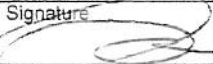


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

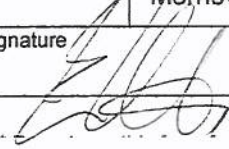
150-1111

2014 SEP 24 PM 7:37

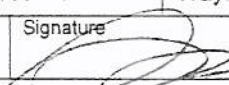
Date of Notification (1) 9/23/14		Name of Building Owner/Operator (2) DVL Kearney Holdings LLC c/o DVL Inc.							
Agencies Notified	Type Notification	Street Address 70 East 55th Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code New York, NY 10022							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Charles Carames	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Toch Industrial Park Building 17		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 166-194 Passiac Ave		Square Feet 10,000	# of Floors 2						
City (5) Kearney		Bldg. Age 100							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Industrial							
Name of Monitoring Firm Hired by Building Owner (8) Testor Technology		ASCM No.	Name of Abatement Contractor (9) Dynamics Development Services, Inc.						
Street Address 10-59 Jackson Ave		Street Address 557 Grand Concourse Suite 3-51							
City, State, Zip Code Long Island City, NY 11101		City, State, Zip Code							
Project Manager for Monitoring Firm Sten Evenhouse		Telephone No. 718-752-2090	Telephone No. 718-906-1055						
		License No. 01241							
Start Date (10) 10/03/14	Scheduled Completion Date (11) 11/12/14	Name of OSHA Monitor Julio Lopez							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 317 9th St							
		City, State, Zip Code Union City, NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor		x		Pipe Insulation	20 LF	x			
2nd Floor		x		Joint Tar	125 LF	x			
Roof		x		Flashing	480 SF	x			
Exterior		x		Caulking/Glazing	1,425 SF	x			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 26	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967			Disposal Date 10/09/14	City, State Waynesburg, OH 44688					
Completed by Sanford Alper		Title Senior Project Executive	Signature 	Date 9/23/14					

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

CK 1037

Date of Notification (1) 09-23-14		Name of Building Owner/Operator (2) Route 206 Holdings, Inc c/o Cushman & Wakefield of New Jersey							
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 293 Route 206 South City, State, Zip Code Flanders, NJ, 07836 Name of Contact Jina Chan Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Route 206 Plaza-Weiss Market				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 293 Rt 206				Square Feet 10,000 # of Floors 1 Bldg. Age 40					
City (5) Flanders		County (6) Morris		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Commercial					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Indian Arrow Industries Inc.					
Street Address		Street Address 144 Mill St.		City, State, Zip Code Paterson, NJ, 07501					
City, State, Zip Code		Telephone No.		Telephone No. 973-653-9652 License No. 1183					
Start Date (10) 10-04-2014		Scheduled Completion Date (11) 11-04-2014		Name of OSHA Monitor Goran Igev					
Occupancy Status During Abatement (Check Only One)				Street Address 144 Mill St.					
<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 Paterson, NJ, 07501					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
Within the Store		X		VAT & Mastic ACM		X			
North Side		X		Mastic ACM	9,568 SF	X			
South Side		X		VAT 9x9 & Mastic ACM	168 SF	X			
North & South Side		X		Mastic ACM Combined	9,736 SF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. North Landfield				
City, State Wayne, NJ				Disposal Date TBD	City, State Morrisville, PA, 19067				
Completed by Goran Igev		Title Secretary		Signature 		Date 09-23-14			

