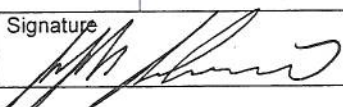


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 09 / 18 / 14			Name of Building Owner/Operator (2) Verizon						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4151 Ocean Drive City, State, Zip Code Avalon, NJ 08202 Name of Contact Matt Johnson Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 4151 Ocean Drive			Square Feet 10,000						
City (5) Avalon			# of Floors 1		Bldg. Age 75				
County (6) Cape May		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) ESIS		ASCM No.		Name of Abatement Contractor (9) JVN Restoration Inc					
Street Address 10 Exchange Place		Street Address 47 Foster Road							
City, State, Zip Code Jersey City, NJ 07392		City, State, Zip Code Staten Island							
Project Manager for Monitoring Firm Matt Johnson		Telephone No. 215-640-4189		License No. 00774					
Start Date (10) 09 / 29 / 14		Scheduled Completion Date (11) 10 / 31 / 14		Name of OSHA Monitor Testor Tech					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:00PM PM- AM			Street Address 10 59 Jackson Avenue 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
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Flashing	500SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Shingles	3,000 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 Newark Carting		NJDEP Waste Hauler ID No. NJ-566		Cubic Yards of Waste 20	Name of Registered Landfill IESI				
City, State Newark, New Jersey		Disposal Date 09/30/14		City, State Bethlehem, Pa.					
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 			Date 09-18-2014		

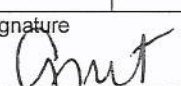
CK# 5645

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

"OPEN" NOTIFICATION

Date of Notification (1) 9/18/14		Name of Building Owner/Operator (2) P.S.E.G.							
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ. 07080							
		Name of Contact SAL ALESSI	Telephone Number 732-432-8350						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE & G - TRENCH - MHC CIRCUIT		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 778 SOUTH AVE. E.		Square Feet N/A	# of Floors N/A						
City (5) CRANFORD		Bldg. Age N/A							
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	License No. 01111						
Start Date (10) 9/29/14	Scheduled Completion Date (11) 10/31/14	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
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: OUTDOORS		Street Address 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OUTDOORS		X		ACM PIPE Somatic	9 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste appx 2	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>			Date 9/18/14			

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

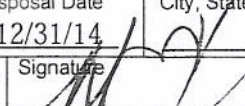
Date of Notification (1) 09 / 16 / 14		Name of Building Owner/Operator (2) Federal Aviation Administration / Job #1409-4815 Check #6594							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address FAA Technical Center							
		City, State, Zip Code Atlantic City International Airport, NJ 08405							
		Name of Contact Bob Cook	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) William J. Hughes Tech Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Building #162									
City (5) Atlantic City		Square Feet	# of Floors Bldg. Age						
County (6) Atlantic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Technical Center							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. 117	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 318 12 th Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-704-8850	Telephone No. 609-265-2107 License No. 00529						
Start Date (10) 9 / 26 / 14	Scheduled Completion Date (11) 9 / 28 / 14	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>FRI 5PM start, Sat 7AM-330PM</u> <u>Sunday 7AM-330PM</u>		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
1 st Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Panels	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vibration Damper Cloth	13 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 16	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 9/29/14		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 9/16/14			

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

Date of Notification (1) <div style="text-align: center;">09 / 16 / 14</div>		Name of Building Owner/Operator (2) Federal Aviation Administration / Job #1409-4815, Check #6594							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address FAA Technical Center							
		City, State, Zip Code Atlantic City International Airport, NJ 08405							
		Name of Contact Bob Cook	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) William J. Hughes Tech Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Building #162									
City (5) Atlantic City		Square Feet	# of Floors Bldg. Age						
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Technical Center							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services	ASCM No. 117	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 318 12th Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Proctor	Telephone No. 609-704-8850	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) <div style="text-align: center;">9 / 26 / 14</div>	Scheduled Completion Date (11) <div style="text-align: center;">9 / 28 / 14</div>	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: PM 5pm start, SAT 7-330, Sun 7-330 PM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>									
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
1 st Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Panels	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vibration Damper Cloth	13 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 16	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 9/29/14		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator		Signature <i>Gwendolyn Trumbetti</i>			Date 9/16/14			

