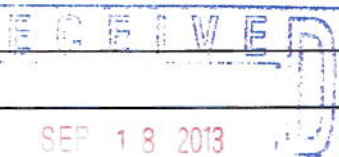


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 12-14-12		Name of Building Owner/Operator (2) DuPont Nemours Company	
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	Notification Type <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment 3 <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address Rt 130 South	
		City, State, Zip Code Deepwater, NJ 08023	
		Name of Contact Richard Clarke	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Chamber Works Plant		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 Rt 130 South		Square Feet	# of Floors
City (5) Deepwater		Bldg. Age	
County (6) Salem	County Code (7) (STATE USE ONLY)	Current Use (prior if being demolished)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental		ASCM No.	Name of Contractor (9) County Environmental
Street Address 761 Pulaski Hwy		Street Address 461 New Churchmans Rd.	
City, State, Zip Code Bear, De		City State, Zip Code New Castle, DE 19720	
Project Manager for Monitoring Firm Wesly Morrison	Telephone No. 302-326-2333	Telephone Number (302) 322-8946	License Number 00578
Scheduled Start Date (10) 1-2-13	Scheduled Completion Date (11) 12-31-13	Name of OSHA Monitor County Environmental (12-003A)	
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 checked="" type="checkbox"/> Other - Describe: Unoccupied area.		Street Address 461 New Churchmans Road	
		City, State, Zip Code New Castle, DE 19720	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <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
Thermal Systems		x		Thermal coverings throughout area	22000LF	X		
Thermal Systems		x		Thermal coverings throughout area	2000SF		X	X
Floor Tile /Mastic		x		Floor tile and mastic throughout area	1800SF	X		
Name of Reg. Waste Hauler S&J Transport.		NJDEP Waste Hauler ID No. 03217		Cubic Yards of Waste >30	Name of Reg. Landfill Constoga			
City, State Woodstown, NJ				Disposal Date TBD	City, State Morgantown, PA			
Completed by Evelyn Walsh		Title Office Manager		Signature 		Date 9-16-13		

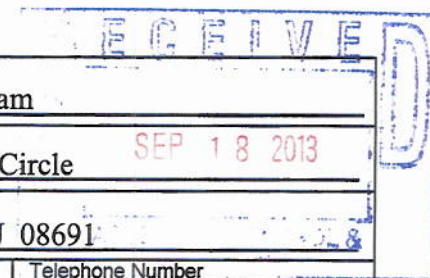
**STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**

check #1501

Date of Notification (1) 09 / 16 / 13		Name of Building Owner / Operator (2) International Paper Company																							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation																							
Street Address 6400 Poplar Avenue City, State, Zip Code Memphis, TN 38197		Name of Contact Brian E. Jones																							
Telephone Number		<div style="border: 2px solid blue; padding: 5px; display: inline-block;"> RECEIVED SEP 17 2013 </div>																							
FACILITY INFORMATION																									
Name of Facility Where Abatement is Taking Place (3) International Paper Company Street Address 404 Frenchtown Road		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.)																							
City (5) Milford	County (6) Hunterdon	County Code (7) 8848	Square Feet 200,000 # Of Floors 1 Building Age 40 +																						
Current Use (Prior if being demolished) Bank																									
Name of Monitoring Firm Hired by Bldg. Owner (8) Arcadis U. S. Inc Street Address 8 South River Road City, State, Zip Code Cranbury, NJ 08512		ASCM NO LVI Demolition Services Inc. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07036																							
Project Mngr. For Monitoring Firm Jennerifer Kriczky		Telephone Number 212-682-9271																							
Scheduled Start Date (10) 09 / 24 / 13	Sched. Completion Date (11) 09 / 27 / 13	Telephone Number 973-884-8682	License Number 00860																						
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Tuesday/ Friday <input checked="" type="checkbox"/> Other - Describe: 7:00 am to 3:30 pm		Name of OSHA Monitor LVI Demolition Services Inc. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07036																							
Scope of Work (Check All That Apply)																									
<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <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 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) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Abatement Type</th> <th rowspan="2">ENCLOSURE</th> <th rowspan="2">ENCLOSURE</th> </tr> <tr> <th>REMOVAL</th> <th>REPAIR</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Abatement Type		ENCLOSURE	ENCLOSURE	REMOVAL	REPAIR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abatement Type		ENCLOSURE	ENCLOSURE																						
REMOVAL	REPAIR																								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
Equipment House	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Window Cauling and Glazing	140 sq ft																						
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Name of Registered Landfill I.E.S.I.																						
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105																						
Completed by (Print or Type) Ralph Barnhardt		Title Operation Manager	Signature <i>Ralph Barnhardt</i> Date 09/16/13																						

CK#25299

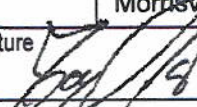
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 9/16/13		Name of Building Owner/Operator (2) Helen Fosam	
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 106 Compton Circle City, State, Zip Code Robbinsville, NJ 08691 Name of Contact H. Fosam Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential		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 511 W. Evesham Ave.		Square Feet 3500	# of Floors 3
City (5) Magnolia, NJ		Bldg. Age 85	
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) MECS	ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.	
Street Address PO Box 341		Street Address PO Box 322	
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501	
Project Manager for Monitoring Firm William Weisgarber Jr.	Telephone No. (609) 298-4070	Telephone No. (609) 259-9688	License No. 00493
Start Date (10) 9/25/13	Scheduled Completion Date (11) 9/27/13	Name of OSHA Monitor MECS	
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: 8am to 4pm		Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ 08515	
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) 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)
	Yes	No	
Basement		<input checked="" type="checkbox"/>	Boiler Insulation
Basement			Thermal Pipe Insulation
Name of Registered Waste Hauler Stevens Environmental		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2 CU
City, State Allentown, NJ 08501		Disposal Date 9/27/13	Name of Registered Landfill T.R.R.F., Inc.
Completed By Mahlon E. Stevens		Title Project Manager	Signature
		Date 9/16/13	

