Bldg. 99	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	wall flashing-parapet	980 L.F.
Name of Registered Waste Hauler Pro-Tech	NJDEP Waste Hauler ID No. 190713	Cubic Yards of Waste 15	Name of Registered Landfill G.R.O.W.S.
City, State New Haven, CT		Disposal Date on completion	City, State Morrisville, PA
Completed by Marko Stankovic	Title President	Signature <i>Marko Stankovic</i>	Date 09/03/14

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

AMENDMENT # **1**

ETS JOB # 4287/14

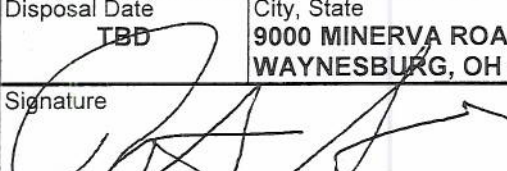
Date of Notification (1) 9/9/2014		Name of Building Owner / Operator (2) THE PORT AUTHORITY OF NEW YORK & NEW JERSEY	
Agencies Notified	Type Notification	Street Address 241 ERIE STREET, ROOM 236	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State & Zip Code JERSEY CITY, NJ 07310	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact MR. RALPH CAMPIONE	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) HERTZ RENTAL FACILITY - BUILDING 23			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 NEWARK LIBERTY INTERNATIONAL AIRPORT 3 BREWSTER ROAD			Square Feet 8,000	# of Floors 2	Bldg. Age 50+
City (5) NEWARK	County (6) ESSEX	County Code (7)	Current Use (Prior if being demolished) COMMERICAL - CAR RENTAL		
Name of Monitoring Firm Hired by Building Owner (8) CARDNO ATC		ASCM No. 98	Name of Abatement Contractor (9) ETS CONTRACTING, INC.		
Street Address 104 E. 25TH STREET - 10TH FLOOR		Street Address 160 CLAY STREET			
City, State & Zip Code NEW YORK 10010		City, State & Zip Code BROOKLYN, NY 11222			
Project Manager for Monitoring Firm PATRICK SISK		Telephone Number 212-353-8280	Telephone Number 718-706-6300	License Number 00511	
Scheduled Start Date (10) 10/13/2014	Scheduled Completion Date (11) 10/31/2014		Name of OSHA Monitor TESTOR TECH.		
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: MONDAY - FRIDAY 7:00 AM - 3:30 PM <input type="checkbox"/> Other - Describe:			Street Address 10 59 JACKSON AVENUE		
			City, State & Zip Code LONG ISLAND CITY, NY 11101		

Scope of Work (Check all that apply)					
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure			
<input type="checkbox"/> Large Project		<input checked="" type="checkbox"/> Mini-Enclosure			
<input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM		<input type="checkbox"/> Glovebag Procedure			
<input type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM		<input type="checkbox"/> Other:			

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 Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
ROOF LEVEL	YES	TSI	8 LF	MINI ENCLOSURE
ROOF LEVEL	YES	ROOF FLASHING	25 SF	NON-FRIABLE REMOVAL

Name of Registered Waste Hauler TRI-STATE TRANSFER	NJDEP Waste Hauler ID # 2A-456	Cu. Yds. of Waste 5	Name of Registered Landfill MINERVA ENTERPRISES, INC.
City, State 1199 RANDALL AVENUE, BRONX, NY 10474		Disposal Date TBD	City, State 9000 MINERVA ROAD, WAYNESBURG, OH 44688
Completed By (Print or Type) Richie Smith	Title Project Executive	Signature 	Date 9/9/2014

