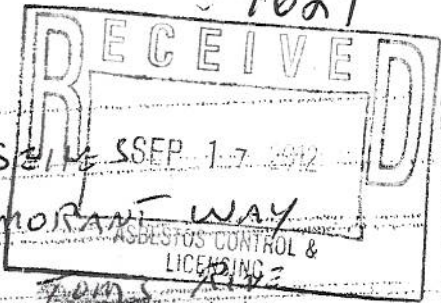


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

CKH
1624



Date of Notification (1) 9-13-12		Name of Building Owner/Operator (2) CHRISTINE SELLE	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> EXA	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 120 WEST CORMORANT WAY	City, State, Zip Code OCEAN BEACH, MD 20755
		Name of Contact JACOBS	

Name of Facility Where Abatement is Taking Place (3) CHRISTINE SELLE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 120 WEST CORMORANT WAY		Square Feet 1200	# of Floors 1
City (5) OCEAN BEACH II TOWNSHIP		Bldg. Age 25	
County (6) OCEAN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOUSE	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address			Street Address ACE INSULATION CO. INC.	
City, State, Zip Code			City, State, Zip Code 95 MONTROSE RD COLTS NECK NJ 07722	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-294-1757	License No. 00029
Start Date (10) 9-24-12	Scheduled Completion Date (11) 9-29-12	Name of OSHA Monitor ACE INSULATION CO. INC.		
Occupancy Status During Abatement (Check only one)				
<input type="checkbox"/> Facility Closed/Vacant During Entire Period of Abatement				
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours				
<input checked="" type="checkbox"/> Other - Describe: 7am - 7pm				

Scope of Work (Check all that apply)		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> 3 sf or less		<input type="checkbox"/> Full Enclosure	
<input checked="" type="checkbox"/> 2160 sf or more		<input type="checkbox"/> Covering Procedure	
<input type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure	
<input type="checkbox"/> Demolition			

Location of Asbestos-Containing Material (ACM) (13) TO BE ABATED IN FACILITY	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			Full Enclosure	Partial Enclosure	DI	REPAIR
				SIDING	1200 SF				

Name of Registered Waste Hauler ACE INSULATION CO.		NJ DEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill CHRISTINE	
City, State COLTS NECK NJ 07722		Disposal Date 9-29-12	City, State BRISTOL PA		
Completed By Jack GALL	Title DPS MGR	Signature <i>Jack GALL</i>	Date 9-13-12		

CR# 1624

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 17:27 and 17:28)

RECEIVED

SEP 17

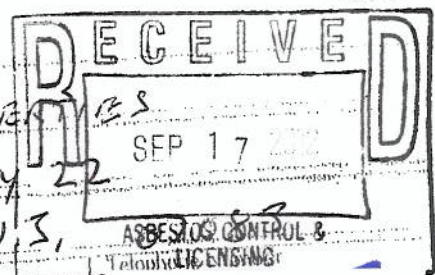
ASBESTOS CONTROL & REMEDIATION

Telephone Number

Date of Notification (1) 9-18-12		Name of Building Owner/Operator (2) CINDY GRIEVE	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	
Street Address 325 EAST BAYVIEW		City, State, Zip Code OCEAN GROVE N.J.	
Name of Contact SACORS		FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3) CINDY GRIEVE		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 325 EAST BAYVIEW AVE		Square Foot 1800	
City (5) OCEAN GROVE		# of Floors 2	
County (6) OCEAN		Current Use (Prior if being demolished) HOUSE	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ACE INSULATION CO. INC.	
Street Address		Street Address 95 MONTROSE RD	
City, State, Zip Code		City, State, Zip Code COLTS NECK NJ 07722	
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	
Start Date (10) 9-24-12		Scheduled Completion Date (11) 9-29-12	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Name of OSHA Monitor ACE INSULATION CO. INC.	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> < 23 ft <input checked="" type="checkbox"/> < 160 sq ft or > 200 ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Full Enclosure <input type="checkbox"/> Jobbag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 95 MONTROSE RD	
City, State, Zip Code		City, State, Zip Code COLTS NECK NJ 07722	
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 1800 SF	
Name of Registered Waste Hauler ACE INSULATION CO. INC.		Cubic Yards of Waste 4	
City, State COLTS NECK NJ 07722		Disposal Date 9-29-12	
Name of Registered Landfill CHARINS		City, State BRISTOL PA	
Completed By Jack GALL		Signature Jack GALL	
Title OPS MGR		Date 9-13-12	