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

Date of Notification (1) 9/23/14		Name of Building Owner/Operator (2) DVL Kearney Holdings LLC c/o DVL Inc.							
Agencies Notified	Type Notification	Street Address 70 East 55th Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New York, NY 10022							
		Name of Contact Charles Carames	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Toch Industrial Park Building 113		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 166-194 Passiac Ave		Square Feet 50,000	# of Floors 3						
City (5) Kearney		Bldg. Age 100							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Industrial							
Name of Monitoring Firm Hired by Building Owner (8) Testor Technology		ASCM No.	Name of Abatement Contractor (9) Dynamics Development Services, Inc.						
Street Address 10-59 Jackson Ave		Street Address 557 Grand Concourse Suite 3-51							
City, State, Zip Code Long Island City, NY 11101		City, State, Zip Code							
Project Manager for Monitoring Firm Sten Evenhouse		Telephone No. 718-752-2090	Telephone No. 718-906-1055						
		License No. 01241							
Start Date (10) 10/03/14		Scheduled Completion Date (11) 11/12/14							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Julio Lopez							
		Street Address 317 9th St							
		City, State, Zip Code Union City, NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout		x		Pipe Insulation	2,300 LF	x			
Throughout		x		VAT, VAT Mastic	1,350 SF	x			
Roof		x		Roofing/Flashing/Sealant	2,640 SF	x			
Exterior		x		Caulking/Glazing	3,945 SF	x			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 215	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967		Disposal Date 10/09/14		City, State Waynesburg, OH 44688					
Completed by Sanford Alper		Title Senior Project Executive		Signature 		Date 9/23/14			

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

Check # 2248

Date of Notification (1) 09 / 23 / 14		Name of Building Owner / Operator (2) Merck	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 556 Morris Avenue		City, State, Zip Code Summit, NJ	
Name of Contact Al Martino		Telephone Number 1-800-XXX-XXXX	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Merck- S10		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 556 Morris Avenue		Square Feet 68,500	
City (5) Summit	County (6) Union	County Code (7)	# Of Floors 3
Current Use (Prior if being demolished) Research Office		Building Age 30 +	
Name of Monitoring Firm Hired by Bldg. Owner (8) AERO Environmental		ASCM NO	
Street Address 275 Route 10 East		NorthStar Contracting Group, Inc.	
City, State, Zip Code Succasunna, NJ 07876		Street Address 32 Williams Parkway	
Project Mngr. For Monitoring Firm Michael Berta		City, State, Zip Code East Hanover, NJ 07936	
Telephone Number 973-920-9061		Telephone Number 973-884-8682	
Sched. Start Date (10) 10 / 06 / 14		Sched. Completion Date (11) 11 / 14 / 14	
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: <input checked="" type="checkbox"/> Other - Describe: M-F 7:00 am to 3:30 pm		Name of OSHA Monitor NorthStar Contracting Group, Inc.	
		Street Address 32 Williams Parkway	
		City, State, Zip Code East Hanover, NJ 07036	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
1st Floor	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Transite	820 sf
1st Floor	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Lab Top	218 sf
2nd Floor	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Transite	1045 sf
2nd Floor	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Lab Top	246 sf
3rd Floor	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Transite	5230 sf
3rd Floor	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Lap Top	1390 sf
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste
City, State NEWARK, NJ		Disposal Date	Name of Registered Landfill Lycoming County Landfill
City, State Montgomery, PA			
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER	Signature <i>Steven Stiles</i>
		Date 09/23/14	

NO CK

00, BY 28-414
SEP 24 FM 7:23
Telephone Number

4	City, State	
re	MONTGOMERY, PA 17752	Date 9/23/14

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

Date of Notification (1) <div style="text-align: center;">9 / 10 /14</div>			Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.		
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414			City, State, Zip Code RAHWAY, NEW JERSEY 07065		
Name of Contact MIKE LATRONICA			Telephone Number		

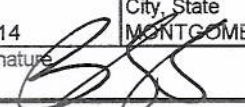
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 126 EAST LINCOLN AVENUE - BUILDING 805			Square Feet 23,835	# of Floors 2	Bldg. Age 35
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pharm. Lab. VACANT- (Areas fences from operational areas)		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.			ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code SPARTA, NEW JERSEY 07871			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 1101	
Expected State Date (10) 9 / 29 /14		Sched. Completion Date (11) 11 / 1 /14		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
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 checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM			Street Address 117 EAST 30TH STREET		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure		
City, State, Zip Code NEW YORK, NEW YORK 10016					