PK 510

Print Form

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

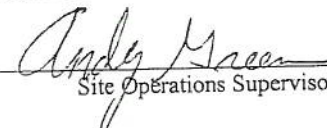
Date of Notification (1)		Name of Building Owner/Operator (2) DVL Kearney Holdings LLC c/o DVL Inc. 2014 SEP 15 AM 1:36							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 70 East 55th Street						
			City, State, Zip Code New York, NY 10022						
		Name of Contact Charles Carames		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Toch Industrial Park Building 31				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 166-194 Passiac Ave				Square Feet 300,000	# of Floors 6				
City (5) Kearney				Bldg. Age 100					
County (6) Hudson		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Industrial					
Name of Monitoring Firm Hired by Building Owner (8) Stateside Environmental Group, Inc		ASCM No.		Name of Abatement Contractor (9) Dynamics Development Services, Inc.					
Street Address 537 N. State Road # 202		Street Address 557 Grand Concourse Suite 3-51							
City, State, Zip Code Briarcliff Manor, NY 10510		City, State, Zip Code							
Project Manager for Monitoring Firm Panos Pantazis		Telephone No. 203-517-5882		Telephone No. 718-906-1055	License No. 01241				
Start Date (10) 9/22/14		Scheduled Completion Date (11) 11/3/14		Name of OSHA Monitor Julio Lopez					
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 317 9th St					
				City, State, Zip Code Union City, NJ 07087					
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout		x		Pipe Insulation	1595 LF	x			
Throughout		x		VAT, VAT Mastic	1060 SF	x			
Roof		x		Roofing/Flashing	10,500 SF	x			
Exterior		x		Caulking/Glazing	13,000 SF	x			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310		Cubic Yards of Waste 379	Name of Registered Landfill Minerva Enterprises				
City, State Shirley, NY 11967				Disposal Date 9/26/14	City, State Waynesburg, OH 44688				
Completed by <i>Angela Martinez</i>		Title president		Signature <i>Angela Martinez</i>		Date 9/11/14			

CK 7000824

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

2014 SEP 15 AM 2:10

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Date of Notification (1) 9/10/14		Name of Building Owner/Operator (2) Paulsboro Refining Company	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled		Street Address 800 Billingsport Rd
			City, State, Zip Code Paulsboro, NJ 08066
			Name of Contact Ravi Jarecha
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Paulsboro Refining Company		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 bldgs., homes, etc.)	
Street Address 800 Billingsport Rd		Sq. Feet N/A # of Floors N/A	
City (5) Paulsboro	County (6) Gloucester	County Code (7) (State Use Only)	Bldg. Age N/A Current Use (prior if being demolished) Oil Refinery
Name of Monitoring Firm Hired by Bldg. Owner (8) KA Industrial Services, LLC.		ASCM No.	Name of Contractor (9) K A Industrial Services LLC
Street Address 800 Billingsport Rd		Street Address 800 Billingsport Rd	
Paulsboro, NJ 08066		City State, Zip Code Paulsboro, NJ 08066	
Project Manager for Monitoring Firm Scott Dechant	Telephone Number 856-224-4385	Telephone Number 856-224-4392	License Number 00857
Scheduled Start Date (10) 9/24/14	Scheduled Completion Date (11) 9/26/14	Name of OSHA Monitor K A Industrial Services, LLC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - <input checked="" type="checkbox"/> Other - Describe - Removal of ACM within restricted work area in outside areas		Street Address 800 Billingsport Rd	
		City, State, Zip Code Paulsboro NJ 08066	
Source of Work (Check all that apply) <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Large Proj. (160 SF or >260 LF ACM) <input type="checkbox"/> SM Proj. >25<160 SF or >10 <260 LF ACM <input checked="" type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)
Abatement Type			
Pipe - PDA Cooling Tower Area	X	Pipe Insulation in 2-3 foot sections	Approx 10
Name of Reg. Waste Hauler Waste Management, Inc.	NJDEP Waste Hauler ID # 17273	Cubic Yards of Waste < 1 CY	Name of Reg. Landfill Gloucester County Landfill
City, State South Harrison, NJ	Disp. Date Various	City, State South Harrison, NJ	
Completed by (Print or Type) ANDREW GREEN	Title MANAGER - KA Industrial Services	Signature  Site Operations Supervisor	Date 9/10/14

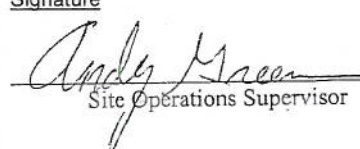
Mail to: NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