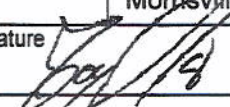
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

13-062-NJ Brick

Date of Notification (1) 09/12/2013		Name of Building Owner/Operator (2) T. Fiore Recycling, 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 # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 457 Wilson Ave							
		City, State, Zip Code Newark, NJ 07105							
		Name of Contact Vince Fusella							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House under FEMA After Hurricane Sandy Repairs		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 327 Bay Lane		Square Feet	# of Floors						
City (5) Brick		Bldg. Age							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc		ASCM No. 0045	Name of Abatement Contractor (9) SUPER, LLC						
Street Address 64 Broad Street		Street Address 168 Arundel Rd							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Paramus, NJ 07652							
Project Manager for Monitoring Firm Thomas P Geiger		Telephone No. (732)290-2217	Telephone No. (201)673-5392						
License No. 01195									
Start Date (10) 09/12/2013	Scheduled Completion Date (11) 09/13/2013	Name of OSHA Monitor Testor Tech							
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 10-59 Jackson Ave							
		City, State, Zip Code LIC, NY 11101							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Crawlspace			X	Grey Cement Fiber	20 SF	X			
Name of Registered Waste Hauler SUPER, LLC		NJDEP Waste Hauler ID No. 034893	Cubic Yards of Waste	Name of Registered Landfill GROWS Landfill					
City, State Paramus, NJ		Disposal Date TBD	City, State Morrisville, PA						
Completed by Tailor Dominguez		Title Project Manager	Signature 				Date 09/12/2013		

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

13-062-NJ Brick

Date of Notification (1) 09/12/2013		Name of Building Owner/Operator (2) T. Fiore Recycling, 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 # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 457 Wilson Ave							
		City, State, Zip Code Newark, NJ 07105							
		Name of Contact Vince Fusella							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House under FEMA After Hurricane Sandy Repairs		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 335 S. Bay Drive		Square Feet	Bldg. Age						
City (5) Brick									
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc		ASCM No. 0045	Name of Abatement Contractor (9) SUPER, LLC						
Street Address 64 Broad Street		Street Address 168 Arundel Rd							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Paramus, NJ 07652							
Project Manager for Monitoring Firm Thomas P Geiger		Telephone No. (732)290-2217	Telephone No. (201)673-5392						
License No. 01195									
Start Date (10) 09/12/2013	Scheduled Completion Date (11) 09/17/2013	Name of OSHA Monitor Testor Tech							
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 10-59 Jackson Ave							
		City, State, Zip Code LIC, NY 11101							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
Through the residence			X	Floor Tile	1,000 SF	X			
Name of Registered Waste Hauler SUPER, LLC		NJDEP Waste Hauler ID No. 034893	Cubic Yards of Waste	Name of Registered Landfill GROWS Landfill					
City, State Paramus, NJ		Disposal Date TBD	City, State Morrisville, PA						
Completed by Tailor Dominguez		Title Project Manager	Signature 				Date 09/12/2013		

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

13-062-NJ Brick

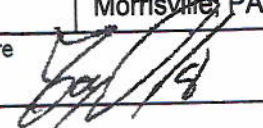
Date of Notification (1) 09/12/2013		Name of Building Owner/Operator (2) T. Fiore Recycling, Inc	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 457 Wilson Ave	
		City, State, Zip Code Newark, NJ 07105	
		Name of Contact Vince Fusella	Telephone Number _____

SEP 18 2013

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) House under FEMA After Hurricane Sandy Repairs		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 548 Normandy Drive		Square Feet	# of Floors
City (5) Brick		Bldg. Age	
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc		ASCM No. 0045	Name of Abatement Contractor (9) SUPER, LLC
Street Address 64 Broad Street		Street Address 168 Arundel Rd	
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Paramus, NJ 07652	
Project Manager for Monitoring Firm Thomas P Geiger		Telephone No. (732)290-2217	Telephone No. (201)673-5392
			License No. 01195
Start Date (10) 09/12/2013	Scheduled Completion Date (11) 09/17/2013	Name of OSHA Monitor Testor Tech	
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 10-59 Jackson Ave	
		City, State, Zip Code LIC, NY 11101	

Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input 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
Mud Room			X	Floor Tile	12 SF	X			

Name of Registered Waste Hauler SUPER, LLC		NJDEP Waste Hauler ID No. 034893	Cubic Yards of Waste	Name of Registered Landfill GROWS Landfill
City, State Paramus, NJ		Disposal Date TBD	City, State Morrisville, PA	
Completed by Tailor Dominguez	Title Project Manager	Signature 	Date 09/12/2013	

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

13-062-NJ Brick

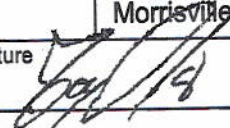
Date of Notification (1) 09/12/2013		Name of Building Owner/Operator (2) T. Fiore Recycling, Inc	
Agencies Notified	Type Notification	Street Address 457 Wilson Ave	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Newark, NJ 07105	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Vince Fusella	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House under FEMA After Hurricane Sandy Repairs		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 333 Barkentine Lane		Square Feet	# of Floors
City (5) Brick		Bldg. Age	
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc		ASCM No. 0045	Name of Abatement Contractor (9) SUPER, LLC
Street Address 64 Broad Street		Street Address 168 Arundel Rd	
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Paramus, NJ 07652	
Project Manager for Monitoring Firm Thomas P Geiger		Telephone No. (732)290-2217	License No. 01195
Start Date (10) 09/16/2013	Scheduled Completion Date (11) 09/30/2013	Name of OSHA Monitor Testor Tech	
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 10-59 Jackson Ave	
		City, State, Zip Code LIC, NY 11101	