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
WINDOW CAULK	X			WINDOW CAULK	2,000 LF	X			
ROOFING	X			ROOFING	12,600 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 120	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15	
City, State FREEHOLD, NEW JERSEY		Disposal Date 9/29/2014-11/1/2014		City, State MONTGOMERY, PA 17752	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 9/10/14	

CK 26547

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

Date of Notification (1) <div style="text-align: center;">9 / 23 /14</div>		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, SPARTANBURG, SC 29162-0000	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
		Name of Contact MARY BETH BAKER	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 83		Square Feet 5,000	# of Floors 1
City (5) RAHWAY		County Code (7) (STATE USE ONLY) UNION	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	
Expected State Date (10) 10 / 13 /14		Sched. Completion Date (11) 11 / 13 /14	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe: Monday - Friday 7 AM - 3:30 PM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A	
NORTH WALL EXTERIOR		X	
THROUGHOUT		X	
Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
TAR		2 SF	
WINDOW GLAZING (3)		120 SF	
Abatement Type REMOVAL REPAIR ENCAPSULE ENCLOSURE		X	
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939	
Cubic Yards of Waste 1		Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752	
Disposal Date 10/13-11/13/2014		Signature 	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	
Date 9/23/14		Date 9/23/14	

CK 26546

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

Date of Notification (1) <div style="text-align: center;">9 / 23 /14</div>		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000	
		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
		Name of Contact MARY BETH BAKER	
		Telephone Number () - - -	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 78/78 TANK FARM		Square Feet 10,000	# of Floors 2
City (5) RAHWAY		County (6) UNION	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.		ASCM No. 17	
Street Address 655 WEST SHORE TRAIL		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code SPARTA, NEW JERSEY 07871		Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		City, State, Zip Code SUFFERN, NEW YORK 10901	
Telephone Number 973-729-5649		Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 10 / 13 /14		Sched. Completion Date (11) 11 / 13 /14	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Monday - Friday 7 AM - 3:30 PM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
ROOF			X	ROOF PITCH POCKETS	25 SF	X			
TANK FARM			X	TANK CAULK	4 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 5		Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752	
Disposal Date 10/13-11/13/2014		Signature 		Date 9/23/14			
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS					

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

Date of Notification (1) 9 / 23 /14				Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.			
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION			
				Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RAHWAY, NEW JERSEY 07065			
				City, State, Zip Code RAHWAY, NEW JERSEY 07065			
				Name of Contact MARY BETH BAKER			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)			
Street Address 126 EAST LINCOLN AVENUE - BUILDING 82B				Square Feet 1,250		# of Floors 1	
City (5) RAHWAY		County (6) UNION		County Code (7) (STATE USE ONLY)		Bldg. Age 40+	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.				ASCM No. 17		Current Use (Prior if being demolished) VACANT	
Street Address 655 WEST SHORE TRAIL				Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION			
City, State, Zip Code SPARTA, NEW JERSEY 07871				Street Address 313 SPOOK ROCK ROAD			
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH				Telephone Number 973-729-5649		City, State, Zip Code SUFFERN, NEW YORK 10901	
Expected State Date (10) 10 / 13 /14 Month Day Year				Sched. Completion Date (11) 11 / 13 /14 Month Day Year		Telephone Number 845-369-7500	
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 checked="" type="checkbox"/> Other - Describe: Monday - Friday 7 AM - 3:30 PM				License Number 1101		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure		Street Address 117 EAST 30TH STREET	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)				Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Amount (Specify SF or LF)				Abatement Type REMOVAL REPAIR ENCAPSULE ENCLOSURE			
ROOF				X		PIPE INSULATION 75 LF	
ROOF				X		BUILT UP ROOF/FLASHING 1,250 SF	
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY				NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 40	
Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752				Disposal Date 10/13-11/13/2014		Signature Date 9/23/14	