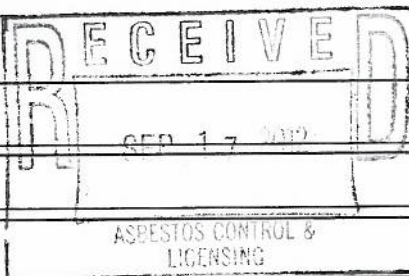
ck#
1624

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 17:28 and 17:29)



Date of Notification (1) 9-13-12		Name of Building Owner/Operator (2) TIMCO PROPERTIES	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <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 notification) <input type="checkbox"/> Cancellation	
Street Address 2271 US Hwy 22		City, State, Zip Code UNION NJ, 07083	
Name of Contact RED CO		Name of Facility Where Abatement is Taking Place (3) PLANET HONDA	
City (5) UNION		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.)	
County (6) UNION		Square Foot 5000	
County Code (7) (STATE USE ONLY)		# of Floors 1	
Name of Monitoring Firm Hired by Building Owner (8)		Bldg. Age 80	
Street Address		Current Use (Prior to being demolished) Old Room 1 Bldg.	
City, State, Zip Code		Name of Abatement Contractor (9) ACE INSULATION Co. INC.	
Project Manager for Monitoring Firm		Street Address 95 MONTROSE RD	
Telephone No.		City, State, Zip Code COLTS Neck NJ 07722	
Start Date (10) 9-24-12		Telephone No. 732 244 1757	
Scheduled Completion Date (11) 9-29-12		License No. 00029	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM - 7PM		Name of OSHA Monitor ACE INSULATION Co. Inc.	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 1 st or 2nd fl <input type="checkbox"/> 3rd fl or >3rd fl <input checked="" type="checkbox"/> 160 sq ft or >160 sq ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Full Enclosure <input type="checkbox"/> Covering Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frable Procedure		Street Address 95 MONTROSE RD	
City, State, Zip Code		City, State, Zip Code COLTS Neck NJ 07722	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Amount (Specify SF or LF) FLOOR TILE & Mastic 750 sq ft	
Name of Registered Waste Handler ACE INSULATION Co. Inc.		Cubic Yards of Waste 3	
City, State COLTS Neck NJ 07722		Name of Registered Landfill CHRINS	
Completed By Jack GALL		City, State EASTON PA	
Title OPS mgr		Date 9-13-12	