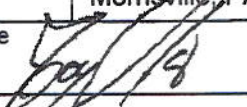
Scope of Work (Check All That Apply)
☒ ≥3 sf or ≥3 lf ☒ Renovation ☐ Full Containment with Negative Pressure
☒ ≥160 sf or ≥260 lf ☐ Demolition ☐ Mini-Enclosure
☐ _____ ☐ _____ ☒ Glovebag Procedure
☐ _____ ☐ _____ ☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen			X	Floor Tile	220 SF	X			
Laundry Room - Closet			X	Floor Tile	10 SF	X			
Garage Roof			X	Grey Cement-fiber	15 SF	X			

Name of Registered Waste Hauler SUPER, LLC		NJDEP Waste Hauler ID No. 034893	Cubic Yards of Waste	Name of Registered Landfill GROWS Landfill
City, State Paramus, NJ		Disposal Date TBD	City, State Morrisville, PA	
Completed by Tailor Dominguez	Title Project Manager	Signature 	Date 09/12/2013	

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

13-062-NJ Brick

Date of Notification (1) 09/12/2013		Name of Building Owner/Operator (2) T. Fiore Recycling, 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 # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 457 Wilson Ave							
		City, State, Zip Code Newark, NJ 07105							
		Name of Contact Vince Fusella	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House under FEMA After Hurricane Sandy Repairs		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 327 N. Bay Drive		Square Feet	# of Floors						
City (5) Brick		Bldg. Age							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc		ASCM No. 0045	Name of Abatement Contractor (9) SUPER, LLC						
Street Address 64 Broad Street		Street Address 168 Arundel Rd							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Paramus, NJ 07652							
Project Manager for Monitoring Firm Thomas P Geiger		Telephone No. (732)290-2217	Telephone No. (201)673-5392						
License No. 01195									
Start Date (10) 09/16/2013	Scheduled Completion Date (11) 09/30/2013	Name of OSHA Monitor Testor Tech							
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 10-59 Jackson Ave							
		City, State, Zip Code LIC, NY 11101							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
Throughout Residence			X	Joint Compound	3,500 SF	X			
Main Roof			X	Black Asphaltic Roofing	1,250 SF	X			
Chimney Base - Roof			X	Flashing Roof	2 SF	X			
Name of Registered Waste Hauler SUPER, LLC		NJDEP Waste Hauler ID No. 034893		Cubic Yards of Waste	Name of Registered Landfill GROWS Landfill				
City, State Paramus, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Tailor Dominguez		Title Project Manager		Signature 		Date 09/12/2013			

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

CP 00520

Date of Notification (1) 09/11/13		Name of Building Owner/Operator (2) PETER MARANO	
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 6 NORTHBROOKWOOD DRIVE		City, State, Zip Code MONTCLAIR, NJ 07042	
Name of Contact PETER MARANO		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) PETER MARANO			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 6 NORTHBROOKWOOD DRIVE			Square Feet # of Floors Bldg. Age		
City (5) MONTCLAIR	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm Phone Number		Telephone Number 973-345-8020	License Number 01169		
Start Date (10) 09/24/13		Sched. Completion Date (11) 09/30/13			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					
Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503					

Scope of Work (check all that apply)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-enclosure |
| | | <input checked="" type="checkbox"/> Glovebag procedure |
| | | <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure |

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	130 L FT	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 09/24/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 09/11/2013

CHECK #
2925

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

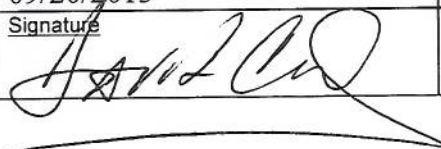
Date of Notification (1) <u>9/16/13</u>		Name of Building Owner/Operator (2) <u>CANEX TECH CONTRACTING</u>																																																				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOM <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation																																																				
Street Address <u>155 RT. 50</u>		City, State, Zip Code <u>ORANGEFIELD, N.J. 08230</u>																																																				
Name of Contact <u>BRUCE BREUNIG</u>		Telephone Number <u></u>																																																				
FACILITY INFORMATION																																																						
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)																																																				
Street Address <u>2221 HAVEN AVE</u>		Square Feet <u>1000</u>																																																				
City (5) <u>ORANGE CITY</u>		# of Floors <u>2</u>																																																				
County (6) <u>CAPE MAY</u>		Bldg Age <u>40 Y</u>																																																				
County Code (7) (STATE USE ONLY) <u></u>		Current Use (Prior to being demolished) <u>VACANT</u>																																																				
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>																																																				
Street Address <u></u>		Street Address <u>369 S. SPRUCE AVE.</u>																																																				
City, State, Zip Code <u></u>		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>																																																				
Project Manager for Monitoring Firm <u></u>		Telephone No. <u>856-779-0422</u>																																																				
Telephone No. <u></u>		License No. <u>00444</u>																																																				
Start Date (10) <u>9/27/13</u>		Scheduled Completion Date (11) <u>10/3/13</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: <u></u>		Name of OSHA Monitor <u>JOSEPH KLEMM</u>																																																				
Scope of Work (Check all that apply) <input type="checkbox"/> 23.11 or 23.12 <input type="checkbox"/> 21.60.11 or 22.60.11 <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mtn. Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure		Street Address <u>369 S. SPRUCE AVE.</u>																																																				
City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>																																																				
<table border="1"><thead><tr><th rowspan="2">Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th><th colspan="3">Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th><th rowspan="2">Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th><th rowspan="2">Amount (Specify SF or LF)</th><th colspan="3">Asbestos Type</th></tr><tr><th>Yes</th><th>No</th><th>N/A</th><th>Removal</th><th>Encasement</th><th>In-situ</th></tr></thead><tbody><tr><td><u>SIDING</u></td><td></td><td></td><td><u>X</u></td><td><u>TRANSITE</u></td><td><u>18004</u></td><td><u>X</u></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>				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)	Asbestos Type			Yes	No	N/A	Removal	Encasement	In-situ	<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>18004</u>	<u>X</u>																													
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)	Asbestos Type																																															
	Yes	No	N/A	Removal			Encasement	In-situ																																														
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>18004</u>	<u>X</u>																																																
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>																																																				
City, State <u>MAPLE SHADE, N.J. 08052</u>		Cubic Yards of Waste <u>5</u>																																																				
Disposal Date <u></u>		Name of Registered Landfill <u>C.M.C. M.U.A.</u>																																																				
City, State <u>WOODBINE, N.J.</u>		Signature <u>Joseph Klemm</u>																																																				
Completed By <u>JOSEPH KLEMM</u>		Title <u>OWNER</u>																																																				
Date <u>9/16/13</u>																																																						