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

OK 3623

Date of Notification (1) 9/23/14		Name of Building Owner/Operator (2) The Langfan Company							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 119 W. 57th Street, #906		City, State, Zip Code New York, NY 10019							
Name of Contact Jennifer Gaboff		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Game Time (Former)		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 760 Route 33		Square Feet 70,000	# of Floors 1						
City (5) Hamilton		Bldg. Age 40+							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Retail (Unoccupied)							
Name of Monitoring Firm Hired by Building Owner (8) Acer Associates		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 1012 Industrial Drive		Street Address 407 West Lincoln Highway, Suite 500							
City, State, Zip Code West Berlin, NJ 08091		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Matt DePalma		Telephone No. 856-809-1202	License No. 01161						
Start Date (10) 10/7/14	Scheduled Completion Date (11) 10/31/14	Name of OSHA Monitor EMSL							
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: 7:00 am - 3:30 pm		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Former Game Time space			X	Floor Tile Mastic/Leveling Compound	17,000 sf	X			
Name of Registered Waste Hauler Waste Management of Central NJ		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 12	Name of Registered Landfill GROWS via Mercer Scale					
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>				Date 9/23/14	

D&S Proj. #: 2014-376

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

(K 000373)

RECEIVED
2014 SEP 24 PM 7:10
ALBANY COUNTY
& LICENSE

Date of Notification (1) 10/19/14		Name of Building Owner/Operator (2) eleanor flanagan	
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 65 mohr avenue		City, State, Zip Code BLOOMFIELD, NJ 07003	
Name of Contact eleanor flanagan-patricia		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) eleanor flanagan-patricia			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 65 mohr avenue			Square Feet # of Floors Bldg. Age		
City (5) BLOOMFIELD	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) 10/02/14		Sched. Completion Date (11) 10/24/14	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.	
			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"/> ≥160 sf or ≥260 lf <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					
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	74 lf	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 10/03/14		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 09/18/14

PK 006372

RECEIVED

2014 SEP 24 PM 7:17
40 DECISIONS COUNTING
& LICENSING

CK# 24641

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


Date of Notification (1) <u>9/22/14</u>		Name of Building Owner/Operator (2) <u>The Marillac Campus</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>75 Mapleton Road</u> City, State, Zip Code <u>Plainsboro, NJ 08536</u>	
		Name of Contact <u>Adam Pate</u>	Telephone Number <u>01</u>

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Building 6 Gymnasium</u>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>75 Mapleton Road</u>		Square Feet <u>5000 SF</u>	# of Floors <u>2</u>
City (5) <u>Plainsboro</u>		Bldg. Age <u>70</u>	
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) <u>USA Environmental</u>		ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>344 W. State Street</u>		Street Address <u>PO Box 322</u>		
City, State, Zip Code <u>Trenton, NJ</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>		
Project Manager for Monitoring Firm <u>William Weigarber Jr.</u>	Telephone No. <u>(609) 656-8101</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>	
Start Date (10) <u>10/1/14</u>	Scheduled Completion Date (11) <u>10/8/14</u>	Name of OSHA Monitor <u>DB Environmetnal</u>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>4 Berkley Place</u>		
		City, State, Zip Code <u>Freehold, NJ 07728</u>		

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 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
<u>Stage Area</u>			<input checked="" type="checkbox"/>	<u>Thermal Pipe Fittings</u>	<u>4 LF</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>	NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1/2 CU</u>	Name of Registered Landfill <u>A.R.R.F., Inc. Landfill</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>10/8/14</u>	City, State <u>Tullytown, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>9/22/14</u>

