

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

*Check # 1514*

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 checked="" type="checkbox"/> Amended Amendment # <u>1</u> <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 [Redacted]	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) International Paper Company		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
Street Address 404 Frenchtown Road			
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		ASCM NO LVI Demolition Services Inc.	
Street Address 8 South River Road		Street Address 32 Williams Parkway	
City, State, Zip Code Cranbury, NJ 08512		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 / 26 / 13	Sched. Completion Date (11) 10 / 11 / 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: <u>Tuesday/ Friday</u> <input checked="" type="checkbox"/> Other - Describe: <u>7:00 am to 3:30 pm</u>		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 checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥3sf or ≥3lf		<input type="checkbox"/> Mini - Enclosure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Glovebag Procedure	
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos Containing <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 N C L O S U R
	<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"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Window Caulking and Glazing	140 sq 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"/>


Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	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 9-23-13
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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

888

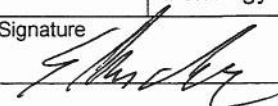
CL#0888

Date of Notification (1) <b>September 23, 2013</b>		Name of Building Owner/Operator (2) <b>DOW Chemical</b>							
Agencies Notified	Type Notification	Street Address <b>1500 John Tipton Blvd.</b>							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Pennsauken NJ</b>							
		Name of Contact <b>Dan Marchewka</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>DOW Chemical</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>1500 John Tipton Blvd.</b>		Square Feet	# of Floors						
City (5) <b>Pennsauken NJ</b>		Bldg. Age							
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>factory</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AET</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>							
Street Address <b>907 Doolittle Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>Project Manager</b>	Telephone No. <b>(908) 218-1108</b>	Telephone No. <b>(973) 759 - 5000</b>	License No. <b>00781</b>						
Start Date (10) <b>10-5-13</b>	Scheduled Completion Date (11) <b>10-31-13</b>	Name of OSHA Monitor <b>The MACK Group, LLC.</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>1500 Kings HWY N, STE 209</b>							
		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
roof	<input checked="" type="checkbox"/>			roofing	16 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark Carting / Eastern Waste</b>		NJ DEP Waste Hauler ID No. <b>4509 / 22253</b>	Cubic Yards of Waste <b>0.2</b>	Name of Registered Landfill <b>GROWS / TRRF / BFI Imperial Landfill</b>					
City, State <b>Newark / Freehold, NJ</b>		Disposal Date <b>10-31-13</b>		City, State <b>Morrisville / Tullytown / Imperial, PA</b>					
Completed by <b>Mike Cooper</b>		Title <b>President</b>	Signature 			Date <b>9/23/13</b>			



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

CL# 10001

Date of Notification (1) 09/19/2013		Name of Building Owner/Operator (2) Bergen Technical School							
Agencies Notified	Type Notification	Street Address 327 E. Ridgewood Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus, NJ 07652							
		Name of Contact Tom Jodice	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) solar house		Type of Facility (4)							
Street Address same as above		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5)		Square Feet	# of Floors						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) school						
Name of Monitoring Firm Hired by Building Owner (8) TTI		ASCM No.	Name of Abatement Contractor (9) Pow/R/Save Inc.						
Street Address 1253 N. Church Street		Street Address 27 West Street							
City, State, Zip Code Moorsetown, NJ 08057		City, State, Zip Code Bloomfield, NJ 07003							
Project Manager for Monitoring Firm Mike Stocku		Telephone No. (856) 840-8800	Telephone No. (973) 680-0088						
License No. 357									
Start Date (10) 10/2/13	Scheduled Completion Date (11) 10/2/13	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
storage area	X			vat & mastic	50 sf				
Name of Registered Waste Hauler Atlas Disposal Options		NJDEP Waste Hauler ID No. 18262	Cubic Yards of Waste	Name of Registered Landfill Grand Central or Tullytown					
City, State Dover, NJ			Disposal Date	City, State Pen Argyl PA or Tullytown, PA					
Completed by Sharon Hendee		Title Sec/treas	Signature 			Date 9/19/13			



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

D&S Proj. #: 2013-349

*No CX*

Date of Notification (1) <u>09/11/18</u>		Name of Building Owner/Operator (2) <u>NORTH JERSEY DEVELOPMENTAL CTR.</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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	
Street Address <u>169 MINNISINK ROAD</u>		City, State, Zip Code <u>TOTOWA, NJ 07511</u>	
Name of Contact <u>STEVE SLAUGHTER</u>		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>NORTH JERSEY DEVELOPMENTAL CTR., CLOTHING CENTER</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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>169 MINNISINK ROAD</u>			Square Feet    # of Floors    Bldg. Age _____		
City (5) <u>TOTOWA</u>	County (6) <u>PASSAIC</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) _____		

Name of Monitoring Firm Hired by Bldg. Owner (8) <u>_____</u>		ASCM No. <u>_____</u>	Name of Abatement Contractor (9) <u>D &amp; S RESTORATION, INC.</u>	
Street Address <u>_____</u>			Street Address <u>20 California Ave.</u>	
City, State, Zip Code <u>_____</u>			City, State, Zip Code <u>Paterson, NJ 07503</u>	
Project Manager for Monitoring Firm <u>_____</u>		Phone Number <u>_____</u>	Telephone Number <u>973-345-8020</u>	License Number <u>01169</u>
Start Date (10) <u>09/19/13</u>		Sched. Completion Date (11) <u>09/26/13</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>5:00pm</u>				
Name of OSHA Monitor <u>D &amp; S Restoration, Inc.</u>				
Street Address <u>20 California Avenue</u>				
City, State, Zip Code <u>Paterson, NJ 07503</u>				

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 ft	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> >160 sf or >250 ft	<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) 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						
MECHANICAL ROOM		<input checked="" type="checkbox"/>		HEATING PIPES INSULATION (WRAP & CUT)	8 L FT	<input checked="" type="checkbox"/>			

Registered Waste Hauler <u>D &amp; S RESTORATION, INC.</u>		NJDEP Hauler ID# <u>13506</u>	Cubic Yards of Waste <u>1 YDS</u>	Name of Registered Landfill <u>TULLYTOWN, RESOURCE RECOVERY</u>	
City, State <u>PATERSON, NJ 07503</u>		Disposal Date <u>09/20/13</u>		City, State <u>TULLYTOWN, PA</u>	
Completed by (Print or Type) <u>BOGDAN JOLDZIC</u>		Title <u>PRESIDENT</u>		Signature <u>_____</u>	
				Date <u>09/18/13</u>	



NJAS Proj. #: 2013-347

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

CK # 005291

Date of Notification (1) 10/19/13		Name of Building Owner/Operator (2) E. BASSO		Date: _____ Time: _____ (signature) NJ Dept. of Health & Senior Services APPROVED	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 600 WEST HENRY STREET City, State, Zip Code Linden, NJ Name of Contact E. BASSO	
				APPROVED NJ Dept. of Health & Senior Services (signature) 9/18/13 Time: 8:43AM Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) E. BASSO			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 600 WEST HENRY STREET			Square Feet # of Floors Bldg. Age		
City (5) Linden	County (6) union	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		
Start Date (10) 09/23/13		Sched. Completion Date (11) 10/10/13	License Number 01169		
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.		
Scope of Work (check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 2 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			Street Address 20 California Avenue		
Location of asbestos-containing material (acm) to be abated in facility (13) BASEMENT			City, State, Zip Code Paterson, NJ 07503		

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 2 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure														
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			I n c l		
Yes No N/A			PIPE INSULATION			85 L FT			<input checked="" type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
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State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 2013-347

Date of Notification (1) 09/17/13		Name of Building Owner/Operator (2) E. BASSO	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 600 WEST HENRY STREET	
		City, State, Zip Code Linden, NJ	
		Name of Contact E. BASSO	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) E. BASSO			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 600 WEST HENRY STREET			Square Feet    # of Floors    Bldg. Age		
City (5) Linden	County (6) union	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			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) 09/23/13		Sched. Completion Date (11) 10/10/13	Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.