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9/18/00

CK 7000823

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

Date of Notification (1) 9/5/14		Name of Building Owner/Operator (2) Paulsboro Refining Company	
Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA		Notification Type (X) Initial Notification () Amended Certification () Cancelled	
Street Address 800 Billingsport Rd		City, State, Zip Code Paulsboro, NJ 08066	
Name of Contact Ravi Jarecha		Tel. Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Paulsboro Refining Company		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 800 Billingsport Rd		Sq. Feet N/A # of Floors N/A	
City (5) Paulsboro	County (6) Gloucester	County Code (7) (State Use Only)	
Bldg. Age N/A		Current Use (prior if being demolished) Oil Refinery	
Name of Monitoring Firm Hired by Bldg. Owner (8) Cardno ATC		ASCM No. 98	Name of Contractor (9) K A Industrial Services LLC
Street Address 3 Terri Lane		Street Address 800 Billingsport Rd	
Burlington, NJ 08016		City, State, Zip Code Paulsboro, NJ 08066	
Project Manager for Monitoring Firm John Lutz	Telephone Number 609-386-8800	Telephone Number 856-224-4392	License Number 00857
Scheduled Start Date (10) 9/29/14	Scheduled Completion Date (11) 11/7/14	Name of OSHA Monitor K A Industrial Services, LLC	
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		Street Address 800 Billingsport Rd	
Other - Describe - Removal within restricted work area in outside areas		City, State, Zip Code Paulsboro NJ 08066	
Source of Work (Check all that apply) () Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure () Mini-Enclosure (X) Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)
Abatement Type			
			Rem. Rep. Encap. Enclose
D - 302 Tower at NHT Unit	X	Pipe Insulation	Approx 100LF
	X	Vessel Insulation	Approx 900 sf
Name of Reg. Waste Hauler Waste Management, Inc.	NJDEP Waste Hauler ID # 17273	Cubic Yards of Waste ~ 2 CY	Name of Reg. Landfill Gloucester County Landfill
City, State South Harrison, NJ	Disp. Date Various	City, State South Harrison, NJ	
Completed by (Print or Type) ANDREW GREEN	Title MANAGER - KA Industrial Services	Signature  Site Operations Supervisor	Date 9/5/14

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

Telephone 609-984-6620

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9/18/00

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

Check # 9062

Date of Notification (1) 9-12-14		Name of Building Owner/Operator (2) Amber Beiermeister	
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 422 Hill Street City, State, Zip Code Boonton NJ 07005 Name of Contact Amber Beiermeister Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESidential Duplex Dwelling Street Address 422 Hill Street City (5) Boonton NJ 07005 County (6) Morris		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.) Square Feet # of Floors Bldg. Age County Code (7) N/A Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies Street Address P.O. Box 337 City, State, Zip Code New Egypt, NJ 08533 Project Manager for Monitoring Firm Steve Schenker Start Date (10) 9-24-14		Name of Abatement Contractor (9) EPC Technologies Inc Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533 Telephone No. 609 758-3365 License No. 00394 Name of OSHA Monitor EPC Technologies Inc Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533	
Scheduled Completion Date (11) 9-25-14		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:	
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 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) 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) 100 LF
Basement	X	Pipe Insulation	100 LF
Name of Registered Waste Hauler EPC Technologies City, State New Egypt NJ		NJDEP Waste Hauler ID No. 17000 Cubic Yards of Waste 2 Disposal Date 9-25-14	Name of Registered Landfill Waste Management of PA City, State Morrisville PA
Completed by Steve Schenker Title President		Signature Steve Schenker Date	

Boonton

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

ch # 25128

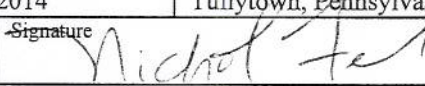
Date of Notification (1) September 11, 2014		Name of Building Owner/Operator (2) NJ Site & Utility Contractors, Inc.	
Agencies Notified	Type of Notification	Street Address 8 Stephanie Court	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Jackson, NJ 08527	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification Amendment # _____		
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact Bob	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA		Telephone Number	

2014 SEP 15 AM 2:15

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 108 Princeton Ave			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Lavallette			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
			Current Use (Prior if being demolished) Residence		
County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1184 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) 09/11/2014	Scheduled Completion Date (11) 09/12/2014	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 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		Front house -Asbestos siding	750 sf	X			
		X		Rear house - Asbestos siding	600 sf				

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 09/15/2014	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 9/11/14

*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) September 10, 2014		Name of Building Owner/Operator (2) Zarrilli 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 186 Mantoloking Road	
		City, State, Zip Code Brick, New Jersey 08723	
		Name of Contact Rich Zarrilli	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 238 Kathryn Street			Square feet 1000 sf		
City Toms River Twp.	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 80	
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) 9/11/14	Scheduled Completion Date (11) 9/12/14	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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) 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	N					
	M	A	C	C					
	O	I	A	L					
	V	R	P	S					
	A		U	S					
	L		L	U					
			E	R					
Exterior		X		Asbestos siding	850 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 9/15/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 9/10/2014

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

Ch# 25127

Date of Notification (1) September 10, 2014		Name of Building Owner/Operator (2) Eric Arnesen	
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 342 Pershing Avenue	
		City, State, Zip Code Ridgewood, NJ 07450	
		Name of Contact Eric Arnesen	Telephone Number