CHECK#
2925

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 13:120)

Date of Notification (1) <u>9/16/13</u>		Name of Building Owner/Operator (2) <u>EMERSON CONTRACTING</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>155 RT. 50</u>	
		City, State, Zip Code <u>GREENFIELD, N.J. 08230</u>	
		Name of Contact <u>DAVE BREUNIG</u>	Telephone Number <u>609-251-1111</u>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>609 Assunx Ave.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>Ocean City</u>		Bldg Age <u>40 Y</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>10/4/13</u>		Scheduled Completion Date (11) <u>10/11/13</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"/> 23.51 or 23.11 <input type="checkbox"/> 2160.51 or 2260.11 <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12) <u>SIDING</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) YES NO N/A <u>X</u>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>
			Amount (Specify SF or LF) <u>600#</u>
			Abatement Type Removal Encasement Encasement <u>X</u>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		HAZOP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date	Name of Registered Landfill <u>C.M.C. M.U.A.</u>
City, State <u>WOODBINE, N.J.</u>		Signature <u>Joseph Klemm</u>	Date <u>9/16/13</u>
Completed By <u>JOSEPH KLEMM</u>		Title <u>OWNER</u>	

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT ISES CHECK # 10601

<u>Date of Notification (1)</u> 09/16/2013			<u>Name of Building Owner/Operator (2)</u> Shelly Hemler			
<u>Agencies Notified</u> () EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA		<u>Type of Notification</u> (X) Initial Notification () Amended Amendment # _____ () Emergency (including justification) () Cancellation		<u>Street Address</u> 1120 Garden St.		
				<u>City, State, Zip Code</u> Hoboken, NJ 07030		
				<u>Name of Contact</u> Theresa Howard		<u>Tel. Number</u>
FACILITY INFORMATION						
<u>Name of Facility Where Abatement is Taking Place (3)</u> Residential Property			<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)			
<u>Street Address</u> 1120 Garden St.			<u>Sq. Feet:</u> 5,000 <u># of Floors</u> 3 <u>Bldg. Age</u> 60			
<u>City (5)</u> Hoboken	<u>County (6)</u> Hudson	<u>County Code (7) (State Use Only)</u>	<u>Current Use (if being demolished):</u>			
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> N/A		<u>ASCM No.</u> N/A	<u>Name of Contractor (9)</u> Industrial Safety & Environmental Solutions, Inc.			
<u>Street Address</u> N/A		<u>Street Address</u> 3300 Hudson Avenue				
<u>City, State, Zip Code</u> N/A		<u>City State, ZipCode</u> Union City, NJ 07087				
<u>Project Manager for Monitoring Firm</u> N/A		<u>Telephone Number</u>		<u>Telephone Number</u> (201)325-0055		<u>License Number</u> 01124
<u>Scheduled Start Date (10)</u> 09/17/2013		<u>Scheduled Completion Date (11)</u> 09/20/2013		<u>Name of OSHA Monitor</u> ISES, Inc.		
<u>Occupancy Status During Abatement (Check only one)</u> () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Work area in basement unoccupied during abatement			<u>Street Address</u> 3300 Hudson Avenue			
			<u>City, State, Zip Code</u> Union City, NJ 07087			
<u>Source of Work (Check all that apply)</u> () Demolition (X) Renovation						
() Minor Project (< 25 SF or < 10 LF ACM)			(X) Full Containment with Negative Pressure			
(X) Small Project (>25 <160 SF or >10 <260 LF ACM)			(X) Mini-Enclosure			
() Large Project (>160 SF or > 260 LF ACM)			(X) Glove-bag Procedure			
			() Non-Exempted (*) and Non-Friable Procedure			
<u>Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)</u>	<u>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</u> YES NO N/A		<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u>	
					<u>Removal</u>	<u>Repair</u>
						<u>Encapsulate</u>
						<u>Enclosure</u>
Basement Area		X	TSI Pipe Insulation	110 LFT	X	
<u>Name of Reg. Waste Hauler</u> NEWARK CARTING		<u>NJDEP Waste Hauler ID #</u> 04509		<u>Cubic Yards of Waste</u> 10	<u>Name of Reg. Landfill</u> IESI BETHLEHEM LANDFILL	
<u>City, State</u> 369 Raymond Blvd., Newark, NJ 07105		<u>Disp. Date</u> 09/20/2013		<u>City, State</u> BETHLEHEM, PA 18015		
<u>Completed by (Print or Type)</u> David Camacho		<u>Title</u> Project Supervisor		<u>Signature</u> 		<u>Date</u> 09/16/2013