☐ Abatement performed outside of normal facility hours- Describe: \_\_\_\_\_

☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

☒ >3 sf or >3 lf    ☒ Renovation    ☐ Full Containment w/negative pressure

☐ ≥160 sf or ≥260 lf    ☐ Demolition    ☐ Mini-enclosure

☒ Glovebag procedure    ☐ Non-Exempted (\*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			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		<input checked="" type="checkbox"/>		PIPE INSULATION	85 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 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 09/23/13		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature	
				Date 209/17/2013	



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

D&S Proj. #: 2013-341

CK# 1407200393

Date of Notification (1) 10/19/11 16/11/13		Name of Building Owner/Operator (2) MARLENE TODD	
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 120 WESTOVER AVENUE		City, State, Zip Code WEST CALDWELL, NJ 07006	
Name of Contact MARLENE TODD		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) MARLENE TODD			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 120 WESTOVER AVENUE			Square Feet    # of Floors    Bldg. Age		
City (5) WEST CALDWELL	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 09/26/13		Sched. Completion Date (11) 10/10/13		License Number 01169	
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)	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		PIPE INSULATION	105 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 YD		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 09/27/13		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 09/16/13	

B &amp; G proj. #: 2013-195

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

Check #6143

Date of Notification (1) 09/20/13		Name of Building Owner/Operator (2) Sylvester Stroff	
Agencies Notified	Type Notification	Street Address 20 Elizabeth Court	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Secaucus, NJ 07094	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Name of Contact Sylvester Stoff	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Sylvester Stroff			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 20 Elizabeth Court			Square Feet	# of Floors
City (5) Secaucus			Bldg. Age	
County (6) Hudson		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) 10/01/2013		Sched. Completion Date (11) 10/01/2013		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____				
Name of OSHA Monitor B & G Restoration, Inc.				
Street Address 105 Ryerson Road				
City, State, Zip Code 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						
basement			X	pipe insulation assoc w/the boiler	13 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"/>
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						<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 1/2	Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ 07035		Disposal Date 10/02/2013		City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer	Signature <i>Gordana Luna</i>		Date 09/20/2013



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

B & G proj. #: 2013-97F

Check # 6140

Date of Notification (1) <u>10/18/13</u>		Name of Building Owner/Operator (2) Seminary Urban Renewal	
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"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 120 Albany Street		City, State, Zip Code New Brunswick, NJ 08901	
Name of Contact Merissa Buczny		Telephone Number	

Name of facility where abatement is taking place (3) Vacant 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 (Private/Commercial Bldgs./Homes, etc.)	
Street Address 93 College Avenue			Square Feet	# of Floors
City (5) New Brunswick, NJ 08901	County (6) Middlesex	County Code (7) (State use only)	Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8) The Louis Berger Group, Inc.			Current Use (Prior if being demolished) residential housing	
Street Address 412 Mount Kemble Avenue			Name of Abatement Contractor (9) B & G Restoration, Inc.	
City, State, Zip Code Morristown, NJ 07960			Street Address 105 Ryerson Road	
Project Manager for Monitoring Firm Craig Napolitano			City, State, Zip Code Lincoln Park, NJ 07035	Telephone Number (973)696-6869
Sched. Start Date (10) 10/02/2013			License Number 00378	
Sched. Completion Date (11) 11/02/2013			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	
Scope of Work (check all that apply) <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			City, State, Zip Code Lincoln Park, NJ 07035	
<input checked="" type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-friable procedure				

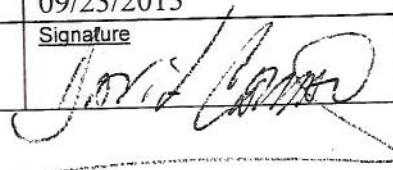
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
throughout the building			<input checked="" type="checkbox"/>	pipe insulation	265 lf	<input checked="" type="checkbox"/>			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 3 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 10/02/13 - 11/04/13	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 09/18/2013



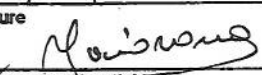
**STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12) Check # 10606**

<u>Date of Notification (1)</u> 09/19/2013		<u>Name of Building Owner/Operator (2)</u> Karen Marsh	
<u>Agencies Notified</u>  <input type="checkbox"/> EPA <input checked="" type="checkbox"/> NJDEP <input checked="" type="checkbox"/> NJ DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<u>Notification Type</u>  <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled <input checked="" type="checkbox"/> Emergency Notification		<u>Street Address</u> 705 Garden St.
			<u>City, State, Zip Code</u> Hoboken, NJ 07030
			<u>Name of Contact</u> Karen Marsh
			<u>Telephone Number</u>
<b>FACILITY INFORMATION</b>			
<u>Name of Facility Where Abatement is Taking Place (3)</u>  Residential Property		<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 705 Garden St.		Sq. Feet: <u>3000</u> # of Floors <u>3</u> Bldg. Age <u>60</u>	
<u>City (5)</u> Hoboken	<u>County (6)</u> Hudson	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u>		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> ISES, Inc.
<u>Street Address</u>		<u>Street Address</u> 3300 Hudson Avenue	
<u>City, State, Zip Code</u>		<u>City, State, Zip Code</u> Union City, NJ 07087	
<u>Project Manager for Monitoring Firm</u>	<u>Telephone Number</u>	<u>Telephone Number</u> (201)3250055	<u>License Number</u> 01124
<u>Scheduled Start Date (10)</u> 09/19/2013	<u>Scheduled Completion Date (11)</u> 09/23/2013	<u>Name of OSHA Monitor</u> ISES, Inc.	
<u>Occupancy Status During Abatement (Check only one)</u> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Other: work in unoccupied basement		<u>Street Address</u> 3300 Hudson Avenue	
		<u>City, State, Zip Code</u> Union City, NJ	
<u>Source of Work (Check all that apply):</u> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Minor Project (< 25 SF or < 10 LF ACM) <input checked="" type="checkbox"/> Small Project (>25 <160 SF or >10 <260 LF ACM) <input type="checkbox"/> Large Project (>160 SF or > 260 LF ACM) <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure <input checked="" type="checkbox"/> Glove-bag Procedure			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES    NO    NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscnous.)</u>	<u>Amount (Specify SF or LF)</u>
Basement		TSI Pipe	~ 80 Linear Feet
<u>Name of Reg. Waste Hauler</u> Newark Carting		<u>NJDEP Waste Hauler ID #</u> 04509	<u>Cubic Yards of Waste</u> 5
<u>City, State</u> 369 Raymond Blvd., Newark, NJ 07105		<u>Disp. Date</u> 09/23/2013	<u>Name of Reg. Landfill</u> IESI BETHLEHEM LANDFILL
<u>Completed by (Print or Type)</u> David Camacho		<u>Title</u> Supervisor	<u>City, State</u> BETHLEHEM, PA 18015
		<u>Signature</u> 	<u>Date</u> 09/18/2013



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

CK 4666

Date of Notification (1) <b>9/19/13</b>		Name of Building Owner/Operator (2) <b>MS CATHY FERRONE</b>							
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 <b>1113 PARK AVE</b> City, State, Zip Code <b>HOBOKEN, NJ 07030</b>							
		Name of Contact <b>MS. FERRONE</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>MS. FERRONE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>1113 PARK AVE</b>		Square Feet <b>2000</b>	# of Floors <b>2</b>						
City (5) <b>HOBOKEN</b>		Bldg. Age <b>1930</b>							
County (6) <b>HUDSON</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>							
Street Address		Street Address <b>450 S. River St</b>							
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>						
Start Date (10) <b>10/3/13</b>	Scheduled Completion Date (11) <b>10/4/13</b>	Name of OSHA Monitor <b>Omega Environmental Inc</b>							
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: <b>7AM TO 5PM</b>		Street Address <b>280 Huyler St</b>							
		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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
<b>BASEMENT</b>				<b>THERMAL SURFACING</b>	<b>55 SF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>11/204</b>	Name of Registered Landfill <b>Minerva Enterprises</b>					
City, State <b>Hackensack, N.J. 07601</b>			Disposal Date <b>10/4/13</b>	City, State <b>Waynesburg, Oh</b>					
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>	Signature 			Date <b>9/19/13</b>			



Check # 8720

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

Date of Notification (1) <b>9-19-13</b>		Name of Building Owner/Operator (2) <b>Endreson Construction</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>82 Keats Ave</b>	
		City, State, Zip Code <b>Toms River NJ 08753</b>	
		Name of Contact <b>Troy Endreson</b> Telephone Number _____	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Single Family Dwelling</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>299 O Street</b>			
City (5) <b>Seaside Park, NJ 08752</b>		Square Feet	# of Floors <b>2</b>
County (6) <b>Ocean</b>		County Code (7) (STATE USE ONLY) _____	Bldg. Age <b>50+</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>	
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>	
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>
Start Date (10) <b>9-30-13</b>		Scheduled Completion Date (11) <b>10-1-13</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <b>EPC Technologies Inc</b> Street Address <b>P.O. Box 337</b> City, State, Zip Code <b>New Egypt NJ 08533</b>	
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)
	Yes	No	
Exterior walls			Siding Shingles
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>10</b>
City, State <b>New Egypt NJ</b>		Disposal Date <b>10-1-13</b>	Name of Registered Landfill <b>Waste Management of PA</b>
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>
			Date <b>9-19-13</b>