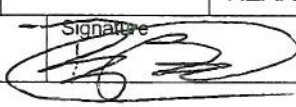
FACILITY INFORMATION

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 435-1 Bayside Terrace			Square feet 520 sf	# of Floors 1	Bldg. Age 60
City Seaside Heights	County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm	Telephone Number		Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 09/11/2014	Scheduled Completion Date (11) 09/12/2014		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 checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
			<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V 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	700 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 09/15/2014		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>				Date 9/10/14	

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

Date of Notification (1) 9/10/2014		Name of Building Owner/Operator (2) Rafat Ewais							
Agencies Notified	Type Notification	Street Address 166 Shaler Ave.							
<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 type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fairview, NJ 07022							
		Name of Contact Rafat Ewais	Telephone Number 2						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rafat Ewais		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 166 Shaler Ave		Square Feet	# of Floors						
City (5) Fairview		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)		ASCN No.	Name of Abatement Contractor (9) Pro Abatement						
Street Address		Street Address 1009 87th Street Suite A4							
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		201-293-6305	01223						
Start Date (10) 9/12/2014	Scheduled Completion Date (11) 9/29/2014	Name of OSHA Monitor HILMAMM CONSULTING LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1600 ROUTE EAS SUITE 107							
		City, State, Zip Code UNION NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥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			x	Siding	1800	x			
Name of Registered Waste Hauler SAN TON SERVICES		NJDEP Waste Hauler ID No. 22430	Cubic Yards of Waste	Name of Registered Landfill MEDOWLANCHES COMMISSION					
City, State KENILWORTH, NJ			Disposal Date	City, State KEARNY, NJ					
Completed by Bryan Parra		Title Project Manager				Signature 		Date 9/10/2014	

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

CHECK # 1072

Date of Notification (1) 9/11/2014		Name of Building Owner/Operator (2) Ingrid Nagy		2014 SEP 15 AM 2:22					
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 12 Broadview Ave City, State, Zip Code Maplewood, NJ 07040 Name of Contact Ingrid Nagy					
<div style="text-align: center;">FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) Residential Property				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 12 Broadview Ave				Square Feet 1,900 +	# of Floors 2				
City (5) Maplewood				Bldg. Age 50+					
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Unicorn Contracting Corp.					
Street Address				Street Address 1087 Pleasant Valley Way					
City, State, Zip Code				City, State, Zip Code West Orange, NJ 07052					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-333-9176	License No. 01232				
Start Date (10) 9/20/2014		Scheduled Completion Date (11) 9/21/2014		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 type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe Insulation	70 LF	x			
Basement			x	Floor Tile	300 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 3	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 09/11/2014			

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8/26/2014 11:01:44 AM PAGE 3/004 Fax Service

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



Date of Notification (1) August 26, 2014		Name of Building Owner/Operator (2) Ponds Reformed Church	
Agencies Notified	Type Notification	Site Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOA	<input type="checkbox"/> Initial <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including Notification) <input type="checkbox"/> Cancellation	341 Ramapo Valley Road City, State, Zip Code Oakland NJ	
		Name of Contact Owner	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Ponds Reformed Church		Type of Facility (4)	
Street Address 341 Ramapo Valley Road		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter B (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Oakland NJ		Square Feet	# of Floors
County (6) Bergen		Current Use (Fill in if being demolished) church	
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC.
Street Address 222 Church Road		Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. 908-296-1132	Telephone No. (877) 759-MACK
Start Date (10) 8/27/14		Scheduled Completion Date (11) 9/27/14	License No. 00781
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 Other - Describe:		Name of OSHA Monitor The MACK Group, LLC.	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> >3 sf of >3 ff <input checked="" type="checkbox"/> >160 sf of >260 ff <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-Frable Procedure		Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034	
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)
	Yes	No	
Boiler Room		<input checked="" type="checkbox"/>	fireproofing
			225 sf
Name of Registered Waste Hauler Newark Carting	NJ DEP Waste Number ID No. 4304	Cubic Yards of Waste 2.2	Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF
City, State Newark, NJ	Disposal Date 9/27/14	City, State Newburg / Imperial / Morrisville, PA	
Completed by Mike Cooper	Title President	Signature <i>Mike Cooper</i>	Date 8/26/14

2014 SEP 15 AM 2:30

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

Date of Notification (1) 9-8-14		Name of Building Owner/Operator (2) Kiev Martinez	
Agencies Notified	Type Notification	Street Address 31 Valley Way	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code West Orange, NJ, 07052	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Kiev Martinez	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above		Type of Facility (4)	
Street Address		<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)	County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address			Street Address 86 Christopher St.	
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371
Scheduled Start Date (10) 9-17-14	Sched. Completion Date (11) 9-18-14		Name of OSHA Monitor N/A	
Month Day Year 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: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E	
Boiler Room			X	Pipe Insulation	18 lf	X				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 9-19-14		City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian		Title President	Signature <i>CVivian</i>		Date 9-8-14