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

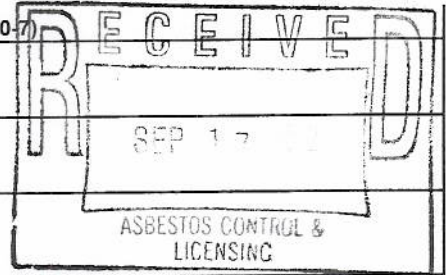


Date of Notification (1) 09/11/2012		Name of Building Owner/operator (2) Joseph Lenahan					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 837 Main St City, State, Zip Code South Amboy, NJ 08879 Name of Contact Joseph Lenahan Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address 837 Main St		Square Feet # of Floors Bldg. Age					
City (5) South Amboy, NJ 08879		Current Use (Prior If being demolished)					
County (6) Middlesex County		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Nick Restoration LLC					
Street Address		Street Address 72 Brookside Rd					
City, State, Zip Code		City, State, Zip Code Randolph, NJ 07869					
Project Manager for Monitoring Firm		Telephone No. 973 933-2550	License No. 01133				
Start Date (10) 09/22/12	Scheduled Completion Date (11) 09/24/12	Name of OSHA Monitor J&S Environmental					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 2333 Rt 22 W City, State, Zip Code Union, NJ 07083					
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input 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			
				Removal	Repair	Encapsulate	Enclosure
basement area	Yes No N/A x	TSI-	150 LF	X			
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 0033782	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S			
City, State Randolph, NJ		Disposal Date TBD	City, State Tullytown, Pa				
Completed By Elvira Mrda	Title President	Signature <i>Elvira Mrda</i>	Date 09/11/2012				

CK
33564

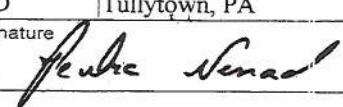
Federal Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification 0 9 1 2 1 2			Name of Building Owner/Operator MACY'S CORPORATE SERVICES (FEDERATED)		
Agencies Notified X USEPA X DEP X DCA/DOL X DOH		Type of Notification X Initial Notification Amended Cancellation		Street Address 7 WEST SEVENTH STREET	
				City, State, Zip Code CINCINNATI, OHIO 45202	
				Name of Contact KIRIT CORA	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place MACY'S WOODBRIDGE CENTER MALL			Type of Facility () School (K-12) () Sub-Chapter 8 (Other than K-12) (X) Other (I.e. private & Commercial buildings, homes, etc.)		
Street Address ROUTE 1			SF of Bldg. 1 MILLION +SF		# Floor 3
City WOODBRIDGE		County UNION	County Code State use Only	Age of Bldg. 50+	
Name of Monitoring Firm Hired by Building Owner BUREAU VERITAS NORTH AMERICA INC.			ASCM No.	Name of Abatement Contractor ACM CONSULTING CORP.	
Street Address 160 FIELDCREST AVENUE			Street Address 2150 STANLEY TERRACE		
City, State, Zip Code EDISON, NJ 08837			City, State, Zip Code UNION, NJ 07083		
Project Manager for Monitoring Firm TO BE DETERMINED		Telephone No. TO BE DETERMINED		Telephone Number 908-687-1008	License Number 00575
Scheduled Start Date 9 24 2012		Scheduled Completion Date 9 30 2012		Name of OSHA Monitor EMSL ANALYTICAL	
Month Day Year		Month Day Year		Street Address 307 WEST 38TH STREET	
Occupancy Status During Abatement (Check Only One) X Facility Closed/Vacated During Entire Period of Abatement X Abatement Outside Normal Facility Hours Describe: 9:00PM TO 6:30AM Other - Describe:			City, State, Zip Code NEW YORK, NY 10118		
Scope of Work (Check Only One) Demolition >3sf or >3lf X ≥ 160sf or ≥ 260lf Renovation			Abatement Method Full Containment with Negative Pressure Mini-Enclosure X Glovebag Procedure Non-Friable Procedure		
Location of ACM Facility		Is Location Normally Used by Custodial Staff		Description of ACM to be Removed	Amount to be Removed (Specify SF/LF)
		Yes	NO		
LOWER LEVEL - AHU - 1				PIPE FITTINGS	12SF
MID LEVEL - AHU - 4				PIPE FITTINGS	18SF
MID LEVEL - AHU - 5				PIPE FITTINGS	12SF
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste ID No. SW1896		Cubic Yds waste TBD	Name of Registered Landfill MINERVA ENTERPRISES, INC
City, State BRONX, NY		Disposal Date TBD		City, State of Registered Landfill WAYNESBURG, OHIO	
Completed By (Print or Type) TIMOTHY RYAN		Title GENERAL MANAGER		Signature <i>Timothy Ryan</i>	Date 9/12/2012