CK# 24639

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

Date of Notification (1) <u>9/16/14</u>		Name of Building Owner/Operator (2) <u>Cetrulo</u>							
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 <u>12 Canfield Ave.</u> City, State, Zip Code <u>Morristown, NJ 07960</u> Name of Contact <u>Joe Cetrulo</u> Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>12 Canfield Ave.</u>		Square Feet <u>8000</u>							
City (5) <u>Morristown, NJ</u>		# of Floors <u>3</u>							
County (6) <u>Morris</u>		Bldg. Age <u>100+/-</u>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <u>Environmental Tactics</u>		ASCM No. _____							
Street Address <u>64 Broad Street</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
City, State, Zip Code <u>Matawan, NJ 07747</u>		Street Address <u>PO Box 322</u>							
Project Manager for Monitoring Firm <u>Tom Geiger</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Telephone No. <u>(732) 290-2217</u>		Telephone No. <u>(609) 259-9688</u>							
Start Date (10) <u>9/26/14</u>		License No. <u>00493</u>							
Scheduled Completion Date (11) <u>12/31/14</u>		Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am to 4:pm</u>		Street Address <u>PO Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</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 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
<u>1st and 2nd floors</u>		<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>	<u>150 lf</u>	<input checked="" type="checkbox"/>			
				<u>Removal on as needed basis</u>					
				<u>Wrap & Cut</u>					
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>		Cubic Yards of Waste <u>3 CU</u>		Name of Registered Landfill <u>T.R.R.F., Inc.</u>			
City, State <u>Allentown, NJ</u>		Disposal Date <u>12/31/14</u>		City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature 		Date <u>9/16/14</u>			

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

B & G proj. #: 2014-165

Check # 6781

Date of Notification (1) 09/16/14		Name of Building Owner/Operator (2) Antonio Alvarez	
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 365 Monmouth Avenue	
		City, State, Zip Code New Milford, NJ 07646	
		Name of Contact Antonio Alvarez	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Antonio Alvarez			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 365 Monmouth Avenue					
City (5) New Milford, NJ 07646	County (6) Bergen	County Code (7) (State use only)	Square Feet	# of Floors	Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a			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 00378
Scheduled Start Date (10) 09/26/2014		Sched. Completion Date (11) 09/27/2014		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 LincolnPark, NJ 07035		

Scope of Work (check all that apply)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Mini-enclosure | <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						
basement			X	boiler insulation	25 sqft	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 09/27/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 09/16/2014

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

CK 6628
2014 SEP 19 PM 9:11

Date of Notice 09/15/14 Type Notification		Name of Building Owner / Operator (2) Anheuser Busch, Inc.	
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	<input checked="" type="checkbox"/> Emergency Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 200 Route 1 South	
		City, State & Zip Code Newark, NJ 07114	
		Name of Contact Jesse Gross	
		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Power House		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.)	
200 Route 1 South		Square Feet # of Floors Bldg. Age 50000 7 60 +/-	
City (5) Newark	County (6) Essex	County Code (7)	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc		ASCM No. 0045	
Street Address 64 Broad Street		Name of Abatement Contractor (9) Global Abatement Services, LLC	
City, State & Zip Code Matawan, NJ 07747		Street Address 443 Schoolhouse Road	
Project Manager for Monitoring Firm Tom Geiger		City, State & Zip Code Monroe Township, NJ 08831	
Telephone Number 732-290-2217		Telephone Number 732-605-9062	License Number 00714
Scheduled Start Date (10) 9/16/14	Scheduled Completion Date (11) 9/17/14	Name of OSHA Monitor Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - <input checked="" type="checkbox"/> Describe: Area Isolated During Abatement Other - Describe:		Street Address 443 Schoolhouse Road	
		City, State & Zip Code Monroe Township, NJ 08831	
Scope of Work (Check all that apply)			
Demolition <input checked="" type="checkbox"/> Renovation Large Project <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM <input checked="" type="checkbox"/> Glovebag Procedure Quantity is ≥ 160 SF or ≥ 260 LF ACM Other: Non-friable			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)
Power House - Basement	N/A	TSI-2 inch	6 LF
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 5
City, State Freehold, NJ		Disposal Date 9/17/14	Name of Registered Landfill TRRF
Completed By (Print or Type) Dominick Tringali		Title Project Manager	Signature <i>Dominick Tringali</i>
			Date 09/15/14