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

Date of Notification (1) 9-8-14		Name of Building Owner/Operator (2) Statewide Rehab	
Agencies Notified	Type Notification	Street Address 301 Delaware Ave.	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Paterson, NJ, 07503	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Ismael Medina	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

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

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371
Scheduled Start Date (10) 9-18-14 Month Day Year	Sched. Completion Date (11) 9-19-14 Month Day Year	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

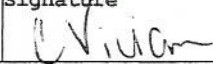
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement			X	Pipe Insulation	50 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 9-22-14		City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian	Title President	Signature 			Date 9-8-14

CK 1000022272

Date of Notification (1) 09/11/14		Name of Building Owner/Operator (2) CHEM-TURA CORPORATION	
Agencies Notified	Type Notification	Street Address 199 BENSON ROAD	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code MIDDLEBURY CT 06762	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact JOE BALLO	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input checked="" type="checkbox"/> DCA			

2014 SEP 15 AM 3:00

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) CHEM-TURA CORPORATION		Type of Facility (4)	
Street Address 1000 CONVEY BLVD		<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) PERTH AMBOY	County (6) MIDDLESEX	Square Feet 800	# of Floors 1
County Code (7) (STATE USE ONLY)		Bldg. Age 50	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Current Use (Prior if being demolished) OFFICE SPACE / CONFERENCE ROOM	

Name of Abatement Contractor (9) NEW STATES CONTRACTORS	
Street Address 2400 MAIN STREET EXT. SUITE 10	
City, State, Zip Code SANDYVILLE NJ 08872	
Project Manager for Monitoring Firm	Telephone Number
	732-525-0100
License Number 00749	

Scheduled Start Date (10) 10/9/14	Sched. Completion Date (11) 10/16/14	Name of OSHA Monitor TIGER ENVIRONMENTAL
Month / Day / Year	Month / Day / Year	Street Address 234 20TH AVE
Occupancy Status During Abatement (Check only one)		City, State, Zip Code BRICK NJ 08724
<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:		


Scope of Work (Check all that apply)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> >3 sf or >3 lf | | <input type="checkbox"/> Mini-Enclosure |
| <input type="checkbox"/> >160 sf or >260 lf | | <input type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> 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	N	C
OFFICE BUILDING	<input checked="" type="checkbox"/>	VAT FLOOR TILE AND MASTIC	400 SF	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
			400 SF	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

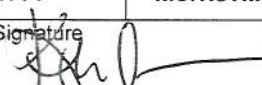
Name of Registered Waste Hauler FREEHOLD CARTAGE	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 7	Name of Registered Landfill G.R.O.W.S. NORTH CANTON
City, State FREEHOLD NJ	Disposal Date	City, State MORRISVILLE PA	
Completed By (Print or Type) MICHAEL ANDREW	Title ESTIMATOR	Signature [Signature]	Date 9/10/14

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

Date of Notification (1) 9 / 11 / 14		Name of Building Owner/Operator (2) Hareff Trust c/o Kin Properties, Inc. / Job # 1409-1915 Chk. #3752							
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 185 NW Spanish River Blvd. 1st Floor							
		City, State, Zip Code Boca Raton, FL 33431							
		Name of Contact Jeff Ross	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) AAA Car Care Center		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 2970 Brunswick Pike									
City (5) Lawrenceville	Square Feet 8546	# of Floors 1	Bldg. Age 50						
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Oxford Engineering Co.		ASCN No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 336 Paint Street		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Camden, NJ 08102		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Wayne Moran	Telephone No. 856-541-0700	Telephone No. 609-702-0400	License No. 00862						
Start Date (10) 09 / 22 / 14	Scheduled Completion Date (11) 09 / 24 / 14	Name of OSHA Monitor EMSL Analytical, 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 200 U.S. Route 130 North							
		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 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
Office Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfill				
City, State Freehold, NJ		Disposal Date 09/25/14		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 9-11-14			