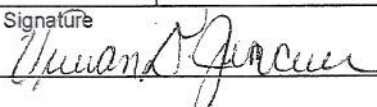
NO CK

ASB-1

* Do not use this form for asbestos licensure exempted activities

NO CK

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

Date of Notification (1) 9/12/2014		Name of Building Owner/Operator (2) Honeywell		RECEIVED 2014 SEP 24 PM 5:15 ASBESTOS CONTROL					
Agencies Notified	Type Notification	Street Address 101 Columbia Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, New Jersey 07962							
		Name of Contact Dan Harris		Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Honeywell SA6 Site Remediation			Type of Facility (4)						
Street Address 80 Kellogg Street			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Jersey City			Square Feet	# of Floors	Bldg. Age 50+				
County (6) Hudson		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) VACANT PROPERTY BLDG.					
Name of Monitoring Firm Hired by Building Owner (8) Emilcott		ASCM No. _____		Name of Abatement Contractor (9) Slavco Construction Inc.					
Street Address 190 Park Avenue		Street Address 164 Getty Ave.							
City, State, Zip Code Morristown, NJ 07960		City, State, Zip Code Clifton, New Jersey 07011-1802							
Project Manager for Monitoring Firm Dave Tomsey		Telephone No. 973-538-1110		Telephone No. 973-478-4848	License No. 00724				
Start Date (10) 9/23/2014		Scheduled Completion Date (11) 9/30/2014		Name of OSHA Monitor Slavco Construction Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 164 Getty Ave.					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Monday-Friday 7:00am-3:30pm</u>				City, State, Zip Code Clifton, New Jersey 07011-1802					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
Concrete slab outside building	x		x	VAT& Mastic	400 SF	x			
			x						
			x						
			x						
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508		Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S Landfill				
City, State Clifton, New Jersey 07011-1802				Disposal Date TBD	City, State Morrisville, Pa				
Completed by Vivian D. Jurcevic		Title Office Manager		Signature 		Date 9/12/2012			

CHECK #
3441

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

RECEIVED

Date of Notification (1) <u>9/22/14</u>		Name of Building Owner/Operator (2) <u>PINELANDS GOLF & COUNTRY CLUB</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>300 77TH ST.</u>				
		City, State, Zip Code <u>SEA ISLE CITY, NJ 08243</u>				
		Name of Contact <u>FRANK EDUARDI</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>5717 WEST AVE.</u>		Square Feet _____	Bldg. Age _____			
City (5) <u>OCEAN CITY</u>		Current Use (Prior if 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>		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>856-779-0472</u>	License No. <u>00444</u>			
Start Date (10) <u>10/6/14</u>	Scheduled Completion Date (11) <u>10/13/14</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>				
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>				
Scope of Work (Check all that apply) <input type="checkbox"/> 23 sf or > 23 sf <input type="checkbox"/> 2160 sf or > 2160 sf <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) (13) <u>TO BE ABATED IN FACILITY</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>2000#</u>	Abatement Type		
				Removal	Repair	Encapsulate
<u>SIDING</u>				<u>X</u>		
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste _____	Name of Registered Landfill <u>C.M.C.M.V.A.</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>9/22/14</u>			