Sep 12 2014 02:39pm

P001/001

CHECK # 8553

NO CK

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

APPROVED
NJ Dept. of Health & Senior Services
(Signature)
Date: 9/12/14 Time: 2:28

Date of Notification (1) 9/12/14		Name of Building Owner/Operator (2) MARSHALL KAPLAN	
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 6 YORK ST		City, State, Zip Code MONTVILLE, N.J. 07045	
Name of Contact MARSHALL KAPLAN		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 6 YORK ST		Square Feet 1750	
City (5) MONTVILLE		# of Floors 2	
County (6) MORRIS		Bldg. Age +50	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) A.MAC Contracting Inc.	
City, State, Zip Code		Street Address 105 Lowell Road	
Project Manager for Monitoring Firm		City, State, Zip Code Glen Rock, NJ 07452	
Telephone No.		Telephone No. (201)262-5841	
Start Date (10) 9/13/14		License No. 00156	
Scheduled Completion Date (11) 9/30/14		Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler Street	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥180 sf or ≥260 lf		City, State, Zip Code Hackensack, NJ 07605	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) VAT	
Amount (Specify SF or LF) 723sf		Abatement Type Removal Repair Encapsulate Enclosure	
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	
City, State Riverdale, NJ 07457		Cubic Yards of Waste 3	
Disposal Date 9/13/14		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State Bethlehem, PA 18015		Completed by Joseph Vocaturo	
Title Vice President		Signature J. Vocaturo	
Date 9/12/14			

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

Sep 11 2014 12:43pm

P001/001

L

APPROVED
 N. Dept. of Health & Senior Services
Paul C. Horner
 9/11/14 (signature) 12:41 PM


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

CHECK# 8553

Date of Notification (1) Time: 9/11/14		Name of Building Owner/Operator (2) BERIK MANAGEMENT						
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 381 PARK AVE. South 15th Floor		City, State, Zip Code NEW YORK, N.Y. 10016						
Name of Contact ASHISH KASE		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) WARE HOUSE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 1435 51st St.		Square Feet 10,000						
City (5) NORTH BERGEN		# of Floors 1						
County (6) HUDSON		Bldg. Age +50						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) WAREHOUSE / COMMERCIAL						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.						
Street Address		Name of Abatement Contractor (9) A.MAC Contracting Inc.						
City, State, Zip Code		Street Address 105 Lowell Road						
Project Manager for Monitoring Firm		City, State, Zip Code Glen Rock, NJ 07452						
Telephone No.		Telephone No. (201)262-5841						
Start Date (10) 9/13/14		License No. 00156						
Scheduled Completion Date (11) 9/30/14		Name of OSHA Monitor Omega Environmental Services Inc.						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler Street						
		City, State, Zip Code Hackensack, NJ 07605						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulation
Boiler Room			Boiler Insulation	24.5F	✓			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 1		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.		
City, State Riverdale, NJ 07457		Disposal Date 9/13/14		City, State Bethlehem, PA 18015				
Completed by Joseph Vocaturo		Title Vice President		Signature J. Vocaturo		Date 9/11/14		


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

CK 4359

Date of Notification (1) 9/15/14		Name of Building Owner/Operator (2) Mr. Neuscheler Private Home							
Agencies Notified	Type Notification	Street Address 1080 E Long Beach 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 North Beach NJ 08008							
		Name of Contact Mr. Neuscheler	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mr. Neuscheler 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 1080 E Long Beach Blvd		Square Feet 1000+	# of Floors 1+						
City (5) North Beach 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) 9/16/14	Scheduled Completion Date (11) 9/19/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If		<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 bottom of house			x	Transite Board	300 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 9/19/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 9/15/14		