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

SANDY Related

CK # 2052

Date of Notification (1) 9-14-13		Name of Building Owner/Operator (2) John Shalhoub						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 CARMINE STREET						
		City, State, Zip Code CHATHAM NJ 07998						
		Name of Contact	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Shalhoub 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 29 ROGERS AVENUE		Square Feet 1000	# of Floors 1					
City (5) MANASQUAN		Bldg. Age 67						
County (6) monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Ace Insulation Co., Inc.						
Street Address		Street Address 95 Montrose Road						
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722						
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	License No. 00029					
Start Date (10) 9-17-13	Scheduled Completion Date (11) 9-20-13	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: TAH TAH		Street Address						
		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
OUTDOORS			SIDING	1000 SF	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 2	Name of Registered Landfill Grows				
City, State Colts Neck, New Jersey			Disposal Date 9-20-13	City, State Tullytown, Pa				
Completed by George Wuest		Title President	Signature George Wuest		Date 9-14-13			

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

Date of Notification (1) September 12, 2013		Name of Building Owner/Operator (2) Dominick Pontoriero	
Agencies Notified	Type of Notification	Street Address 105 Jersey City Avenue	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Lavallette, NJ 08735	
<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 Dominick Pontoriero	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA		Telephone _____	

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 105 Jersey City Ave					
City Lavallette	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 700 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) 9/12/13		Scheduled Completion Date (11) 9/13/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)			<input type="checkbox"/> 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"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	500 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		City, State Tullytown, Pennsylvania			Date 9/12/2013		
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>				Date 9/12/2013	

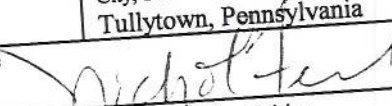
**Do not use this form for asbestos licensure exempted activities.*

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

Date of Notification (1) September 12, 2013		Name of Building Owner/Operator (2) Miller 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 112 Giffordtown Lane	
		City, State, Zip Code Tuckerton, NJ 08087	
		Name of Contact Jim Miller	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 29 West Potomac Drive			
City Little Egg Harbor	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 900 sf # of Floors 1 Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Current Use (Prior if being demolished) Residence
Street Address		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
City, State, Zip Code		Street Address 1889 Route 9, Unit 61	
Project Manager for Monitoring Firm		City, State, Zip Code Toms River, New Jersey 08755-1271	
Scheduled Start Date (10) 9/12/13		Telephone Number 732-349-9932	
Scheduled Completion Date (11) 9/13/13		License Number 00624	
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 E.M.S.L. Analytical	
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address 1056 Stelton Road City, State, Zip Code Piscataway, New Jersey 08854	
		<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			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	800 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 9/13/13	City, State Tullytown, Pennsylvania		Date 9/12/13
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		

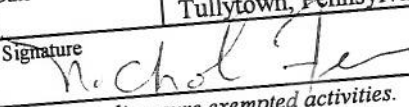
*Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1) September 12, 2013		Name of Building Owner/Operator (2) Miller Homes 22474	
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 112 Giffordtown Lane		City, State, Zip Code Tuckerton, NJ 08087	
Name of Contact Jim Miller		Telephone Number _____	

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 19 West Schuylkill Road			Square feet 900 sf	# of Floors 1	Bldg. Age 60
City Little Egg Harbor	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) 9/12/13		Scheduled Completion Date (11) 9/13/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
Scope of Work (Check all that apply) <input 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		City, State, Zip Code Piscataway, New Jersey 08854			

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 I S U R E
Exterior		X		Asbestos siding	300 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 9/13/13	City, State Tullytown, Pennsylvania		Date 9/12/13
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager	Signature 		

**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 12, 2013		Name of Building Owner/Operator (2) Zarrilli Homes 20473	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [] Initial Notification [] Amended Notification Amendment # _____ [x] Emergency (including justification) [] 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) [] School (k-12) [] Subchapter 8 (other than k-12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 93 Channel Drive					
City Brick	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1000 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) 9/12/13		Scheduled Completion Date (11) 9/13/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
[] >3 sf or ≥3 lf		[] Renovation		[] Full Containment with Negative Pressure	
[x] ≥160 sf or ≥260 lf		[x] Demolition		[] Mini-Enclosure	
				[] Glovebag Procedure	
				[x] Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	900 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 9/14/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 9/12/2013

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

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

MO#20613935676

Date of Notification (1) 09 / 13 / 13		Name of Building Owner/Operator (2) Bruce Freeman							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 13 Crescent Road							
		City, State, Zip Code Livingston, NJ 07039							
		Name of Contact Bruce Freeman	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 13 Crescent Road		Square Feet	# of Floors						
City (5) Livingston, NJ 07039		Bldg. Age							
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) Gr Tech LLC						
Street Address		Street Address 576 Valley Rd #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	License No. 01127						
Start Date (10) 09 / 22 / 13	Scheduled Completion Date (11) 09 / 23 / 13	Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input type="checkbox"/> Clean up and decontamination <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	30 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"/>	Boiler insulation	30 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"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>			Date 09/13/2013		

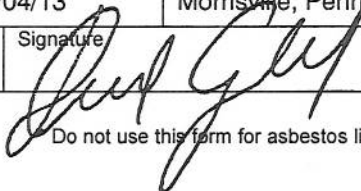
ASB-41

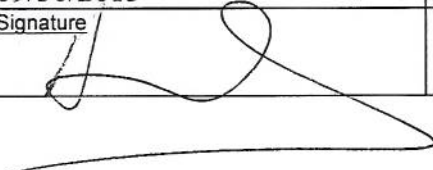
MAY 11

* 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)

CK # 2898

Date of Notification (1) 09/12/13		Name of Building Owner/Operator (2) Middlesex Board of Education							
Agencies Notified	Type Notification	Street Address 300 John F. Kennedy Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Middlesex, NJ 08846							
		Name of Contact Mr. Ray Mulvey	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Parker Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 150 South Lincoln Avenue		Square Feet 10,000 +	# of Floors 2 +						
City (5) Middlesex		Bldg. Age 50+							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No. 0004	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address 3 Crosswicks Street		Street Address 163 Sargeant Avenue							
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm Mr. Michael Hoodak		Telephone No. 609-298-5520	Telephone No. 973-689-6281						
Start Date (10) 09/23/13		Scheduled Completion Date (11) 10/04/13	License No. 01099						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Name of OSHA Monitor J&S Environmental Laboratories LLC							
		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Throughout School			X	Window Caulking	1,100 LF	X			
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Clifton, New Jersey		Disposal Date 10/04/13		City, State Morrisville, Pennsylvania					
Completed by Dimo Golcev		Title President	Signature 	Date 9/12/13					