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

Check # 8722

Date of Notification (1) <b>9-19-13</b>		Name of Building Owner/Operator (2) <b>Joan Palmer</b>							
Agencies Notified	Type Notification	Street Address							
<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	<b>143 Farragut Road</b> City, State, Zip Code <b>North Plainfield NJ 07062</b>							
		Name of Contact <b>Joan Palmer</b>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Single family Duxelling</b>		Type of Facility (4)							
Street Address <b>143 Farragut Road</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>North Plainfield NJ 07062</b>		Square Feet	# of Floors <b>2</b>						
County (6) <b>Somerset</b>		Bldg. Age <b>60+</b>							
County Code (7) <b>Somerset</b>		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>							
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>							
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>						
Start Date (10) <b>10-2-13</b>	Scheduled Completion Date (11) <b>10-3-13</b>		Name of OSHA Monitor <b>EPC Technologies Inc</b>						
Occupancy Status During Abatement (Check Only One)		Street Address <b>P.O. Box 337</b>							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<b>X</b>			<b>Pipe Insulation</b>	<b>100 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Waste Management of PA</b>					
City, State <b>New Egypt NJ</b>		Disposal Date <b>10/3/13</b>		City, State <b>Morrisville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>			Date <b>9-19-13</b>			



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

Check  
8721

Date of Notification (1) <b>9-19-13</b>		Name of Building Owner/Operator (2) <b>Carla DeFazio</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>16 Loomis Street</b>						
			City, State, Zip Code <b>Raritan NJ 08869</b>						
			Name of Contact <b>Carla DeFazio</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Single family Dwelling</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>16 Loomis Street</b>		Square Feet <b>2</b>	# of Floors <b>2</b>						
City (5) <b>Raritan NJ 08869</b>		Bldg. Age <b>80+</b>							
County (6) <b>Somerset</b>		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>							
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>							
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>						
Start Date (10) <b>10-1-13</b>		Scheduled Completion Date (11) <b>10-2-13</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor <b>EPC Technologies Inc</b>							
		Street Address <b>P.O. Box 337</b>							
		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	X			Pipe Insulation	100 LF	X			
Basement	X			Floor tile	50 SF	X			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Waste Management of PA</b>					
City, State <b>New Egypt NJ</b>		Disposal Date <b>10/3/13</b>		City, State <b>Morrisville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>		Signature <b>Steve Schenker</b>		Date <b>9-19-13</b>			



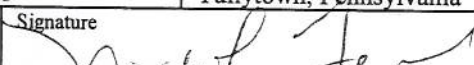
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <div style="text-align: center;">9/19/2013</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Messiercola Enterprises</div>	
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 <div style="text-align: center;">538 Route 9</div> City, State, Zip Code <div style="text-align: center;">Waretown, NJ 08758</div> Name of Contact <div style="text-align: center;">Fernando</div>	
		Telephone Number <div style="text-align: center;">SEP 24 2013</div>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4) [ ] School (k-12) [ ] Subchapter 8 (other than k-12) [ x ] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <div style="text-align: center;">1113 Walter Blvd.</div>					
Beach Haven West	County (6) <div style="text-align: center;">Ocean</div>	County Code (7) (STATE USE ONLY)	Square feet <div style="text-align: center;">1000 sf</div>	# of Floors <div style="text-align: center;">1</div>	Bldg. Age <div style="text-align: center;">60</div>
			Current Use (Prior if being demolished) <div style="text-align: center;">Residence</div>		
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>		ASCM No.	Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
Street Address			Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>		
City, State, Zip Code			City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Project Manager for Monitoring Firm	Telephone Number		Telephone Number <div style="text-align: center;">732-349-9932</div>	License Number <div style="text-align: center;">00624</div>	
Scheduled Start Date (10) <div style="text-align: center;">9/20/13</div>	Scheduled Completion Date (11) <div style="text-align: center;">9/24/13</div>		Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>		
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 <div style="text-align: center;">1056 Stelton Road</div>		
			City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div>		
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	800 sf	X			

Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>	NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>	Cubic Yards of Waste <div style="text-align: center;">3</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>
City, State <div style="text-align: center;">Toms River, New Jersey</div>	Disposal Date <div style="text-align: center;">9/25/13</div>	City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>	
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>	Title <div style="text-align: center;">Project Manager</div>	Signature 	Date <div style="text-align: center;">9/19/2013</div>

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

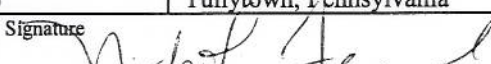


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>September 19, 2013</b>		Name of Building Owner/Operator (2) <b>Miller Homes</b>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	<b>112 Giffordtown Lane</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	<b>Tuckerton, NJ 08087</b>	
<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	<b>Jim Miller</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (k-12)		
<b>23 West Potomac Drive</b>			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City	County (6)	County Code (7) (STATE USE ONLY)	Square feet	# of Floors	Bldg. Age
<b>Little Egg Harbor</b>	<b>Ocean</b>		<b>1000 sf</b>	<b>1</b>	<b>60</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			Current Use (Prior if being demolished) <b>Residence</b>		
Street Address			Name of Abatement Contractor (9)		
			<b>Guardian Contracting, Inc.</b>		
City, State, Zip Code			Street Address		
			<b>1889 Route 9, Unit 61</b>		
Project Manager for Monitoring Firm			City, State, Zip Code		
Telephone Number			<b>Toms River, New Jersey 08755-1271</b>		
Scheduled Start Date (10) <b>9/20/13</b>			Telephone Number		
Scheduled Completion Date (11) <b>9/24/13</b>			<b>732-349-9932</b>		
Occupancy Status During Abatement (Check only one)			License Number		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			<b>00624</b>		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			Name of OSHA Monitor		
<input type="checkbox"/> Other - Describe _____			<b>E.M.S.L. Analytical</b>		
Scope of Work (Check all that apply)			Street Address		
<input type="checkbox"/> >3 sf or ≥3 lf			<b>1056 Stelton Road</b>		
<input type="checkbox"/> ≥160 sf or ≥260 lf			City, State, Zip Code		
<input type="checkbox"/> Renovation			<b>Piscataway, New Jersey 08854</b>		
<input checked="" type="checkbox"/> Demolition			Abatement Type		
<input type="checkbox"/> Full Containment with Negative Pressure			<input type="checkbox"/> R E M O V A L		
<input type="checkbox"/> Mini-Enclosure			<input type="checkbox"/> R E P A I R		
<input type="checkbox"/> Glovebag Procedure			<input type="checkbox"/> E N C L O S U R E		
<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			<input type="checkbox"/> E N C L O S U R E		

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 L O S U R E	E N C L O S U R E
Exterior	X	Asbestos siding	1000 sf	X			
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>			
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>9/25/13</b>	City, State <b>Tullytown, Pennsylvania</b>				
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>9/19/13</b>				

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



## NOTIFICATION OF ASBESTOS ABATEMENT

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

*No check*

Date of Notification (1) September 19, 2013		Name of Building Owner/Operator (2) Chelsea Village Apartments <i>original had check 22325</i>	
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 checked="" type="checkbox"/> Amended Notification Amendment #2 <input 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 SEP 24 2013

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Providence 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			Square feet 20,000 sf		
City Atlantic City	County (6) Atlantic	County Code (7) (STATE USE ONLY)	# 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) 8/26/13		Scheduled Completion Date (11) 9/30/13	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 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			
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 <i>Nicholas Fernicola</i>	Date 9/19/2013

\*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)

*No check*

Date of Notification (1) 9-18-13		Name of Building Owner/Operator (2) Jim Mancuso							
Agencies Notified	Type Notification	Street Address	SEP 24 2013						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input 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	Rt 38							
		City, State, Zip Code maple shade NJ							
		Name of Contact jim	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address 300 West Marlton pike		<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) Marlton		Square Feet 1800	# of Floors 2						
		Bldg. Age 65							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ani & Joe LLC						
Street Address		Street Address 1212 Burlington Ave							
City, State, Zip Code		City, State, Zip Code Delanco .NJ . 08075							
Project Manager for Monitoring Firm		Telephone No. 856-824-0971	License No. 07010						
Start Date (10) 9-27-13	Scheduled Completion Date (11) 9-30-13	Name of OSHA Monitor self							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
outside			x	(ACM) Siding	2500sqft	x			
Name of Registered Waste Hauler J Robinson Waste		NJDEP Waste Hauler ID No. 18687	Cubic Yards of Waste 40cy	Name of Registered Landfill Wm Of Pa					
City, State Bellmawr NJ			Disposal Date TBD	City, State Tullytown NJ					
Completed by Joseph T Hill		Title VP	Signature			Date 9-18-13			



CHECK # 2936

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:170)