NO CK

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

Date of Notification (1) 9 / 2 / 14		Name of Building Owner/Operator (2) Mr. Lawrence & Joanne Banks		Job # 1408-1912 check# 2736					
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 536 Garden Street		City, State, Zip Code Mount Holly, NJ 08060					
		Name of Contact Larry		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property			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 536 Garden Street									
City (5) Mount Holly			Square Feet 1780	# of Floors 2	Bldg. Age 95				
County (6) Burlington		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) Tiger		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 16 West Elizabeth Avenue		City, State, Zip Code Linden, NJ 07036		Street Address 3859 Sylon Boulevard City, State, Zip Code Hainesport, NJ 08036					
Project Manager for Monitoring Firm Kelly Walton		Telephone No. 908-862-4301		Telephone No. 609-702-0400	License No. 00862				
Start Date (10) 09 / 15 / 14		Scheduled Completion Date (11) 09 / 17 / 14		Name of OSHA Monitor EMSL Analytical, 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 200 U.S. Route 130 North 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"/> 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	240 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elbows/Fittings	75 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfill				
City, State Freehold, NJ		Disposal Date 9/17/14		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 9-12-14			

CKT 24634

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

Date of Notification (1) <u>9/12/14</u>		Name of Building Owner/Operator (2) <u>McEvoy</u> <i>2014 SEP 15 AM 3:27</i>	
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 <u>441 Pleasant Valley Ave.</u> City, State, Zip Code <u>Moorestown, NJ 08057</u> Name of Contact <u>Anita McEnvoy</u> Telephone Number _____ <u>6</u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>441 Pleasant Valley Ave.</u>		Square Feet <u>2000</u> # of Floors <u>1</u> Bldg. Age <u>50+/-</u>	
City (5) <u>Moorestown, NJ</u>		Current Use (Prior if being demolished) _____	
County (6) <u>Burlington</u>	County Code (7) (STATE USE ONLY) _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Street Address <u>PO Box 322</u>	
Street Address <u>PO Box 341</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		Telephone No. <u>(609) 259-9688</u> License No. <u>00493</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	
Start Date (10) <u>9/22/14</u>	Scheduled Completion Date (11) <u>9/26/14</u>	Name of OSHA Monitor <u>MECS</u>	
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>8am to 4:pm</u>		Street Address <u>PO Box 341</u>	
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		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		<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) <u>TO BE ABATED</u> IN Facility (13) <u>Crawlspace</u>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>Thermal Duct Insulation</u>	Amount (Specify SF or LF) <u>30 lf</u>	Abatement Type Removal Repair Encapsulate Enclosure <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>9/26/14</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>
City, State <u>Tullytown, PA</u>		Completed By <u>Mahlon E. Stevens</u>	
Title <u>Project Manager</u>		Signature <i>[Signature]</i>	Date <u>9/12/14</u>

EDS14-283-1

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

Page 1 of 1

Check #1338

Date of Notification (1) 9-8-14		Name of Building Owner/Operator (2) Pompton Lakes Public Schools		2014 SEP 15 AM 3:11					
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	237 Van Avenue							
		City, State, Zip Code Pompton Lakes, NJ 07442							
		Name of Contact Jim Curran		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lenox Elementary School			Type of Facility (4)						
Street Address 35 Lenox 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) Pompton Lakes			Square Feet 60,000 +	# of Floors 3	Bldg. Age 40+				
County (6) Passaic		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc		ASCM No. 0057	Name of Abatement Contractor (9) GL Group, Inc						
Street Address PO Box 385		Street Address 140 Hamburg Tpke							
City, State, Zip Code Oceanville, NJ 08231-0385		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm John Smoyer		Telephone No. (609) 652-1833	Telephone No. (201) 710-9725	License No. 01084					
Start Date (10) 9-11-2014 at 3:00 pm		Scheduled Completion Date (11) 9-16-14		Name of OSHA Monitor GL Group, Inc					
Occupancy Status During Abatement (Check Only One)			Street Address 140 Hamburg Tpke						
<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 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
Boiler Room	X			Boiler 2 Rib Packing	30 SF	X			
Boiler Room	X			Boiler 2 Rope Insulation	30 LF	X			
Boiler Room	X			Flue Packing/Flue Exhaust Brick	120 SF	X			
Boiler Room	X			Boiler Door Insulation	8 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 Elena Solakov		Title President		Signature <i>Elena Solakov</i>		Date 9-8-14			