Mo#20142487776

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

Date of Notification (1) 09 / 13 / 12		Name of Building Owner/Operator (2) Jennifer DiCesare		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED SEP 17 2012 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 48 Yale Street City, State, Zip Code Maplewood, NJ 07040 Name of Contact Jennifer DiCesare			
FACILITY INFORMATION						Name of Facility Where Abatement is Taking Place (3) Private home Street Address 48 Yale Street City (5) Maplewood, NJ 07040 County (6) Essex			
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.)		Square Feet # of Floors Bldg. Age				County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC					
Street Address				Street Address 576 Valley Rd #283					
City, State, Zip Code				City, State, Zip Code Wayne, NJ 07470					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-638-1777					
Start Date (10) 09 / 23 / 12		Scheduled Completion Date (11) 09 / 24 / 12		License No. 01127					
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		Name of OSHA Monitor Envirovision Consultants, Inc		Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf									
<input 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) <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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc				
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature 		Date 09/13/2012			

ASB-41

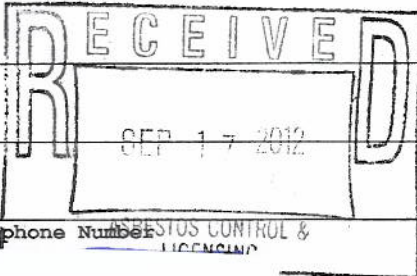
MAY 11

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

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

Date of Notification (1) 9-13-2012		Name of Building Owner/Operator (2) Legow Management		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED SEP 17 2012 ASBESTOS CONTROL & REMEDIATION </div>					
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							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Chilton Towers, Apt. 9E				Type of Facility (4)					
Street Address 220 Jersey Str.				<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) Elizabeth				Square Feet	# of Floors				
					Bldg. Age 50+				
County (6) Union		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) Jadar Contracting, LLC					
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. 01088				
Start Date (10) 9-22-2012		Scheduled Completion Date (11) 9-23-2012		Name of OSHA Monitor Jadar Contracting, LLC					
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: 9 am - 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 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
Kitchen			X	VAT (no mastic)	85 SF	X			
Name of Registered Waste Hauler Jadar Contracting, LLC		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 Lillie Lazarevich		Title Secretary		Signature <i>Lillie Lazarevich</i>		Date 9-13-2012			

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

Date of Notification (1) 9/13/12		Name of Building Owner/Operator (2) William Griggs		
Agencies Notified	Type Notification	Street Address 101 Cooper 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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, NJ 07043		
		Name of Contact William Griggs		
		Telephone Number		ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

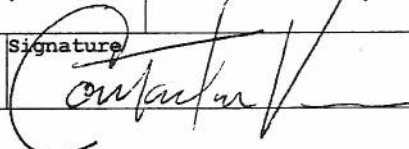
Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 101 Cooper Ave.			Square Feet 5109	# of Floors 3	Bldg. Age 89
City (5) Montclair	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address		Street Address 86 Christopher St.			
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042			
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371	
Scheduled Start Date (10) 9/22/12 Month Day Year	Sched. Completion Date (11) 9/24/12 Month Day Year	Name of OSHA Monitor N/A			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>		Street Address			
		City, State, Zip Code			

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			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	ENCLOSURE	ENCLOSURE
Basement			X	Boiler Insulation	60 SF	X			
Basement			X	Pipe Insulation	70 LF				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 2.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 9/25/12	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 9/13/12		

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

Date of Notification (1) 9/13/12		Name of Building Owner/Operator (2) Andrew Kasper		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 17 2012 ASBESTOS CONTROL & REMEDIATION </div>
Agencies Notified	Type Notification	Street Address 41 Martin St.		
[] EPA [] DEP [X] DOL [X] DOH [] DCA	[X] Initial Notification [] Amended Notification [] EMERGENCY [] Cancellation	City, State, Zip Code Bloomfield, NJ 07003		
		Name of Contact Andrew Kasper		
		Telephone Number		