Date of Notification (1) 09/11/2013			Name of Building Owner/Operator (2) Bill Fielder		
Agencies Notified () EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA		Type of Notification (X) Initial Notification () Amended Amendment # _____ () Emergency (including justification) () Cancellation		Street Address 6 Alan Drive City, State, Zip Code Short Hills, NJ 07078 Name of Contact Bill Fielder	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential Property			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address 6 Alan Drive			Sq. Feet: 5,000 # of Floors 2 Bldg. Age 60		
City (5) Short Hills	County (6) Essex	County Code (7) (State Use Only)	Current Use (if being demolished):		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No. N/A	Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc.		
Street Address N/A			Street Address 3300 Hudson Avenue		
City, State, Zip Code N/A			City State, ZipCode Union City, NJ 07087		
Project Manager for Monitoring Firm N/A		Telephone Number	Telephone Number (201)325-0055		License Number 01124
Scheduled Start Date (10) 09/23/2013		Scheduled Completion Date (11) 09/30/2013	Name of OSHA Monitor ISES, Inc.		
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Work area in basement unoccupied during abatement			Street Address 3300 Hudson Avenue City, State, Zip Code Union City, NJ 07087		
Source of Work (Check all that apply) () Demolition (X) Renovation () Minor Project (< 25 SF or < 10 LF ACM) (X) Full Containment with Negative Pressure () Small Project (>25 <160 SF or >10 <260 LF ACM) () Mini-Enclosure (X) Large Project (>160 SF or > 260 LF ACM) () Glove-bag Procedure (X) Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)	Amount (Specify SF or LF)	Abatement Type	
Ground floor	X	VAT Floor Tile	~ 1000 SFT	Removal	Repair Encapsulate Enclosure
Name of Reg. Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID # 04509	Cubic Yards of Waste 10	Name of Reg. Landfill IESI BETHLEHEM LANDFILL	
City, State 369 Raymond Blvd., Newark, NJ 07105		Disp. Date 09/30/2013		City, State BETHLEHEM, PA 18015	
Completed by (Print or Type) David Camacho		Title Project Supervisor	Signature 		Date 09/11/2013

APPROVED
NJ Dept of Health & Senior Services
Paul C. Thomas
9/10/13 (signature) 2:26PM


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

Check # 9251

Date of Notification (1) Time: <u>9/10/13</u>		Name of Building Owner/Operator (2) <u>PIVNIK REALTY GROUP</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <u>1 HARDING ROAD SUITE #103 B</u>		City, State, Zip Code <u>RED BANK, NJ. 07701</u>							
Name of Contact <u>RICH SHATWELL</u>		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>FOREST PARK GARDENS</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>41 EAST FOREST AVE.</u>		Square Feet <u>8000</u>							
City (5) <u>ENGLEWOOD</u>		# of Floors <u>4</u>							
County (6) <u>BERGEN</u>		Bldg. Age <u>60</u>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>APTS</u>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) <u>A. Mac Contracting Inc.</u>							
City, State, Zip Code		Street Address <u>105 Lowell Road</u>							
Project Manager for Monitoring Firm		City, State, Zip Code <u>Glen Rock, N.J. 07452</u>							
Telephone No.		Telephone No. <u>201-262-5841</u>							
Start Date (10) <u>9/11/13</u>		License No. <u>00156</u>							
Scheduled Completion Date (11) <u>9/16/13</u>		Name of OSHA Monitor <u>Omega Environmental Services Inc.</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 Other - Describe: _____		Street Address <u>280 Huyler Street</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 <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		City, State, Zip Code <u>Hackensack, NJ 07606</u>							
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
<u>Boiler Room #1</u>			<u>X</u>	<u>Boiler Tubs</u>	<u>36 SF</u>	<u>X</u>			
<u>Boiler Room #2</u>			<u>X</u>	<u>Boiler Tubs</u>	<u>36 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>Rovic Transport</u>		NJDEP Waste Hauler ID No. <u>20785</u>		Cubic Yards of Waste <u>2</u>		Name of Registered Landfill <u>IESI PA Bethlehem Landfill Corp.</u>			
City, State <u>Riverdale, New Jersey 07457</u>		Disposal Date <u>9/11/13</u>		City, State <u>Bethlehem, PA 18015</u>		Completed by <u>R. McDonald</u>			
Title <u>President</u>		Signature <u>R. McDonald</u>		Date <u>9/10/13</u>					

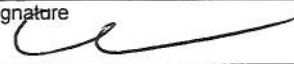
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

OK# 3573

Date of Notification (1) 9/13/13		Name of Building Owner/Operator (2) Mario Giovatto Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 124 East Sandune Lane							
		City, State, Zip Code Long Beach Twp NJ 08008							
		Name of Contact Mario	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mario Giovatto Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 124 East Sandune Lane		Square Feet 1000+	# of Floors 2						
City (5) Long Beach Twp NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 9/24/13	Scheduled Completion Date (11) 9/30/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> 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
Exterior Siding			x	Exterior Siding	1800 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/30/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 9/13/13		