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

NO CK

Date of Notification (1) 9/11/2014		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS							
Agencies Notified	Type Notification	Street Address 216 LEXINGTON 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 <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code LAKEWOOD NJ							
		Name of Contact Alex Baylor	Telephone Number 201-551-1111						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) LAKEWOOD CENTRAL OFFICE		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 216 LEXINGTON AVE		Square Feet 20000	# of Floors 3						
City (5) LAKEWOOD	County (6) OCEAN	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) Verizon communication center							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC							
Street Address 8436 ENTERPRISE AVE		Street Address 1123 BEAVER STREET							
City, State & Zip Code PHILADELPHIA PA 19153		City, State & Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm MARK JENKINS	Telephone Number 215-365-5810	Telephone Number 215-788-6040	License Number 00509						
Scheduled Start Date (10) 9/25/2014	Scheduled Completion Date (11) 10/1/2014	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5PM-1:30AM <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET							
		City, State & Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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 checked="" type="checkbox"/> Glove Bag Procedures <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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cementitious ceiling material	485 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	78 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE 19720		Disposal Date 10/2/2014		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator		Signature <i>Patrick DeCaro</i>			Date <i>9/11/14</i>		

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

CHECK # 8552

Date of Notification (1) 9/11/14		Name of Building Owner/Operator (2) RYAN TOOKER	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 304 S. PINE AVE.	
		City, State, Zip Code S. AMBOY, N.J. 08879	
		Name of Contact RYAN TOOKER	
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 type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 304 S. PINE AVE		Square Feet 1,300	# of Floors 2
City (5) S. AMBOY		Bldg. Age 45⁰	
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) A.MAC Contracting Inc.	
Street Address		Street Address 105 Lowell Road	
City, State, Zip Code		City, State, Zip Code Glen Rock, NJ 07452	
Project Manager for Monitoring Firm		Telephone No. (201)262-5841	License No. 00156
Start Date (10) 9/20/14	Scheduled Completion Date (11) 9/30/14	Name of OSHA Monitor Omega 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 280 Huyler Street	
		City, State, Zip Code Hackensack, NJ 07605	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
BASEMENT			PIPE INSULATION
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 1
City, State Riverdale, NJ 07457		Disposal Date 9/20/14	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.
Completed by Joseph Vocaturo		Title Vice President	Signature J. Vocaturo
			Date 9/11/14

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

CHECK #: 8552

Date of Notification 9/11/14		Name of Building Owner/Operator (2) New York Community Bancorp Inc.							
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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 615 Merrick Ave							
		City, State, Zip Code Westbury NY 11590							
		Name of Contact Andrea Barragan	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NYCB Branch 458		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 36 Ferry Street		Square Feet 8000	# of Floors 1						
City (5) Newark NJ		Bldg. Age +50							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) commercial							
Name of Monitoring Firm Hired by Building Owner (8) Weir Environmental LLC		ASCM No.	Name of Abatement Contractor (9) A. MAC Contracting Inc						
Street Address 5732 Salmier St Suite 13		Street Address 105 Lowell Road							
City, State, Zip Code New Orleans LA 70123		City, State, Zip Code Glen Rock, NJ 07452							
Project Manager for Monitoring Firm Aubrey		Telephone No. 504-324-9667	License No. 00156						
Start Date (10) 8/11/14	Scheduled Completion Date (11) 10/30/14	Name of OSHA Monitor Omega 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 280 Huyer Street							
		City, State, Zip Code Hackensack, NJ 07606							
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED	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"/>	VAT	1190 SF	<input checked="" type="checkbox"/>			
Bathrooms & closet			<input checked="" type="checkbox"/>	VAT	76 SF	<input checked="" type="checkbox"/>			
Bathrooms & closet			<input checked="" type="checkbox"/>	Plaster	190 SF	<input checked="" type="checkbox"/>			
CONFERENCE ROOM.			<input checked="" type="checkbox"/>	PLASTER	1,200 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Rovic Transport	NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 6	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.						
City, State, Zip Code Riverdale, NJ 07457		Disposal Date 8/11	City, State, Zip Code Bethlehem, PA 18015						
Completed by R. McDonald	Title President	Signature Ronald A. McDonald	Date 9/11/14						

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

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CHECK # 8552
2014 SEP 15 AM 3:00

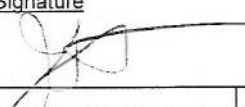
Date of Notification (1) 9/11/14		Name of Building Owner/Operator (2) FRANK LORENZO						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <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 24 E. 33RD ST.					
			City, State, Zip Code BAYONNE, N.J. 07002					
			Name of Contact FRANK LORENZO					
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 type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 24 E. 33RD ST.		Square Feet 2,000	# of Floors 2 Bldg. Age +50					
City (5) BAYONNE	County (6) HUDSON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A.MAC Contracting Inc.					
Street Address		Street Address 105 Lowell Road						
City, State, Zip Code		City, State, Zip Code Glen Rock, NJ 07452						
Project Manager for Monitoring Firm		Telephone No. (201) 262-5841	License No. 00156					
Start Date (10) 9/22/14	Scheduled Completion Date (11) 9/30/14	Name of OSHA Monitor Omega 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 280 Huyler Street City, State, Zip Code Hackensack, NJ 07605						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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
BASEMENT		✓	PIPE INSULATION	90LF	✓			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 2	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.				
City, State Riverdale, NJ 07457		Disposal Date 9/22/14		City, State Bethlehem, PA 18015				
Completed by Joseph Vocaturo		Title Vice President		Signature <i>J. Vocaturo</i>		Date 9/11/14		