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

CK 4358

Date of Notification (1) 9/15/14		Name of Building Owner/Operator (2) Amy Vannote Private Home							
Agencies Notified	Type Notification	Street Address 8801 Long Beach Blvd							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Long Beach Twp NJ 08008							
		Name of Contact Amy	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Amy Vannote 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 8801 Long Beach Blvd		Square Feet 1000+	# of Floors 1.5						
City (5) Long Beach Twp NJ 08008		Bldg. Age 35 +							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address _____		Street Address PO Box 329							
City, State, Zip Code _____		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm _____	Telephone No. _____	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 9/16/14	Scheduled Completion Date (11) 9/19/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____							
		City, State, Zip Code _____							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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	1400 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 9/19/14	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 9/15/14			

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

CK 5248

Date of Notification (1) 9/16/2014		Name of Building Owner/Operator (2) MR. IGEN FARR				
Agency 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 689 COLES ST				
		City, State, Zip Code HAYWOOD, NJ 07607				
		Name of Contact MR FARR	Telephone Number INU			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MR FARR		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 689 COLES ST		Square Feet 2000	# of Floors 2			
City (5) HAYWOOD		Bldg. Age 80 years				
County (6) BERGEN	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)				
Street Address		Street Address Best Removal Inc				
City, State, Zip Code		City, State, Zip Code 450 S. River St				
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388			
Start Date (10) 9/25/14	Scheduled Completion Date (11) 9/26/14	Name of OSHA Monitor Omega Environmental Inc				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM		Street Address 280 Huyler St				
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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code South Hackensack, N.J. 07606				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BASEMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A Y	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 145 LF	Abatement Type		
				Removal	Repair	Encapsulate
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 307	Name of Registered Landfill Minerva Enterprises		
City, State Hackensack, N.J. 07601		Disposal Date 9/26/14	City, State Waynesburg, Oh			
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>		Date 9/16/14		

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

CHECK # 1074

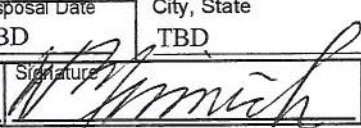
Date of Notification (1) 09/16/2014		Name of Building Owner/Operator (2) Caravella Contractors Inc.							
Agencies Notified	Type Notification	Street Address 40 Deforest Ave.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Hanover, NJ 07936							
		Name of Contact Cary Palmer III	Telephone Number 3010						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 624 Newark Ave		Square Feet 1,900 +	# of Floors 4						
City (5) Jersey City		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.						
Street Address		Street Address 1087 Pleasant Valley Way							
City, State, Zip Code		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 01232						
Start Date (10) 9/26/2014	Scheduled Completion Date (11) 9/30/2014	Name of OSHA Monitor Envirovision Consultants Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 20-21 Wagaraw Rd. - Bldg.35E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			x	Built-up Roofing Material	2100 SF	x			
4th Floor			x	Gray Linoleum	150	x			
2nd Floor			x	Red & Gold Floral Patt. Linoleum	150	x			
1st & 2nd floor and stairs in between			x	Red & Tan Vinyl Sheet Flooring	500	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Freehold, New Jersey			Disposal Date TBD	City, State Morrisville, Pennsylvania					
Completed by Blagica Nikolova		Title President	Signature <i>B. Nikolova</i>	Date 09/16/2014					

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

CK # 1478

RECEIVED

2014 SEP 19 11 08:50

Date of Notification (1) <u>9/17/14</u>		Name of Building Owner/Operator (2) <u>George Maira</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>27 Coronado Road</u>	
		City, State, Zip Code <u>Lavallette, NJ 08735</u>	
		Name of Contact <u>George Maira</u>	
		Telephone Number <u>908 3147</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 8 commercial buildings, homes, etc.)	
Street Address <u>27 Coronado Road</u>		Square Feet <u>900</u>	# of Floors <u>1</u>
City (s) <u>Lavallette</u>		Bldg. Age <u>40 yrs</u>	
County (6) <u>Ocean</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residence</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>AEi2, LLC</u>
Street Address		Street Address <u>300 S. Lenola Road</u>	
City, State, Zip Code		City, State, Zip Code <u>Maple Shade, NJ 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>609-481-2122</u>	License No. <u>00689</u>
Start Date (10) <u>9/27/14</u>	Scheduled Completion Date (11) <u>9/28/14</u>	Name of OSHA Monitor <u>AEi2, LLC</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>300 Lenola Road</u>	
		City, State, Zip Code <u>Maple Shade, NJ 08052</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 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)
	Yes	No	
First Floor			X
Name of Registered Waste Hauler <u>AEi2, LLC</u>		NJDEP Waste Hauler ID No. <u>21376</u>	Cubic Yards of Waste <u>1</u>
City, State <u>Maple Shade, NJ</u>		Disposal Date <u>TBD</u>	Name of Registered Landfill <u>TBD</u>
Completed By <u>Wm. Minnick</u>	Title <u>Program Mgr.</u>	Signature 	Date <u>9/17/14</u>