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

OK# 3574

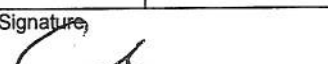
Date of Notification (1) 9/13/13		Name of Building Owner/Operator (2) Jon & Michelle Kuczik Private Home							
Agencies Notified	Type Notification	Street Address 112 Lawrence Dr							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Jon	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jon & Michelle Kuczik Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 112 Lawrence Dr		Square Feet 1000+	# of Floors 1						
City (5) Manahawkin NJ 08050		Bldg. Age 35+							
County (6) Ocean	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) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 9/25/13	Scheduled Completion Date (11) 9/30/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/30/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 9/13/13		

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

CK 3571

Date of Notification (1) 9/13/13		Name of Building Owner/Operator (2) Agnes Green Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 450 Temple Road							
		City, State, Zip Code Pemberton NJ 08068							
		Name of Contact Agnes	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Agnes Green Private Home		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 450 Temple Road		Square Feet 1000+	# of Floors 2						
City (5) Pemberton NJ 08068		Bldg. Age 35+							
County (6) Burlington	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) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 9/16/13	Scheduled Completion Date (11) 9/18/13	Name of OSHA Monitor Same							
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: Home owner will be Home		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
Basement			x	Floor tile only	700 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/18/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 9/13/13	


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

Date of Notification (1) 9/13/13		Name of Building Owner/Operator (2) Frank & Suellen Monaghan Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 12915 Pacific Ave							
		City, State, Zip Code Long Beach Twp NJ 08008							
		Name of Contact Frank							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Frank & Suellen Monaghan Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 12915 Pacific Ave		Square Feet 1000+	# of Floors 2						
City (5) Long Beach Twp NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800						
		License No. 00727							
Start Date (10) 9/26/13	Scheduled Completion Date (11) 10/2/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1900 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 10/2/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 9/13/13	

* Emergency *

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

CK 3570

Date of Notification (1) 9/12/13		Name of Building Owner/Operator (2) Robert Cowell Private Home							
Agencies Notified	Type Notification	Street Address 1355 Paul Blvd							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08008							
		Name of Contact Robert							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Robert Cowell Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1355 Paul Blvd		Square Feet 1000 +	# of Floors 1.5						
City (5) Manahawkin NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 9/13/13	Scheduled Completion Date (11) 9/17/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	500 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/17/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 9/12/13	

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Resource Management

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

DOL - 10 DAY

WAIVER APPROVED

Date of Notification (1) 09-12-2013		Name of Building Owner / Operator (2) Kennedy University Hospital	
Agencies Notified	Type Notification	Street Address 435 Hurffville Crosskeys Road	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Turnersville, NJ 08012	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended ()	Name of Contact Mr. Ron Darrow	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

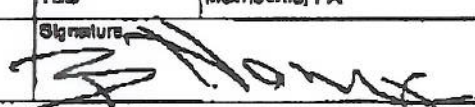
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kennedy University Hospital			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 435 Hurffville Crosskeys Road			Square Feet 255,000	# of Floors 2	Bldg. Age 52
City (5) Turnersville, NJ 08012	County (6) Gloucester	County Code (7)	Current Use (Prior if being demolished) Hospital		
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories, Inc.		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC		
Street Address 3370 Progress Drive, Suite J			Mailing: PO Box 373		
City, State & Zip Code Bensalem, Pa. 19020			Office: 2116 Hamilton Ave Suite 202		
Project Manager for Monitoring Firm Mr. Mike Panepresso		Telephone Number 215-244-1300	Telephone Number 609-677-6159		License Number 01185
Scheduled Start Date (10) 09-14-2013	Scheduled Completion Date (11) 09-16-2012	Name of OSHA Monitor J&S Environmental Laboratories 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 4:00pm-12:00am Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West		
			City, State & Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥ 160 sf or ≥ 280 lf | <input type="checkbox"/> Demolition | <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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
G-Section Room (Same Day Surgery)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	30 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"/>
	<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 Robinson Waste Disposal Service, Inc.	NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Voorhees, NJ	Disposal Date TBD	City, State Marriedville, PA	
Completed By (Print or Type) Mr. Brian Henry	Title President	Signature 	Date 09/12/2013

Project #

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

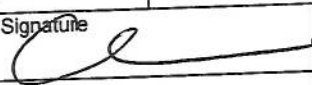
Check # 2185

Date of Notification (1) 09/12/2013		Name of Building Owner/Operator (2) Liz Moss							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 267 Berkshire Valley Rd							
		City, State, Zip Code Wharton NJ 07885							
		Name of Contact Liz Moss	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private House		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 67 Berkshire Valley Rd		Square Feet	# of Floors						
City (5) Wharton, NJ 07885		Bldg. Age							
County (6) Morris	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) Nick Restoration LLC						
Street Address		Street Address 72 Brookside Rd							
City, State, Zip Code		City, State, Zip Code Randolph NJ 07869							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-933-2550						
			License No. 01133						
Start Date (10) 09/24/2013	Scheduled Completion Date (11) 09/25/2013	Name of OSHA Monitor J&S Environmental							
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 2333 RT 22							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input 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) 60 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Area		X		TSI		X			
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 33782	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State Randolph, NJ 07869		Disposal Date TBD		City, State Tullytown, PA					
Completed by Elvira Mrda		Title President		Signature <i>Elvira Mrda</i>				Date 09/12/2013	

* Emergency *

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

CK 3575

Date of Notification (1) 9/13/13		Name of Building Owner/Operator (2) Noel D'Arrigo Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input 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 40 Ruth		City, State, Zip Code Manahawkin NJ 08050							
Name of Contact Noel		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Noel D'Arrigo Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 40 Ruth		Square Feet 1000+	# of Floors 1						
City (5) Manahawkin NJ 08050		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 9/16/13	Scheduled Completion Date (11) 9/19/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 1200 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding		x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/19/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 9/13/13	