Date of Notification (1)		Name of Building Owner/Operator (2)	
9/24/13		AMERICAN CONTRACTORS SERVICES	
Type Notification		Street Address	
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		2547 FIRE ROAD - UNIT A-1	
City, State, Zip Code		Telephone Number	
Galloway Harbor Twp. N.J. 08234			
Name of Contact			
Downa			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
RESIDENCE		<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.)	
Address		Square Feet	
1102 SOUTH VANDORNE AVE		1000 sq ft	
City, State, Zip Code		Total Floors	
MANATEE		2	
County Code (1) (STATE USE ONLY)		Blind Age	
ATLANTIC		4 FT	
Name of Monitoring Firm Hired by Building Owner		Current Use (Prior to being demolished)	
N/A		VACANT	
State, Zip Code		Name of Abatement Contractor (5)	
		Kierma Inc.	
Telephone No.		Street Address	
		369 S. SPRING AVE	
Name of OSHA Monitor		City, State, Zip Code	
Joseph Kierma		MANATEE SHORE, N.J. 08112	
Scheduled Completion Date (11)		Telephone No.	
10/9/13		856-774-0422	
License No.		Street Address	
0101441		369 S. SPRING AVE	
City, State, Zip Code		City, State, Zip Code	
MANATEE SHORE, N.J. 08112		MANATEE SHORE, N.J. 08112	
Agency 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			
Is Location Normally Used Solely by Maintenance/Custodial Staff? (17)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)			
TRANSITE			
Amount (Spec. SF or LF)			
1500 sq ft			
Name of Responsible Party			
ACUA			
City, State			
Pleasantville, N.J.			
Signature			
Joseph Kierma			
Title			
V/P			
Date			
9/20/13			

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



CHECK #  
2936

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

RECEIVED  
SEP 24 2013

Date of Notification (1) <u>9/20/13</u>		Name of Building Owner/Operator (2) <u>TRANSFORMATION ENTERPRISES</u>	
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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>601 W. CLARKS LANDING ROAD</u> City, State, Zip Code <u>EGG HARBON, N.J. 08210</u> Name of Contact <u>BARBARA</u> Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>155 SHERIDAN SQUARE</u>		Square Feet <u>1500</u> # of Floors <u>1</u> Bldg. Age <u>40+</u>	
City (5) <u>BRIDGEWATER</u>		Current Use (Prior if being demolished) <u>VACANT</u>	
County (6) <u>ATLANTIC</u>	County Code (7) (STATE USE ONLY)	Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	
Street Address		ASCM No.	
City, State, Zip Code		Name of Abatement Contractor (9) <u>ILCOMCO INC.</u>	
Project Manager for Monitoring Firm <u>N/A</u>		Street Address <u>369 S. SPRUCE AVE.</u>	
Telephone No.		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Start Date (10) <u>10/2/13</u>		Scheduled Completion Date (11) <u>10/10/13</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 type="checkbox"/> Other - Describe: _____		Telephone No. <u>856-779-0472</u> License No. <u>00044</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <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		Name of OSHA Monitor <u>N/A</u>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u> <u>SIDING</u>		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) <u>TRANSITE</u>		Amount (Specify SF or LF) <u>1500</u>	
Abatement Type Removal Repair Encapsulate Enclosure <input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>ILCOMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	
City, State <u>MAPLE SHADE, N.J. 08052</u>		Cubic Yards of Waste <u>15</u>	
Disposal Date		Name of Registered Landfill <u>ACVA</u>	
City, State <u>PLEASANTVILLE, N.J.</u>			
Completed By <u>JOSEPH ILCOM</u>		Signature <u>Joseph Ilcom</u>	
Title <u>OWNER</u>		Date <u>9/20/13</u>	



Case # 2935

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:174)

RECEIVED  
SEP 24 2013

Date of Notification (1) <u>9/18/13</u>		Name of Building Owner/Operator (2) <u>MITCHELL NICHOLS</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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>23 KING ST.</u>	City, State, Zip Code <u>RIO GRANDE, N.J. 08242</u>
		Name of Contact <u>Same</u>	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>317 E. 18th Avenue</u>		Square Feet <u>2000</u>	Building Age <u>40+</u>
City (5) <u>NORTH WILDBOOD</u>		County Code (7) (STATE USE ONLY) <u>CAPE MAY</u>	Current Use (Prior to being demolished) <u>VACANT</u>

Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	
Street Address		Name of Abatement Contractor (9) <u>Klemm Inc.</u>	
City, State, Zip Code		Street Address <u>369 S. SPRUCE AVE</u>	
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Telephone No.		Telephone No. <u>856-779-0422</u>	
		License No. <u>0014</u>	

Start Date (10) <u>10/1/13</u>	Scheduled Completion Date (11) <u>10/8/13</u>	Name of OSHA Monitor <u>Joseph Klemm</u>
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other: Describe		Street Address <u>369 S. SPRUCE AVE</u>
Scope of Work (Check all that apply) <input type="checkbox"/> 151 or 211 <input checked="" type="checkbox"/> 160 or 260		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>

<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Gloving Procedure <input checked="" type="checkbox"/> Non-Exempted (1') and Non-Friable Procedure	<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition
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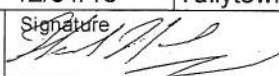
Location of Asbestos-Containing Material (ACM) to be Abated in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAI, or other miscellaneous)	Amount (Specify Size)	Notes
	Yes	No	N/A			
<u>TRANSITE</u>			<input checked="" type="checkbox"/>	<u>SIDING</u>	<u>3500 sq ft</u>	<u>X</u>

Name of Registered Waste Hauler <u>Klemm Inc.</u>		NUOP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>C.H.C.M.L.</u>	
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>		
Completed By <u>Joseph Klemm</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>9/18/13</u>		



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


887

Date of Notification (1) <b>September 20, 2013</b>		Name of Building Owner/Operator (2) <b>Port Authority of NY &amp; NJ</b>							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>1160 Expressport Plaza, Ste 7</b>							
		City, State, Zip Code <b>Port Elizabeth, NJ 07201</b>							
		Name of Contact <b>Resident Engineer</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>ESSEX CEMENT/TITAN AMERICA</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>178 &amp; 179 MARSH ST.</b>		Square Feet	# of Floors						
City (5) <b>PORT NEWARK, NJ</b>		Bldg. Age							
County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Buildings</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AET</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>							
Street Address <b>907 Doolittle Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>	Telephone No. <b>(908) 218-1108</b>	Telephone No. <b>(973) 759 - 5000</b>	License No. <b>00781</b>						
Start Date (10) <b>10/07/13</b>	Scheduled Completion Date (11) <b>12/31/13</b>	Name of OSHA Monitor <b>The MACK Group, LLC.</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>1500 Kings HWY N, STE 209</b>							
		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
6 designated locations	<input checked="" type="checkbox"/>			fireproofing	1,060 sf	<input checked="" type="checkbox"/>			
2 locations	<input checked="" type="checkbox"/>			thermal system insulation	70 lf	<input checked="" type="checkbox"/>			
maintenance shop	<input checked="" type="checkbox"/>			cement board panel	280 sf	<input checked="" type="checkbox"/>			
corrugated metal roof	<input checked="" type="checkbox"/>			roof caulk	750 sf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark Carting</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>21.6</b>	Name of Registered Landfill <b>Tullytown Landfill</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>12/31/13</b>		City, State <b>Tullytown, PA</b>					
Completed by <b>Mike Cooper</b>		Title <b>President</b>	Signature 	Date <b>9/20/13</b>					



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

878

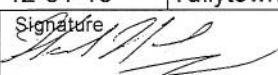
Date of Notification (1) <b>September 05, 2013</b>		Name of Building Owner/Operator (2) <b>Port Authority of NY &amp; NJ</b>							
Agencies Notified	Type Notification	Street Address <b>1160 Expressport Plaza, Ste 7</b>							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Port Elizabeth, NJ 07201</b>							
		Name of Contact <b>Resident Engineer</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>ESSEX CEMENT/TITAN AMERICA</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>178 &amp; 179 MARSH ST.</b>		Square Feet	Bldg. Age						
City (5) <b>PORT NEWARK, NJ</b>									
County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Buildings</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AET</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>							
Street Address <b>907 Doolittle Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>		Telephone No. <b>(908) 218-1108</b>	License No. <b>00781</b>						
Start Date (10) <b>9/23/13</b>	Scheduled Completion Date (11) <b>12/31/13</b>		Name of OSHA Monitor <b>The MACK Group, LLC.</b>						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>1500 Kings HWY N, STE 209</b>							
		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
6 designated locations	<input checked="" type="checkbox"/>			fireproofing	1,060 sf	<input checked="" type="checkbox"/>			
2 locations	<input checked="" type="checkbox"/>			thermal system insulation	70 lf	<input checked="" type="checkbox"/>			
maintenance shop	<input checked="" type="checkbox"/>			cement board panel	280 sf	<input checked="" type="checkbox"/>			
corrugated metal roof	<input checked="" type="checkbox"/>			roof caulk	750 sf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark Carting</b>		NJ DEP Waste Hauler ID No. <b>4509</b>		Cubic Yards of Waste <b>21.6</b>	Name of Registered Landfill <b>Tullytown Landfill</b>				
City, State <b>Newark, NJ</b>		Disposal Date <b>12/31/13</b>		City, State <b>Tullytown, PA</b>					
Completed by <b>Mike Cooper</b>		Title <b>President</b>		Signature 			Date <b>9/5/13</b>		

\* 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)