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

Date of Notification (1) September 16, 2014		Name of Building Owner/Operator (2) Bayside Marine Construction <i>25174</i>	
Agencies Notified	Type of Notification	Street Address 11 Birdsall Street	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Waretown, NJ 08758 <i>2014 SEP 19 PM 8:50</i>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact Adam	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 25 Dorrance Avenue			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City Bayville	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 800 sf	# of Floors 1	Bldg. Age 60
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A			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) 9/17/14		Scheduled Completion Date (11) 9/18/14		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	750 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 9/19/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 9/16/14

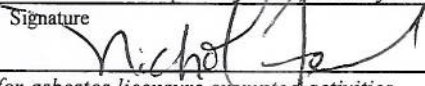
*Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1) September 16, 2014		Name of Building Owner/Operator (2) Monmouth County Park System	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	805 Newman Springs Road	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____	City, State, Zip Code Lincroft, NJ 07738	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact John Eisemann	
		Telephone Number 732-349-9932	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hominy Hill Golf Course Bldg #1301			Type of Facility (4)		
Street Address 92 Mercer Road			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Colts Neck			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
County (6) Monmouth	County Code (7) (STATE USE ONLY)		Square feet 1500 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) 9/15/14		Scheduled Completion Date (11) 9/25/14			
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor E.M.S.L. Analytical		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			Street Address 1056 Stelton Road		
<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 type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
3 Bathrooms		X		Linoleum	200 sf	X			
Kitchen		X		Linoleum	120 sf	X			
Basement		X		Transite pipe	10 lf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 9/26/14		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 9/16/2014		

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

NO CK

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

Original had ck#

Date of Notification (1) September 16, 2014		Name of Building Owner/Operator (2) Monmouth County Park System	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	805 Newman Springs Road	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Lincroft, NJ 07738	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	John Eisemann	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Perrineville Lake Park Bldg #3330			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (k-12)		
48 Pinehill Road			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City	County (6)	County Code (7) (STATE USE ONLY)	Square feet	# of Floors	Bldg. Age
Millstone	Monmouth		2400 sf	1	60
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address		
City, State, Zip Code			City, State, Zip Code		
Project Manager for Monitoring Firm			Telephone Number		
Telephone Number			License Number		
Scheduled Start Date (10) 9/10/14			Scheduled Completion Date (11) 9/25/14		
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			E.M.S.L. Analytical		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			Street Address		
<input type="checkbox"/> Other - Describe _____			1056 Stelton Road		
Scope of Work (Check all that apply)			City, State, Zip Code		
<input type="checkbox"/> >3 sf or ≥3 lf			Piscataway, New Jersey 08854		
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			[] Full Containment with Negative Pressure		
<input type="checkbox"/> Renovation			[] Mini-Enclosure		
<input checked="" type="checkbox"/> Demolition			[] Glovebag Procedure		
			[checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V E 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 Residence	X	Asbestos siding	1310 sf	X			
Exterior chicken coop	X	Asbestos siding	1600 sf	X			
Exterior well pit	X	Asbestos siding	40 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 8	Name of Registered Landfill T.R.R.F.			
City, State Toms River, New Jersey		Disposal Date 9/26/14	City, State Tullytown, Pennsylvania				
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 9/16/2014				

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

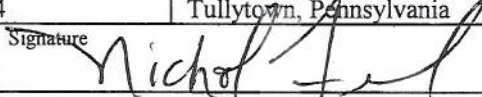
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) September 16, 2014		Name of Building Owner/Operator (2) Abatare Builders Inc.	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	92 Mantoloking Road	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Brick, NJ 08723	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	John Arnold	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 100 Ocean Front			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
City Lavallette	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 2000 sf	# of Floors 2	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Rte. 9, Unit 61			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Toms River, NJ 08755			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 732-349-9932	Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 9/16/14		Scheduled Completion Date (11) 9/17/14		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	


Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos transite panels	1000 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 9/18/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 9/16/2014

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


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

OK 4362

Date of Notification (1) 9/17/14		Name of Building Owner/Operator (2) Walt Wilson Private Home							
Agencies Notified	Type Notification	Street Address 110 West Pelacan Way							
<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 Lavallette NJ 08735							
		Name of Contact Walt							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Walt Wilson 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 110 West Pelacan way		Square Feet 1000+	# of Floors 1						
City (5) Lavallette NJ 08735		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) 9/18/14	Scheduled Completion Date (11) 9/22/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
through out			x	Floor Tile	400 SF	x			
Exterior Siding			x	Exterior Siding	700 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 9/22/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 9/17/14		

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


CR 4363

Date of Notification (1) 9/17/14		Name of Building Owner/Operator (2) Anthony Canale Private Home							
Agencies Notified	Type Notification	Street Address 25 Washington Av							
<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 Holgate NJ 08008 Name of Contact Anthony Telephone Number 609-753-9800							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Anthony Canale 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 25 Washington Av		Square Feet 1000+	# of Floors 2						
City (5) Holgate 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) 9/18/14	Scheduled Completion Date (11) 9/22/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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	2200 SF	x			
			x			x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/22/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 9/17/14		

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

Date of Notification (1) 09/05/2014		Name of Building Owner/Operator (2) PIZZA MASTER							
Agencies Notified	Type Notification	Street Address 532 BROADWAY ST							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code BAYONNE NJ. 07002							
		Name of Contact MIKE	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PIZZA MASTER		Type of Facility (4)							
Street Address 532 BROADWAY ST.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) BAYONNE NJ.		Square Feet 6000	# of Floors 1						
County (6) HUDSON		Bldg. Age 97							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) NO							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) SHARON QUALITY CO. LLC.						
Street Address		Street Address 22 VAN ORDEN PL.							
City, State, Zip Code		City, State, Zip Code HACKENSACK NJ. 07601							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-708-4270						
Start Date (10) 09/08/2014		Scheduled Completion Date (11) 09/12/2014	License No. 01135						
Name of OSHA Monitor EMSL ANALYTICAL INC.									
Occupancy Status During Abatement (Check Only One)		Street Address 307 WEST 38 STREET							
<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 NY, NY 10018							
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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOF		X		ROOFING MATERIAL	1200 SQ	X			
Name of Registered Waste Hauler TRI STATE ASOC. INC.		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC.					
City, State BRONX NY.		Disposal Date TBD		City, State WAYNESBURG OHIO.					
Completed by CARLOS ESQUIVEL		Title MANAGER		Signature			Date 09/02/2014		

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

Date of Notification (1) September 16, 2014		Name of Building Owner/Operator (2) Lambros Tsikouras		Check # 1481					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 5301 Atlantic Avenue					
		City, State, Zip Code Ventnor, NJ 08406		Telephone Number					
		Name of Contact Lambros Tsikouras		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Tsikouras 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 5301 Atlantic Avenue				Square Feet 7,000					
City (5) Ventnor				# of Floors 3					
County (6) Atlantic				Bldg. Age 85					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services			ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC				
Street Address PO Box 341			Street Address 623 Cutler Avenue						
City, State, Zip Code Chesterfield, NJ 08515			City, State, Zip Code Maple Shade, NJ 08052						
Project Manager for Monitoring Firm Lou Lauretti			Telephone No. 609-298-4070		License No. 00842				
Start Date (10) September 25, 2014		Scheduled Completion Date (11) October 3, 2014		Name of OSHA Monitor EMSL Laboratories					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 200 Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Mechanical Room		XXX		Boiler Insulation	130 SF	X			
Mechanical Room		XXX		Expansion Tank Insulation	15 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 22253		Cubic Yards of Waste 15	Name of Registered Landfill Western Berks Community Landfill				
City, State Freehold, NJ		Disposal Date 10/3/2014		City, State Birdsboro, PA					
Completed by Christina Lynch		Title Operations Manager		Signature 			Date 9/16/2014		