RECEIVED

2014 SEP 24 PM 5:14

CHEG 3442

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

RECEIVED

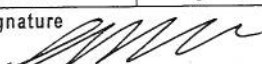
Date of Notification (1) <u>9/22/14</u>		Name of Building Owner/Operator (2) <u>AMERICAN CONTRACTORS SERVICES</u>	
Agency Notified <input type="checkbox"/> NJDEP <input type="checkbox"/> NJDOH <input type="checkbox"/> NJDOT <input type="checkbox"/> NJParks	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>2547 FIRE ROAD - UNIT A-1</u>	
	City, State, Zip Code <u>GOCKHARROT TWP. NJ 08234</u>		
	Name of Contact <u>Downs</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.)	
Address <u>1500 ATLANTIC AVE.</u>		Square Feet <u>1000</u>	Floor <u>2</u>
City <u>LONGPORT</u>		Block Age <u>40T</u>	
County <u>ATLANTIC</u>		County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>VACANT</u>
Name of Monitoring Firm Hired by Building Owner <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>Klemm Inc.</u>
Address		Street Address <u>369 S. SPRUE AVE</u>	
State, Zip Code		City, State, Zip Code <u>MARBLE SHADE, N.J. 08012</u>	
Facility Manager for Monitoring Firm		Telephone No. <u>856-774-0422</u>	License No. <u>120144</u>
Date of Abatement <u>10/4/14</u>		Scheduled Completion Date (11) <u>10/11/14</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Personnel Penetration Outside of Normal Facility Hours		Street Address <u>369 S. SPRUE AVE</u>	
Describe		City, State, Zip Code <u>MARBLE SHADE N.J. 08012</u>	
<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 (1) 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? (17)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specified SF or LF)
	Yr. No. Hh		
<u>BUILDING</u>	<u>X</u>	<u>TRAWITE</u>	<u>2500</u>
NJDEP Waste Manifest No. <u>179011</u>		Cubic Yards of Waste	Name of Registered Carrier <u>ACUA</u>
City, State <u>MARBLE SHADE, N.J.</u>		Disposal Date	City, State <u>PLEASANTVILLE, N.J.</u>
Signature <u>Joseph Klemm</u>		Signature <u>Joseph Klemm</u>	Date <u>9/22/14</u>

RECEIVED


2014 SEP 24 PM 5:03

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

Check No. **2056**

Date of Notification (1) September 22, 2014		Name of Building Owner/Operator (2) Property Solutions, Inc.							
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10:27-04</small> <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 323 New Albany Road City, State, Zip Code Moorestown, NJ 08057 Name of Contact Connor Pensiero							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 Palmer Terrace		Square Feet 400,000	# of Floors 1 warehouse 3 office Bldg. Age 43						
City (5) Carlstadt		Current Use (Prior if being demolished) Office							
County (6) Bergen	County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) Acer Associates, LLC	ASCM No. N/A	Name of Abatement Contractor (9) B&N&K Restoration Co., Inc., 22-2674200							
Street Address 1012 Industrial Drive		Street Address 223 Randolph Avenue							
City, State, Zip Code West Berlin, NJ		City, State, Zip Code Clifton, N.J 07011							
Project Manager for Monitoring Firm Matt DePalma	Telephone No. 856-809-1202	Telephone No. 973-478-4681	License No. 00120						
Start Date (10) October 02, 2014	Scheduled Completion Date (11) October 31, 2014	Name of OSHA Monitor McCabe Environmental Services, L.L.C.							
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 464 Valley Brook Avenue							
		City, State, Zip Code Lyndhurst, NJ 07071-1998							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor office			<input checked="" type="checkbox"/>	VAT - Beige 12" X 12"	221 sq ft	<input checked="" type="checkbox"/>			
1st Floor utility closet			<input checked="" type="checkbox"/>	VAT - Blue & Whit 12" X 12" with mastic	36 sq ft	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler B&N&K Restoration Co., Inc., 22-2674200		NJDEP Waste Hauler ID No. 12695	Cubic Yards of Waste 2	Name of Registered Landfill Minerva Enterprises, Inc.					
City, State Clifton, N.J 07011		Disposal Date 7/08/13		City, State Waynesburg, OH					
Completed by G. Roger Woodman	Title Project Manager		Signature 			Date 9/22/2014			

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

Date of Notification (1) 09/18/14 CK#3260 \$200		Name of Building Owner/Operator (2) PNCT							
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 240 Corbin Street							
		City, State, Zip Code Newark, New Jersey 07114							
		Name of Contact George Stavrou	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Port Newark Container Terminal, B124, B233 & Former Entrance Gate		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 240 Corbin Street		Square Feet 16,300	# of Floors 2						
City (5) Newark, New Jersey 07114		Bldg. Age 55+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Warehouses							
Name of Monitoring Firm Hired by Building Owner (8) T&M Associates		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 11 Tindall Road		Street Address 606 McBride Avenue							
City, State, Zip Code Middleton, New Jersey 07748		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 732-676-1725	Telephone No. 973-225-8400						
		License No. 01104							
Start Date (10) 09/29/14	Scheduled Completion Date (11) 11/08/14	Name of OSHA Monitor J&S Environmental Labs							
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: 7:30 AM - 4:30 PM		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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
SEE ATTACHED									
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 120	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date 11/10/14		City, State Morrisville, Pennsylvania					
Completed by Momo Glavatovic		Title Vice President		Signature 			Date 09/18/14		