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

2014 SEP 15 AM 3:10

Date of Notification (1) September 10, 2014		Name of Building Owner/Operator (2) Hess Corporation	
Agencies Notified (x) EPA () DEP (x) DOL (x) DOH () DCA	Notification Type () Initial Notification (x) Amended Certification () Cancelled	Street Address 1 Hess Plaza	
		City, State, Zip Code Woodbridge, NJ 07095	
		Name of Contact David Dolnick	Tel. Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Hess Corporation Refinery		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (x) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 750 Cliff Road		Sq. Feet 520,222 # of Floors NA	
City (5) Port Reading	County (6) Middlesex	County Code (7) (State Use Only)	Bldg. Age 55 years Current Use (prior if being demolished) Refinery
Name of Monitoring Firm Hired by Bldg. Owner (8) Bureau Veritas		ASCM No.	Name of Contractor (9) Brandenburg Industrial Service Company
Street Address 110 Fieldcrest Avenue		Street Address 2217 Spillman Dr.	
City, State, Zip Code Edison, New Jersey 08837		City, State, Zip Code Bethlehem, PA 18015	
Project Manager for Monitoring Firm Kirit H. Vora	Telephone Number 732-225-6040	Telephone Number (610) 691 - 1800	License Number 00721
Scheduled Start Date (10) Demolition - February 4, 2014 Asbestos - July 7, 2014	Scheduled Completion Date (11) Demolition - December 15, 2014 Asbestos - October 31, 2014	Name of OSHA Monitor	
Occupancy Status During Abatement (Check only one) (x) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe - Removal of ACM in closed/shutdown refinery		Street Address City, State, Zip Code	
Other - Work Hours will be Mon - Fri 7:00 am - 5:30 pm, Sat 7:00 - 3:30			
Source of Work (Check all that apply) (x) Demolition () Renovation (x) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure (x) Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
			Abatement Type Rem. Rep. Encap. Enclose
FCC/Gas Comp	X	Transite	9,900 SF
Utility	X	Transite	5,750 SF
Utility	X	Pipe Insulation	10 LF
Utility	X	Floor Tile	275 LF
Fuel Gas Comp.	X	Drum Insulation	150 SF
Millwright Shop	X	Floor Tile	1,000 SF
Warehouse	X	Floor Tile	320 SF
Warehouse	X	Tape and Joint Compound	48 SF
Warehouse	X	Window Caulk	300 LF
Warehouse	X	Transite	6,000 SF
I&E Shop	X	Floor Tile	384 SF
I&E Shop	X	Tape and Joint Compound	120 SF
I&E Shop	X	Window Caulk	102 LF
I&E Shop	X	Pipe Insulation	90 LF
Firehouse/Locker Room	X	Floor Tile	3,954 SF
Firehouse/Locker Room	X	Black Roof Flashing	20 SF
Firehouse/Locker Room	X	Black Roof Material	4,050 SF
Firehouse/Locker Room	X	Black Mastic Material	2,000 SF

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA		Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap Enclose			
Laboratory		X	Countertops	2,700 SF	X			
Laboratory		X	Fume Hoods	660 SF	X			
Laboratory		X	Floor Tile & Mastic	5,750 SF	X			
Laboratory		X	Mastic Only	7,800 SF	X			
Laboratory		X	Black Roof Flashing	600 LF	X			
Laboratory		X	Black Tar Sealant	2,200 SF	X			
Canning Bldg.		X	Roofing Material	4751 SF	X			
Canning Bldg.		X	Transite	421 SF	X			
Canning Bldg.		X	Black Roof Flashing	50 SF	X			
Name of Reg. Waste Hauler Brandenburg Industrial Service Co.		NJDEP Waste Hauler ID #		Cubic Yards of Waste 325 NT		Name of Reg. Landfill IESI		
City, State Bethlehem, PA		Disp. Date July 9, 2014					City, State Bethlehem, PA	
Completed by (Print or Type) Jennifer Strobel		Title Contract Manager		Signature 		Date 09/10/14		

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

Telephone 609-984-6620

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