868

Date of Notification (1) <b>August 20, 2013</b>		Name of Building Owner/Operator (2) <b>Port Authority of NY &amp; NJ</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>   <b>SEP 24 2013</b> </div>					
Agencies Notified	Type Notification	Street Address <b>1160 Expressport Plaza, Ste 7</b>							
<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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Port Elizabeth, NJ 07201</b>							
		Name of Contact <b>Resident Engineer</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>ESSEX CEMENT/TITAN AMERICA</b>				Type of Facility (4)					
Street Address <b>178 &amp; 179 MARSH ST.</b>				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) <b>PORT NEWARK, NJ</b>				Square Feet	# of Floors				
County (6) <b>Essex</b>				Current Use (Prior if being demolished) <b>Buildings</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>AET</b>		ASCM No.	Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>						
Street Address <b>907 Doolittle Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>		Telephone No. <b>(908) 218-1108</b>	Telephone No. <b>(973) 759 - 5000</b>	License No. <b>00781</b>					
Start Date (10) <b>9/9/13</b>	Scheduled Completion Date (11) <b>12-31-13</b>		Name of OSHA Monitor <b>The MACK Group, LLC.</b>						
Occupancy Status During Abatement (Check Only One)			Street Address <b>1500 Kings HWY N, STE 209</b>						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code <b>Cherry Hill, NJ 08034</b>						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
6 designated locations	<input checked="" type="checkbox"/>			fireproofing	1,060 sf	<input checked="" type="checkbox"/>			
2 locations	<input checked="" type="checkbox"/>			thermal system insulation	70 lf	<input checked="" type="checkbox"/>			
maintenance shop	<input checked="" type="checkbox"/>			cement board panel	280 sf	<input checked="" type="checkbox"/>			
corrugated metal roof	<input checked="" type="checkbox"/>			roof caulk	750 sf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark Carting</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>21.6</b>	Name of Registered Landfill <b>Tullytown Landfill</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>12-31-13</b>		City, State <b>Tullytown, PA</b>					
Completed by <b>Mike Cooper</b>		Title <b>President</b>	Signature 		Date <b>8/20/13</b>				



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

CK # 4664

Date of Notification (1) <b>9/19/13</b>		Name of Building Owner/Operator (2) <b>MR. DELEON BROWN</b>				
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 <b>94 TIFFANY PLACE</b>			
			City, State, Zip Code <b>MAPLEWOOD, NJ. 07040</b>			
			Name of Contact <b>MR. DELEON BROWN</b>			
Telephone Number						
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>MR. BROWN</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address <b>94 TIFFANY PLACE</b>		Square Feet <b>2100</b>	# of Floors <b>2</b>			
City (5) <b>MAPLEWOOD</b>		Bldg. Age <b>1945</b>				
County (6) <b>ESSEX</b>		County Code (7) (STATE USE ONLY) <b>RESIDENCE</b>				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)				
Street Address		Street Address <b>450 S. River St</b>				
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>				
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>			
Start Date (10) <b>10/1/13</b>	Scheduled Completion Date (11) <b>10/2/13</b>	Name of OSHA Monitor <b>Omega Environmental Inc</b>				
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: <b>7AM TO 5PM</b>		Street Address <b>280 Huyler St</b>				
		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>				
Scope of Work (Check all that apply)						
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes   No   N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
<b>BASEMENT</b>		<b>THERMAL SYSTEM INSULATION</b>	<b>95 LF</b>	<input checked="" type="checkbox"/>		
<b>BASEMENT</b>		<b>THERMAL SURFACING</b>	<b>45 SF</b>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>2.27</b>	Name of Registered Landfill <b>Minerva Enterprises</b>		
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>10/2/13</b>	City, State <b>Waynesburg, Oh</b>			
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>	Signature <i>[Signature]</i>	Date <b>9/19/13</b>			



CK # 46.65

ASB-41

\* 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)

Revised Stat  
Dob

Date of Notification (1) <u>8 / 30 / 13</u>		Name of Building Owner/Operator (2) <u>KTR NJ III</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 Barr Harbor Dr.</u> City, State, Zip Code <u>Conshohocken Pa. 19420</u> Name of Contact <u>Frank Ryan</u> Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>275 Omar Ave</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 and commercial buildings, homes, etc.)							
Street Address <u>Avenel</u>		Square Feet <u>380,760</u>	# of Floors <u>2</u>						
City (5) <u>Middlesex</u>		Bldg. Age <u>35</u>							
County (6)		Current Use (Prior if being demolished) <u>Vacant Warehouse/food storage</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>Bioterra Environmental Solutions</u>		ASCM No.	Name of Abatement Contractor (9) <u>Affiliated Environmental Services Inc.</u>						
Street Address <u>PO Box 1224</u>		Street Address <u>450 S. River St.</u>							
City, State, Zip Code <u>Union NJ 07083</u>		City, State, Zip Code <u>Hackensack NJ 07601</u>							
Project Manager for Monitoring Firm <u>Rick Evstagnino</u>		Telephone No. <u>201-931-0313</u>	License No. <u>01148</u>						
Start Date (10) <u>9 / 23 / 13</u>	Scheduled Completion Date (11) <u>12 / 15 / 13</u>	Name of OSHA Monitor <u>Omega Environmental</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 - Describe Time of Abatement: <u>AM</u> <u>PM</u> <u>PM</u> <u>AM</u>		Street Address <u>290 Huyler St.</u> City, State, Zip Code <u>S. Hackensack 07606</u>							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure (see attached letter)									
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
<u>warehouse Stairwell</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>VAT</u>	<u>260 sf</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>closet in locker room</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Pipe elbow insulation</u>	<u>6 lf</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Roof over warehouse</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Transite in Roof Panel</u>	<u>275,000 sf</u>	<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"/>
Name of Registered Waste Hauler <u>Express Waste Services LLC</u>		NJDEP Waste Hauler ID No. <u>NJ 804</u>	Cubic Yards of Waste <u>6500</u>	Name of Registered Landfill <u>Minerva Enterprises Inc.</u>					
City, State <u>Newark NJ</u>		Disposal Date <u>9/13 - 10/13</u>		City, State <u>Waynesburg OH</u>					
Completed By (Print or Type) <u>Robert Dombroski</u>		Title <u>VP operation/sales</u>		Signature <u>Robert Dombroski</u>			Date <u>9/30/13</u>		



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 / 19 / 13</div>		Name of Building Owner/Operator (2) <b>Gloria Malmud</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>26 Webster Street</b>							
		City, State, Zip Code <b>North Arlington, NJ 07031</b>							
		Name of Contact <b>Gloria Malmud</b>	Telephone Number 						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Estate of Gloria Malmud</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>26 Webster Street</b>		Square Feet <b>1,700</b>	# of Floors <b>3</b>						
City (5) <b>North Arlington</b>		Bldg. Age <b>50+-</b>							
County (6) <b>Bergen</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>	ASCM No.	Name of Abatement Contractor (9) <b>Stanmark Contractors, LLC</b>							
Street Address		Street Address <b>27 Edsall Drive</b>							
City, State, Zip Code		City, State, Zip Code <b>Sussex, NJ 07461</b>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>973-864-2022</b>	License No. <b>01137</b>						
Start Date (10) <div style="text-align: center;">09 / 20 / 13</div>	Scheduled Completion Date (11) <div style="text-align: center;">09 / 23 / 13</div>	Name of OSHA Monitor <b>AmeriSci</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address <b>117 East 30<sup>th</sup> Street</b>							
		City, State, Zip Code <b>New York, NY 10016</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>pipe insulation</b>	<b>35 L.F.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Pro-Tech</b>		NJDEP Waste Hauler ID No. <b>190713</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>					
City, State <b>New Haven, CT</b>		Disposal Date <b>completion</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Marko Stankovic</b>		Title <b>President</b>		Signature 		Date <b>9/19/13</b>			



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

*Check 12389*

**PAGE 1**

Date of Notification (1) 9/20/13		Name of Building Owner/Operator (2) Andrew & Margaret Sutton	
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 299 W Summit Street	
		City, State, Zip Code Somerville, NJ	
		Name of Contact Richard Skydell	Telephone Number _____

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 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 299 W Summit Street		Square Feet 2200	# of Floors 2
City (5) Somerville		Bldg. Age 50	
County (6) Somerset	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) ABS Environmental Services, LLC
Street Address		Street Address PO Box 483, 4 E Gate Drive	
City, State, Zip Code		City, State, Zip Code Glenwood NJ 07418	
Project Manager for Monitoring Firm		Telephone No. 973-583-8500	License No. 703
Start Date (10) 9/30/13	Scheduled Completion Date (11) 11/30/13	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: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input 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 type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
main room - basement			x	floor covering	377.54 SF	x			
closet under stairs			x	vinyl floor covering	20.07 SF	x			
stair landing - basement			x	vinyl floor covering	9.26 SF				
living room			x	plaster	288.86 SF	x			