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 system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure

Front Office, below white marbled 12"x12" "self stick" floor tile		X		Beige 12"x12" "self stick" floor tile (middle layer) and green 9"x9" floor tile and associated black asphaltic mastic (bottom layer)	170 SF	X			
Front Office Bathroom, below white marbled 1212" "self stick" floor tile		X		Beige 12"x12" "self stick" floor tile (middle layer) and green 9"x9" floor tile and associated black asphaltic mastic (bottom layer)	16 SF	X			
Utility Room of Front Office	X			Green 9"x9" floor tile and associated black asphaltic mastic	36 SF	X			
Second Floor Roof Level			X	Black asphaltic roofing tar with stone ballast (top Layer over black asphaltic roofing felt (bottom layer)	1,400 SF	X			
First Floor Roof Level			X	Black asphaltic roofing tar with stone ballast (top Layer over black asphaltic roofing felt (bottom layer)	1,750 SF	X			
Second Floor and First Floor Roof Levels; associated with all perimeters and penetrations			X	Black asphaltic roofing flashing/sealant compound	400 SF	X			
Former Entrance Gate; Toll Booths between Lanes 1&7 (associated with 11 Toll Booths wall assemblies)	X			Grey/tan fibrous interior metal panel insulation (Type 2 Toll Booths)	990 SF	X			
Former Entrance Gate; canopy Roof (all applications and thickness)			X	Black asphaltic rolled roofing felt with white stone ballasts (top layer) over black asphaltic roofing felt (middle layer; above fiberboard) over black asphaltic roofing felt (bottom layer; below fiberboard)	11,750 SF	X			
Former Entrance Gate; Canopy Roof, all perimeters, penetrations and parapets (all applications and thicknesses)			X	Black asphaltic layered roofing flashing compound and associated black asphaltic roofing flashing/sealant compound	700 SF	X			
Throughout the subject buildings Type 1 Toll Booth Structures	X			PCB Containing light ballasts	12	X			
Throughout the subject buildings Type 2 Toll Booth Structures	X				22	X			
Throughout the subject buildings interior canopy Structure	X				80	X			
Throughout the subject buildings Type 1 Toll Booth Structures	X			Fluorescent light tubes	24	X			
Throughout the subject buildings Type 2 Toll Booth Structures	X				22	X			
Throughout the subject buildings interior canopy Structure	X				140	X			
Throughout the subject buildings interior canopy Structure	X			Sodium-vapor light bulbs	6	X			

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

Date of Notification (1) 9-22-14		Name of Building Owner/Operator (2) Glendehia Gillespie	
Agencies Notified	Type Notification	Street Address	
[] EPA	[X] Initial Notification	41 Headley Terrace	
[] DEP	[] Amended Notification	City, State, Zip Code	
[X] DOL	[] EMERGENCY	Irvington, NJ, 07111	
[X] DOH	[] Cancellation	Name of Contact	Telephone Number
[] DCA		Glendehia Gillespie	2014 SEP 24 PM 5:15

FACILITY INFORMATION

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

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address		
City, State, Zip Code		City, State, Zip Code		
Project Manager for Monitoring Firm		Telephone Number	License Number	
		N/A	(973) 744-8800	
Scheduled Start Date (10) 10-1-14		Sched. Completion Date (11) 10-2-14		Name of OSHA Monitor N/A
Month Day Year		Month Day Year		Street Address
Occupancy Status During Abatement (Check only one)		City, State, Zip Code		
[X] Facility Closed/Vacated During Entire Period of Abatement				
[] Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»				
[] Other - Describe: «Other Occupancy Descript»				