FACILITY INFORMATION

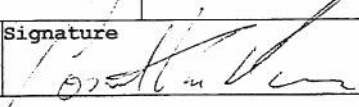
Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 41 Martin St.			Square Feet # of Floors Bldg. Age 1600 2 75		
City (5) Bloomfield	County (6) Essex	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) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 9/22/12 Month Day Year	Sched. Completion Date (11) 9/24/12 Month Day Year	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours - Describe: <u>OffHours Descript</u> [] Other - Describe: <u>Other Occupancy Descript</u>		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

- | | | |
|------------------------|----------------|---------------------------------------------|
| [X] >3 sf or >3 lf | [X] Renovation | [X] Full Containment with Negative Pressure |
| [] >160 sf or >260 lf | [] Demolition | [] 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 E M E N T	R E P A I R	E N C L O S U R E	E N C L O S U R E
Basement			X	Boiler Insulation	18 SF	X			
Basement			X	Pipe Insulation	6 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 9/25/12	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian		Title President	Signature 		Date 9/13/12

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

Date of Notification (1) September 13, 2012		Name of Building Owner/Operator (2) Ciel Power CL 20661	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	160 Chubb Avenue, Suite 204	RECEIVED
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Lyndhurst, NJ 07071	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Steven Little	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) LICENSING		
Street Address 19 Collins Avenue			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K12)		
City Bloomfield			County (6) Essex		
County Code (7) (STATE USE ONLY)			Square feet 2000 sf		
			# of Floors 2		
			Bldg. Age 60		
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Rte. 9, Unit 61			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Toms River, NJ 08755			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 732-349-9932	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 9/14/12		Scheduled Completion Date (11) 9/17/12	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"/> ≥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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

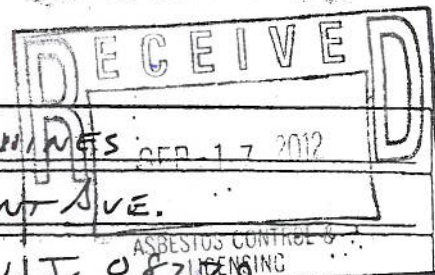
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify 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
Basement		X		Asbestos pipe insulation	50lf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 9/18/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 9/13/2012

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

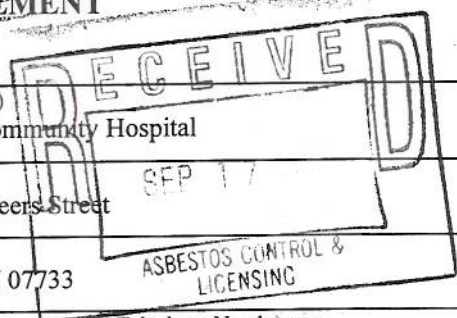
CHECK #
2419

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



Date of Notification (1) <u>9/11/12</u>		Name of Building Owner/Operator (2) <u>MEN & MACHINES</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>225 FREEMONT AVE.</u>				
		City, State, Zip Code <u>WOODBINE, N.J. 08212</u>				
		Name of Contact <u>LISA FISHER</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 S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
Street Address <u>3601 CENTRAL AVE.</u>		Square Feet <u>1000</u>	Bldg Age <u>40+</u>			
City (5) <u>SEA ISLE CITY</u>		# of Floors <u>2</u>				
County (6) <u>CANMAY</u>		County Code (7) (STATE USE ONLY) <u></u>	Current Use (Prior if being demolished) <u>VACANT</u>			
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. <u></u>	Name of Abatement Contractor (9) <u>KLEMCO 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>			
Start Date (10) <u>9/24/12</u>	Scheduled Completion Date (11) <u>10/2/12</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: <u></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"/> ≥ 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				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN FACILITY</u> (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>1400 LF</u>	Abatement Type		
				Removal	Repair	Encapsulation
<u>SIDING</u>		<u>TRANSITE</u>		<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <u>KLEMCO INC.</u>		NJDEP 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 <u></u>	City, State <u>WOODBINE, N.J.</u>			
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>9/11/12</u>			