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill	
City, State		Disposal Date		City, State	
Completed by		Title	Signature	Date	
			<i>[Signature]</i>	9-20-13	



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

check 12389


PAGE 2

Date of Notification (1) 9/20/13		Name of Building Owner/Operator (2) Andrew & Margaret Sutton						
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 299 W Summit Street  City, State, Zip Code Somerville, NJ  Name of Contact Richard Skydell  Telephone Number 					
	<b>FACILITY INFORMATION</b> Name of Facility Where Abatement is Taking Place (3) house  Street Address 299 W Summit Street  City (5) Somerville  County (6) Somerset  County Code (7) (STATE USE ONLY) _____  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  Project Manager for Monitoring Firm  Telephone No.  Start Date (10) 9/30/13  Scheduled Completion Date (11) 11/30/13  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 <input checked="" type="checkbox"/> Other - Describe: _____							
Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  Square Feet 2200  # of Floors 2  Bldg. Age 50  Current Use (Prior if being demolished)		Name of Abatement Contractor (9) ABS Environmental Services, LLC  Street Address PO Box 483, 4 E Gate Drive  City, State, Zip Code Glenwood NJ 07418  Telephone No. 973-583-8500  License No. 703  Name of OSHA Monitor  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 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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type Removal Repair Encapsulate Enclosure			
			plaster	238.31 SF	x			
			drywall	327.58 SF	x			
			plaster	168.47 SF	x			
			plaster	288.86 SF	x			
Name of Registered Waste Hauler  City, State		NJDEP Waste Hauler ID No.  Disposal Date	Cubic Yards of Waste  City, State	Name of Registered Landfill  Date 9-20-13				
Completed by  Title		Signature 						



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

*check 12389*

Date of Notification (1) 9/20/13		Name of Building Owner/Operator (2) Andrew & Margaret Sutton							
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 299 W Summit Street							
		City, State, Zip Code Somerville, NJ							
		Name of Contact Richard Skydell	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 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 299 W Summit Street		Square Feet 2200	# of Floors 2						
City (5) Somerville		Bldg. Age 50							
County (6) Somerset	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) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-583-8500	License No. 703						
Start Date (10) 9/30/13	Scheduled Completion Date (11) 11/30/13	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: _____		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 type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
asbestos cleanup and removal									
of critical barriers & negative air									
Name of Registered Waste Hauler Tri State Transfer		NJDEP Waste Hauler ID No. 02325	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Enterprises					
City, State Bronx NY		Disposal Date TBD		City, State Waynesburg OH					
Completed by Andrew Scott Higgins		Title President		Signature 			Date 9/20/13		



CL#10685

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

Date of Notification (1)

9-18-13

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial

Notification

☐ Amended

Notification

☐ EMERGENCY☐ Cancellation

Name of Building Owner/Operator (2)

Carol Mahoney

Street Address

46 Hetherington Road

City, State, Zip Code

Nutley, NJ, 07110

Name of Contact

Carol Mahoney

Telephone Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Same as above

Street Address

City (5)

County (6) Essex

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)☐ Subchapter 8 (Other than K-12)☒ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet

1800

# of Floors

2

Bldg. Age

68

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Telephone Number

(973) 744-8800

License Number

00371

Project Manager for Monitoring Firm

Telephone Number  
N/A

Scheduled Start Date (10)

9-30-13

Sched. Completion Date (11)

10-1-13

Month Day Year

Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»☐ Other - Describe: «Other Occupancy Descript»

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf☐ >160 sf or >260 lf☒ Renovation☐ Demolition☐ Full Containment with Negative Pressure☐ Mini-Enclosure☒ Glovebag Procedure☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E	
Basement			X	Pipe Insulation	60 lf	X				

Name of Registered Waste Hauler  
AZTECH MANAGEMENT, INC.NJDEP Waste Hauler ID No.  
17040

Cubic Yards of Waste 1.

Name of Registered Landfill  
G.R.O.W.S.City, State  
Montclair, NJ 07042Disposal Date  
10-2-13City, State  
Morrisville, PA 19067

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Date  
9-18-13



CHECK #  
2937

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

Date of Notification (1) <u>9/21/13</u>		Name of Building Owner/Operator (2) <u>FAIRVIEW 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>BRUCE BREUNIG</u>	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>84 E. STATION ROAD</u>		Square Feet <u>1000</u>	Bldg Age <u>40+</u>					
City (5) <u>OCEAN CITY</u>		# of Floors <u>2</u>						
County (6) <u>CAMDEN</u>		County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	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>					
Sign Date (10) <u>10/3/13</u>		Scheduled Completion Date (11) <u>10/10/13</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>						
		Street Address <u>369 S. SPRUCE AVE.</u>						
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>						
Scope of Work (Check all that apply) <input type="checkbox"/> 23 sq ft or 23 ft <input type="checkbox"/> 2160 sq ft or 2260 ft <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Air-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("I") and Non-Frangible 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	Enclosure	Encapsulation
<u>SIDING</u>			<u>TRANSITE</u>	<u>1500 SF</u>				<u>X</u>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17907</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>				
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>					
Completed By <u>JOSEPH KLEMM</u>		Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>		Date <u>9/21/13</u>			



CHECK #

2939

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

Date of Notification (1) <u>9/21/13</u>		Name of Building Owner/Operator (2) <u>CAHNEY TECH 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>BRUCE BREUNIG</u>		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>8205 CENTRAL AVE.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>OCEAN CITY</u>		Bldg Age <u>40+</u>	
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	
Street Address		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
City, State, Zip Code		Street Address <u>369 S. SPRUCE AVE.</u>	
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Telephone No.		Telephone No. <u>856-779-0422</u>	
Start Date (10) <u>10/3/13</u>		License No. <u>00444</u>	
Scheduled Completion Date (11) <u>10/4/13</u>		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe		Street Address <u>369 S. SPRUCE AVE.</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> 23 SF or 23 LL <input type="checkbox"/> 2160 SF or 2260 LL		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
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)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>		Amount (Specify SF or LF) <u>2500 sq ft</u>	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		Cubic Yards of Waste <u>5</u>	
NJDEP Waste Hauler ID No. <u>17904</u>		Disposal Date	
City, State <u>MAPLE SHADE, N.J. 08052</u>		Name of Registered Landfill <u>C.M.C. M.U.A.</u>	
Completed By <u>JOSEPH KLEMM</u>		City, State <u>WOODBINE, N.J.</u>	
Title <u>OWNER</u>		Signature <u>Joseph Klemm</u>	
Date <u>9/21/13</u>		Date <u>9/21/13</u>	

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2940

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

Date of Notification (1) <u>9/21/13</u>		Name of Building Owner/Operator (2) <u>CANTEX 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>BRUCE BREUNIG</u>		Telephone Number <u></u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>4605 CENTRAL AVE</u>		Square Feet <u>1000</u>	Bldg Age <u>40+</u>
City (5) <u>OCEAN CITY</u>		Current Use (Prior to being demolished) <u>VACANT</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 <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>	License No. <u>00444</u>
Sign Date (10) <u>10/4/13</u>		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Scheduled Completion Date (11) <u>10/11/13</u>		Street Address <u>369 S. SPRUCE AVE.</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>		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> 2310 or 2311 <input type="checkbox"/> 2160 or 2260 <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Win-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("I") and Non-Frangible 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)
SIDING	X	TRANSITE	3000 SF X
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		WDEP 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 <u></u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>
Completed By <u>JOSEPH KLEMM</u>		Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>
			Date <u>9/21/13</u>

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

Date of Notification (1) <u>9/24/13</u>		Name of Building Owner/Operator (2) <u>EMM TECH 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 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 _____		
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>111 BATHAM LANE</u>		Square Feet <u>1000</u>	Bldg Age <u>40+</u>		
City (5) <u>OCEAN CITY</u>		Current Use (Prior to being demolished) <u>VACANT</u>			
County (6) <u>CAMP MARY</u>		County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>		
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>			
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>			
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>		
Start Date (10) <u>10/4/13</u>		Name of OSHA Monitor <u>JOSEPH KLEMM</u>			
Scheduled Completion Date (11) <u>10/11/13</u>		Street Address <u>369 S. SPRUCE AVE.</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 _____		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>			
Scope of Work (Check all that apply) <input type="checkbox"/> 23 ft or 23 ft <input type="checkbox"/> 2160 ft or 2260 ft <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Asbestos Free	
				Removal	Release
<u>SIDING</u>	<u>X</u>	<u>TRANSITE</u>	<u>1300</u>	<u>X</u>	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NUDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>	
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>		
Completed By <u>JOSEPH KLEMM</u>		Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>		Date <u>9/21/13</u>



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

Date of Notification (1) 9/20/2013		Name of Building Owner/Operator (2) Messercola Enterprises <span style="float: right;">22574</span>	
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		Street Address 538 Route 9  City, State, Zip Code Waretown, NJ 08758  Name of Contact Fernando  Telephone Number 	
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			