Scope of Work (Check all that apply)

[X] ≥3 sf or ≥3 lf
[] ≥160 sf or ≥260 lf

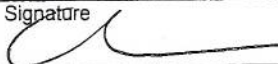
[X] Renovation
[] Demolition

[] Full Containment with Negative Pressure
[X] Mini-Enclosure
[X] 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	E N C L O S U R E
Basement			X	Pipe Insulation	140 lf	X			
				Boiler	20 SF	X			


Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 10-3-14	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian		Title President	Signature <i>CV. Vivian</i>		Date 9-22-14

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

Date of Notification (1) 9/22/14		Name of Building Owner/Operator (2) Earth Tech Contracting (For The City Of Millville)							
Agencies Notified	Type Notification	Street Address 155 Rt 50							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Greenfield NJ 08230 Name of Contact Toni							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) vacant house		Type of Facility (4)							
Street Address 401 Vine Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Milville NJ 08332		Square Feet 1000+	# of Floors 2						
		Bldg. Age 35 +							
County (6) Cumberland	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		856-753-9800	00727						
Start Date (10) 10/3/14	Scheduled Completion Date (11) 10/10/14	Name of OSHA Monitor Same							
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"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	350000 SF	x			
Name of Registered Waste Hauler Earth Tech		NJDEP Waste Hauler ID No. 16429	Cubic Yards of Waste 6	Name of Registered Landfill CCIA					
City, State Greenfield NJ		Disposal Date 10/10/14		City, State Millville NJ 08332					
Completed by Anthony T Perna		Title President		Signature 			Date 9/22/14		


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

OK-4375

Date of Notification (1) 9/22/14		Name of Building Owner/Operator (2) Allan Kaytes Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 12 Joy							
		City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Allan							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Allan Kaytes		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 12 Joy									
City (5) Manahawkin NJ 08050		Square Feet 1000+	# of Floors 1.5						
County (6) Ocean		Bldg. Age 35 +							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 9/22/14	Scheduled Completion Date (11) 9/24/14		Name of OSHA Monitor Same						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Exterior Siding	1400 SF	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ			Disposal Date 9/24/14	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 9/22/14			

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

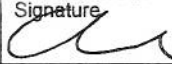
RECEIVED

Date of Notification (1) 9/22/14		Name of Building Owner/Operator (2) Earth Tech Contracting (For The City Of Millville)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 155 Rt 50		City, State, Zip Code Greenfield NJ 08230							
Name of Contact Toni		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) vacant 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 317-319 Vine Street		Square Feet 1000+	# of Floors 2						
City (5) Milville NJ 08332		Bldg. Age 35 +							
County (6) Cumberland	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 10/3/14	Scheduled Completion Date (11) 10/10/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	2800 SF	x			
Name of Registered Waste Hauler Earth Tech		NJDEP Waste Hauler ID No. 16429	Cubic Yards of Waste 6	Name of Registered Landfill CCIA					
City, State Greenfield NJ		Disposal Date 10/10/14		City, State Millville NJ 08332					
Completed by Anthony T Perna		Title President	Signature 			Date 9/22/14			

Emergency

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

CK 43761

Date of Notification (1) 9/22/14		Name of Building Owner/Operator (2) Deborah Biegalski Private Home							
Agencies Notified	Type Notification	Street Address 283 West 7th Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ship Bottom NJ 08008							
		Name of Contact Deb	Telephone Number 609						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Deborah Biegalski Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 283 West 7th Street		Square Feet 400	# of Floors 1						
City (5) Ship Bottom NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Garage & House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 9/22/14	Scheduled Completion Date (11) 9/24/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			x	Roofing	356 SF	x			
Bathroom			x	Transite Pipe	6 LF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ			Disposal Date 9/24/14	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 9/22/14			