* 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) 9-13-13		Name of Building Owner/Operator (2) Victaulic REH, LLC							
Agencies Notified	Type Notification	Street Address 4901 Kesslersville Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Easton, PA 18044-0031							
		Name of Contact Kraig Hume	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Victaulic REH, LLC		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 119 Edison Road		Square Feet 25,000	# of Floors 1						
City (5) Stewartsville, NJ		Bldg. Age 100							
County (6) Warren	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Research & Development							
Name of Monitoring Firm Hired by Building Owner (8) PSC Industrial Outsourcing, LP		ASCM No. N/A	Name of Abatement Contractor (9) PSC Industrial Outsourcing, LP						
Street Address 2337 North Penn Road		Street Address 2337 North Penn Road							
City, State, Zip Code Hatfield, PA 19440		City, State, Zip Code Hatfield, PA 19440							
Project Manager for Monitoring Firm Karl Heebner		Telephone No. 215-997-7550	License No. 01149						
Start Date (10) 9/30/13	Scheduled Completion Date (11) 10/15/13	Name of OSHA Monitor PSC Industrial Outsourcing, LP							
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>Monday-Friday, 7 am to 3 pm</u>		Street Address 2337 North Penn Road							
		City, State, Zip Code Hatfield, PA 19440							
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) 350 CY	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Building No. 2, basement		x		TSI & misc. mixed with soil				x	
Name of Registered Waste Hauler Republic Environmental Sys (Trans Group)		NJDEP Waste Hauler ID No. 50223	Cubic Yards of Waste 350	Name of Registered Landfill GROWS Landfill					
City, State 21 Church Road, Hatfield, PA 19440			Disposal Date	City, State Morrisville, PA 19067					
Completed by Gene Rane		Title Environmental Scientist	Signature <i>Gene Rane</i>		Date 9/13/13				

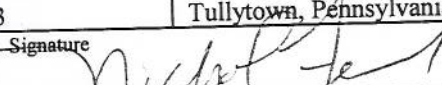
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) September 13, 2013		Name of Building Owner/Operator (2) Chelsea Village Apartments 9 22 508	
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 3300 Fairmount Avenue	
		City, State, Zip Code Atlantic City, NJ 08401	
		Name of Contact Loretta McCormick	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Sovereign Apartment			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 3300 Fairmount Avenue					
City Atlantic City	County (6) Atlantic	County Code (7) (STATE USE ONLY)	Square feet 20,000 sf	# of Floors 2	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			Current Use (Prior if being demolished) Apartment Building		
Street Address 1889 Rte. 9, Unit 61			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code Toms River, NJ 08755			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 732-349-9932	City, State, Zip Code Toms River, New Jersey 08755-1271		
Scheduled Start Date (10) 9/16/13		Scheduled Completion Date (11) 9/30/13	Telephone Number 732-349-9932		License Number 00624
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 E.M.S.L. Analytical		
			Street Address 1056 Stelton Road		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			City, State, Zip Code Piscataway, New Jersey 08854		
			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						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
Crawlspace	X			Asbestos pipe insulation	2200 lf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 30	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 10/1/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 9/13/2013

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

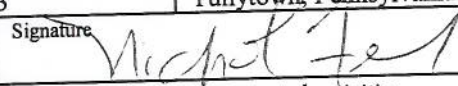
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) September 13, 2013		Name of Building Owner/Operator (2) Riverview Medical Center 22511	
Agencies Notified	Type of Notification	Street Address One Riverview Plaza	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Red Bank, New Jersey 07728	
<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 Roy Stein	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA		Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Riverview Medical Center			Type of Facility (4)		
Street Address One Riverview Plaza			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Red Bank			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Square feet 100,000 sf	# of Floors 6	Bldg. Age 65
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			Current Use (Prior if being demolished) Hospital		
Street Address 1889 Route 9, Unit 61			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code Toms River, NJ 08755			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm Nicholas Fernicola			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number 732-349-9932		Telephone Number 732-349-9932	License Number 00624		
Scheduled Start Date (10) 9/13/13		Name of OSHA Monitor E.M.S.L. Analytical			
Scheduled Completion Date (11) 9/16/13		Street Address 1056 Stelton Road			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____		City, State, Zip Code Piscataway, New Jersey 08854			
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input checked="" type="checkbox"/> Glovebag Procedure	
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) 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
MER 5			X	Asbestos pipe insulation	40 lf	X			
						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 9/17/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 6/06/11

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


NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) September 13, 2013		Name of Building Owner/Operator (2) Conti Construction 277 509	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [] Initial Notification [] Amended Notification Amendment # _____ [x] Emergency (including justification) [] Cancellation	Street Address 2511 Old Stone Mill Drive City, State, Zip Code East Windsor, NJ 08512 Name of Contact John Cotti Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k-12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 110 8 th Avenue			Square feet 1000 sf		
City Ortley Beach	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 9/13/13		Scheduled Completion Date (11) 9/17/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) [] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf			[] Full Containment with Negative Pressure [] Mini-Enclosure [] Glovebag Procedure [x] Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Exterior		X		Asbestos siding	950 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 9/18/13		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 9/13/2013		

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

Check
8717

ASB-41 (R-06-08)

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

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

B & G proj. #: 2013-184

Check #6123

Date of Notification (1) 09/13/13		Name of Building Owner/Operator (2) Ron Sliwinski	
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"/> Amendment <input type="checkbox"/> Cancellation	Street Address 478 Essex Avenue	
		City, State, Zip Code Bloomfield, NJ 07003	
		Name of Contact Ron Sliwinski	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Ron Sliwinski			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 478 Essex Avenue			Square Feet # of Floors Bldg. Age		
City (5) Bloomfield, NJ 07003	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 09/25/2013		Sched. Completion Date (11) 09/26/2013	Name of OSHA Monitor B & G Restoration, 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: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> wrap & cut
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input checked="" type="checkbox"/> Glovebag procedure
			<input type="checkbox"/> Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Crawlspace, laundry & boiler rm			X	pipe insulation	20 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 09/27/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 09/13/2013