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 16 Weaver Drive			Square feet 1200 sf	# of Floors 1	Bldg. Age 60
Beach Haven West	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		
Scheduled Start Date (10) 9/23/13		Scheduled Completion Date (11) 9/25/13	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		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			

Location of Asbestos-Containing Material (ACM) 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	1150 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 9/26/13	City, State Tullytown, Pennsylvania	Date 9/20/2013
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) 9/20/2013		Name of Building Owner/Operator (2) Messercola Enterprises <span style="float: right;">22573</span>	
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		Street Address 538 Route 9  City, State, Zip Code Waretown, NJ 08758  Name of Contact Fernando	
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		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 210 Lakewood Court			Square feet 1500 sf	# of Floors 1	Bldg. Age 60
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) 9/23/13		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 _____		Scheduled Completion Date (11) 9/25/13		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"/> 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			R E M O V A L	R E P A I R	E N C A P S U L E
Exterior		X		Asbestos siding	1200 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 9/26/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 9/20/2013

\*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) <b>9/20/2013</b>		Name of Building Owner/Operator (2) <b>Messercola Enterprises</b> <span style="float: right;">22572</span>	
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 <b>538 Route 9</b>		City, State, Zip Code <b>Waretown, NJ 08758</b>	
Name of Contact <b>Fernando</b>		Telephone Number _____	

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>2 west Anchor Drive</b>			Square feet <b>1500 sf</b>		
County (6) <b>Little Egg Harbor</b> <b>Ocean</b>			County Code (7) (STATE USE ONLY) <b>60</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm			Telephone Number <b>732-349-9932</b>		
Scheduled Start Date (10) <b>9/23/13</b>			Scheduled Completion Date (11) <b>9/25/13</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Name of OSHA Monitor <b>E.M.S.L. Analytical</b>		
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		
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>			NJDEP Waste Hauler ID No. <b>20223</b>		
City, State <b>Toms River, New Jersey</b>			Cubic Yards of Waste <b>3</b>		
Disposal Date <b>9/26/13</b>			Name of Registered Landfill <b>T.R.R.F.</b>		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Exterior		X		Asbestos siding	1500 sf	X				

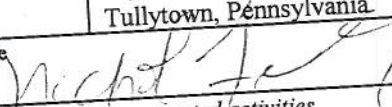
\*Do not use this form for asbestos licensure exempted activities.



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

Date of Notification (1) <b>September 20, 2013</b>		Name of Building Owner/Operator (2) <b>Chap Construction</b> <span style="float: right;">22571</span>	
Agencies Notified	Type of Notification	Street Address <b>130 Route 9</b>	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code <b>Pine Beach, New Jersey 08741</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Name of Contact <b>Chap Construction</b>	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Telephone Number _____	

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4)		
Street Address <b>205 Carmel Drive</b>			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City <b>Toms River</b>			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
			County (6) <b>Ocean</b>		
County Code (7) (STATE USE ONLY)			Square feet <b>1200 sf</b>	# of Floors <b>1</b>	Bldg. Age <b>60</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			Current Use (Prior if being demolished) <b>Residence</b>		
Street Address			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
City, State, Zip Code			Street Address <b>1889 Route 9, Unit 61</b>		
Project Manager for Monitoring Firm			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Telephone Number			Telephone Number <b>732-349-9932</b>		
Scheduled Start Date (10) <b>9/23/13</b>			License Number <b>00624</b>		
Scheduled Completion Date (11) <b>9/24/13</b>			Name of OSHA Monitor <b>E.M.S.L. Analytical</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)  YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1000 sf	X			
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>				
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>9/25/13</b>		City, State <b>Tullytown, Pennsylvania</b>			Date <b>9/20/2013</b>		
Completed by (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 					

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



Sep 18 2013 01:14pm

P001/001

Print Form

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

Date of Notification (1) 09/18/13 CK# 2822 \$200		Name of Building Owner/Operator (2) Gannett Fleming Project Development Corp.		APPROVED NJ Dept. of Health & Senior Services <i>Paul C. Jones</i> (signature) Date: 9/18/13 Time: 12:11PM					
Agencies Notified	Type Notification	Street Address One Cragwood Road, Suite 205							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Plainfield, New Jersey 07080							
		Name of Contact Greg Marone		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Ingration Incorporated			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 10 Finnerne Avenue			Square Feet 25,000						
City (5) Bridgewater, New Jersey 08807			# of Floors 2		Bldg. Age 55+				
County (6) Somerset			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Manufacturing Company				
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Tech, Inc.			ASCM No.		Name of Abatement Contractor (9) Lilich Corporation				
Street Address 220 Church Street			Street Address 606 McBride Avenue						
City, State, Zip Code Bridgewater, New Jersey 08807			City, State, Zip Code Woodland Park, New Jersey 07424						
Project Manager for Monitoring Firm Eric Houseknecht			Telephone No. 908-296-1132		License No. 01104				
Start Date (10) 09/19/13			Scheduled Completion Date (11) 09/20/13		Name of OSHA Monitor J&S Environmental				
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: 4PM-12AM			Street Address 2333 Route 22 West						
			City, State, Zip Code Union, New Jersey 07083						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥150 sf or ≥250 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Roofing	70 SF	X			
Exterior			X	Roof Penetrations	20 SF	X			
Interior			X	Panel Penetration	1 SF	X			
Name of Registered Waste Hauler Tatiana Kalenikova			NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S. Landfill			
City, State Woodland Park, New Jersey 07424			Disposal Date 09/24/13		City, State Morrisville, Pennsylvania				
Completed by Tatiana Kalenikova			Title Vice President		Signature <i>Tatiana Kalenikova</i>		Date 09/18/13		



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

APPROVED: FRANK MEYER, NJSPOL  
 CL# 2495

Date of Notification (1) 9      /      19      /      13		Name of Building Owner/Operator (2) <b>HDM Micro Systems</b>						
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>250 Cheesequake Road</b>					
			City, State, Zip Code <b>Parlin, NJ 08859</b>					
			Name of Contact <b>Nichol Reinhold</b>					
		Telephone Number						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>DuPont Parlin Facility Bldg 1820</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address <b>250 Cheesequake Road</b>		Square Feet	# of Floors					
City (5) <b>Parlin</b>		Bldg. Age						
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Warehouse</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Street Address <b>515 Grove St #1B</b>		Street Address <b>1123 BEAVER STREET</b>						
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>						
Project Manager for Monitoring Firm <b>Tom Adams</b>		Telephone No. <b>856-656-2875</b>	Telephone No. <b>215-788-6040</b>					
		License No. <b>00509</b>						
Start Date (10) 9      /      19      /      13	Scheduled Completion Date (11) 9      /      19      /      13	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>						
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 Time of Abatement: _____ AM-12 PM/5 PM-_____ AM		Street Address <b>1123 BEAVER STREET</b>						
		City, State, Zip Code <b>BRISTOL, PA 19007</b>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input 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) <b>56</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Bldg 1820	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	transite panel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>GROWS Landfill</b>				
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>9/19/2013</b>		City, State <b>Morrisville, PA 19067</b>				
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Estimator</b>		Signature <i>Gino Pizzigoni</i>			Date <b>9/19/13</b>	



JK#  
023939

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)

09 / 18 / 13

Name of Building Owner/Operator (2)

Eyal Shuster

Agencies Notified

☒ EPA

☐ DEP

☒ DOL

☒ DOH

☐ DCA

Type of Notification

☒ Initial

☐ Amended  
Amendment #

☐ Emergency (including  
Justification)

☐ Cancellation

Street Address

360 Ninth Street LLC

City, State, Zip Code

Jersey City, NJ

Name of Contact

Eyal Shuster

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Residential

Street Address

353-361 Claremont Avenue

City (5)

Jersey City

County (6)

Hudson

County Code (7)

(STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)

☐ Subchapter 8 (Other than K-12)

☒ Other (i.e., private & commercial  
buildings, homes, etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM

Street Address

Name of Abatement Contractor (9)

J.R. Contracting & Environmental Consulting, Inc.

Street Address

1141 Route 23

City, State, Zip Code

Wayne NJ 07470

Telephone Number

973 628-9500

License No.

00408

Name of OSHA Monitor

Enviro Vision Consultants, Inc.

Street Address

20-21 Wagaraw Road, Bldg. #34A

City, State, Zip Code

Fairlawn NJ 07410

Project Manager for Monitoring Firm

Telephone Number

Scheduled State Date (10)

10 / 01 / 13

Scheduled Completion Date (11)

10 / 04 / 13

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period  
of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

☐ Other - Describe:

Scope of Work (Check all that apply)

☐  $\geq 3$  sf or  $\geq 3$  lf

☒  $\geq 160$  sf or  $\geq 260$  lf

☒ Renovation

☐ Demolition

☐ Full Containment With Negative Pressure

☐ Mini-Enclosure

☐ Glovebag Procedure

☒ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance / Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	N C L O S U R E	E
Exterior			X	Transite	800 SF	X				
						X				
						X				
						X				

Name of Registered Waste Hauler

NJDEP Waste  
Hauler ID No.  
17819

Cubic Yards of Waste

Name of Registered Landfill

J.R. Contracting & Environmental Consulting, Inc.

City, State

Wayne NJ 07470

Disposal Date

City, State

Morrisville PA

Completed by (Print or Type)

Title

Signature

Date

Jerry Bijelonic

Project Manager

9/18/2013



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

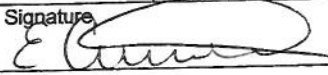
CHECK # 0306

Date of Notification (1) 9-20-2013		Name of Building Owner/Operator (2) East Orange Housing Authority							
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 160 Halstead Road							
		City, State, Zip Code East Orange, NJ 07018							
		Name of Contact Joe	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Property for Demo		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 45 N. 16th Str.		Square Feet	# of Floors 50+						
City (5) East Orange		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) CSA - Consultin Services of America LLC		ASCM No. _____	Name of Abatement Contractor (9) Loznica Management Corporation						
Street Address 26 Lorenzo Court		Street Address 22 Troy Lane							
City, State, Zip Code Matawan NJ 07747		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm Michael Chain		Telephone No. 732-921-9223	Telephone No. 973-706-7950						
Start Date (10) 9-30-2013		Scheduled Completion Date (11) 10-31-2013	License No. 01193						
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: Demolition		Name of OSHA Monitor Loznica Management Corporation							
		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
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 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
Entire House				Will be disposed of as non-friable asbestos materials.					
Name of Registered Waste Hauler Yannuzzi and Sons		NJDEP Waste Hauler ID No. 17497	Cubic Yards of Waste TBD	Name of Registered Landfill IESI					
City, State Hillsborough, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>				Date 9-20-2013	



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

CHECK # 0307

Date of Notification (1) 9-20-2013		Name of Building Owner/Operator (2) East Orange Housing Authority							
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 160 Halstead Road							
		City, State, Zip Code East Orange, NJ 07018							
		Name of Contact Joe	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Property for Demo		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 113 North 15th Street		Square Feet	# of Floors						
City (5) East Orange		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) CSA - Consultin Services of America LLC		ASCM No.	Name of Abatement Contractor (9) Loznica Management Corporation						
Street Address 26 Lorenzo Court		Street Address 22 Troy Lane							
City, State, Zip Code Matawan NJ 07747		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm Michael Chain		Telephone No. 732-921-9223	Telephone No. 973-706-7950						
Start Date (10) 9-30-2013		Scheduled Completion Date (11) 10-31-2013	License No. 01193						
Name of OSHA Monitor Loznica Management Corporation									
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>Demolition</u>		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
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 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
Entire House				Will be disposed of as non-friable asbestos materials.					
Name of Registered Waste Hauler Yannuzzi and Sons		NJDEP Waste Hauler ID No. 17497	Cubic Yards of Waste TBD	Name of Registered Landfill IESI					
City, State Hillsborough, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed by E. Cirovic		Title Secretary	Signature 			Date 9-20-2013			



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

CHECK # 0299

Date of Notification (1) 9-20-2013		Name of Building Owner/Operator (2) East Orange Housing Authority							
Agencies Notified	Type Notification	Street Address 160 Halstead Road							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Orange, NJ 07018							
		Name of Contact Joe	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Property for Demo		Type of Facility (4)							
Street Address 118 4th Ave.		<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) East Orange		Square Feet	# of Floors Bldg. Age 50+						
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) CSA - Consultin Services of America LLC		ASCM No.	Name of Abatement Contractor (9) Loznica Management Corporation						
Street Address 26 Lorenzo Court		Street Address 22 Troy Lane							
City, State, Zip Code Matawan NJ 07747		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm Michael Chain		Telephone No. 732-921-9223	Telephone No. 973-706-7950 License No. 01193						
Start Date (10) 9-30-2013	Scheduled Completion Date (11) 10-31-2013	Name of OSHA Monitor Loznica Management Corporation							
Occupancy Status During Abatement (Check Only One)		Street Address 22 Troy Lane							
<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: Demolition		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Entire House				Will be disposed of as non-friable asbestos materials.					
Name of Registered Waste Hauler Yannuzzi and Sons		NJDEP Waste Hauler ID No. 17497	Cubic Yards of Waste TBD	Name of Registered Landfill IESI					
City, State Hillsborough, NJ			Disposal Date TBD	City, State Bethlehem, PA					
Completed by E. Cirovic		Title Secretary	Signature E. Cirovic			Date 9-20-2013			



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

CHECK # 0304

Date of Notification (1) 9-20-2013		Name of Building Owner/Operator (2) Legow Management							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	160 South Livingston Ave.							
		City, State, Zip Code Livingston, NJ 07039							
		Name of Contact John	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lalor Gardens Unit #34A		Type of Facility (4)							
Street Address Stenton Court		<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) Hamilton		Square Feet	# of Floors 50+						
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartment Unit							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01193						
Start Date (10) 10-1-2013	Scheduled Completion Date (11) 10-3-2013	Name of OSHA Monitor Loznica Management Corporation							
Occupancy Status During Abatement (Check Only One)		Street Address 22 Troy Lane							
<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: 9am - 5 pm		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Kitchen			X	VAT	96 SF	X			
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by E. Cirovic		Title Secretary	Signature <i>E. Cirovic</i>			Date 9-20-2013			







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

CHECK # 0303

Date of Notification (1) 9-20-2013		Name of Building Owner/Operator (2) Legow Management							
Agencies Notified	Type Notification	Street Address 160 South Livingston Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston, NJ 07039							
		Name of Contact John	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Lalor Gardens Unit #34B		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 Stenton Court		Square Feet	# of Floors 50+						
City (5) Hamilton		Bldg. Age							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartment Unit							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01193						
Start Date (10) 10-1-2013	Scheduled Completion Date (11) 10-3-2013	Name of OSHA Monitor Loznica Management Corporation							
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: 9am - 5 pm		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Kitchen			X	VAT	96 SF	X			
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lincoln Park, NJ 07035			Disposal Date TBD	City, State Morrisville, PA 19067					
Completed by E. Cirovic		Title Secretary	Signature <i>E. Cirovic</i>			Date 9-20-2013			



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

CHECK # 0305

Date of Notification (1) 9-20-2013		Name of Building Owner/Operator (2) Legow Management							
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 160 South Livingston Ave.							
		City, State, Zip Code Livingston, NJ 07039							
		Name of Contact John	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Lalor Gardens Unit #12B		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 Stenton Court		Square Feet	# of Floors 50+						
City (5) Hamilton		Bldg. Age							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartment Unit							
Name of Monitoring Firm Hired by Building Owner (8) n/a	ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation							
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a	Telephone No. n/a	Telephone No. 973-706-7950	License No. 01193						
Start Date (10) 9-30-2013	Scheduled Completion Date (11) 10-1-2013	Name of OSHA Monitor Loznica Management Corporation							
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: 9am - 5 pm		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Kitchen			X	VAT	102 SF	X			
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lincoln Park, NJ 07035		Disposal Date TBD	City, State Morrisville, PA 19067						
Completed by E. Cirovic	Title Secretary	Signature <i>E. Cirovic</i>				Date 9-20-2013			

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



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

CR 4662

Date of Notification (1) <b>9-17-2013</b>		Name of Building Owner/Operator (2) <b>R. McGUIRE</b>							
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>513 PALISADE AVENUE</b>							
		City, State, Zip Code <b>TEANECK, NJ 07666</b>							
		Name of Contact <b>R. McGUIRE</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>R. McGUIRE</b>		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 <b>513 PALISADE AVENUE</b>		Square Feet <b>1825</b>	# of Floors <b>2</b>						
City (5) <b>TEANECK</b>		Bldg. Age <b>87 YEARS</b>							
County (6) <b>BERGEN</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Principal Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) <b>9-27-2013</b>		Scheduled Completion Date (11) <b>9-28-2013</b>							
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: <b>8AM 5PM</b>		Name of OSHA Monitor <b>Omega Environmental Inc</b>							
		Street Address <b>280 Huyler St</b>							
		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 100$ sf or $\geq 200$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN FACILITY</b> (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
<b>BASEMENT</b>			X	<b>THERMAL INSULATION</b>	<b>56 SF</b>	X			
<b>BASEMENT</b>			X	<b>THERMAL INSULATION</b>	<b>70 LF</b>	X			
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>1 YD</b>	Name of Registered Landfill <b>Minerva Enterprises</b>					
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>9-28-13</b>		City, State <b>Waynesburg, Oh</b>					
Completed by <b>R. VELDRAAN</b>		Title <b>Estimator</b>		Signature <b>R. Veldraan</b>			Date <b>9-17-2013</b>		