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



Date of Notification (1) September 13, 2012		Name of Building Owner/Operator (2) Bayshore Community Hospital	
Agencies Notified	Type of Notification	Street Address 727 North Beers Street	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Holmdel, NJ 07733	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification Amendment # _____		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency (including justification)	Name of Contact Janos Angeli	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA		Telephone Number 7	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bayshore Community Hospital			Type of Facility (4)		
Street Address 727 North Beers Street			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K-12)		
City Holmdel			Square feet 500,000 sf		
			# of Floors 5		
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Bldg. Age 50		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 64 Broad Street			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Matawan, NJ 07747			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 8/28/12		Scheduled Completion Date (11) 9/21/12		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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
<input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		

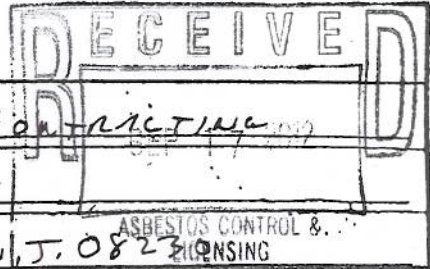
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
4 North IT Closet		X		Fireproofing	35 sf	X			
4 th floor hallway & office		X		Fireproofing	600 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 9/24/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 9/13/12

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

CHECK #
2423

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



Date of Notification (1) <u>9/12/12</u>		Name of Building Owner/Operator (2) <u>EMT 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. 08231</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 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>3251-153 ASBURY 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)	Current Use (Prior if 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>KLEMCO 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>10/2/12</u>		License No. <u>00444</u>					
Scheduled Completion Date (11) <u>10/9/12</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 sl or 23 ll <input type="checkbox"/> 2160 sl or 2260 ll <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Frable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>5000 lb</u>	Abatement Type			
				Removal	Repair	Encapsulation	Other
				<u>X</u>			
Name of Registered Waste Hauler <u>KLEMCO INC.</u>		NJDEP Waste Hauler ID No. <u>12904</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>9/12/12</u>		

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

Date of Notification (1) 9/11/12		Name of Building Owner/Operator (2) Chris Delauney	
Agencies Notified	Type Notification	Street Address	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NO DAY SEP 17 2012 ASBESTOS WAIVER APPROVED </div>
<input type="checkbox"/> JSEA	<input checked="" type="checkbox"/> Initial Notification	221 Christopher St.	
<input type="checkbox"/> IDEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code Montclair, NJ 07042	
<input checked="" type="checkbox"/> JOC	<input type="checkbox"/> Emergency	Name of Contact Chris Delauney	
<input type="checkbox"/> JOM	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> JCA			

FACILITY INFORMATION

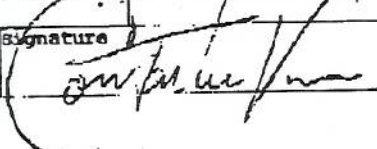
Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4)	
Street Address 221 Christopher St.			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City (5) Montclair	County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet 3200	# of Floors Bldg. Age 3 90
Name of Monitoring Firm hired by Building Owner (8) N/A			Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address			Street Address 86 Christopher St.	
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm			Telephone Number (973) 744-8800	License Number 00371
Sched. Start Date (10) 9/12/12			Sched. Completion Date (11) 9/13/12	
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor N/A	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>Off Hours</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy</u>			Street Address	
Scope of Work (Check all that apply)			City, State, Zip Code	

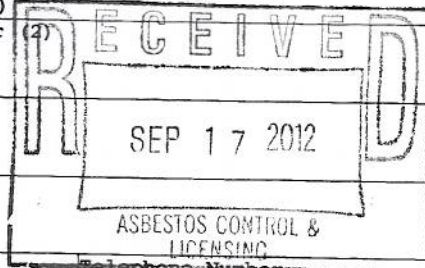
☒ >3 sf or >3 lf
☐ >180 sf or >250 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Prishle 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	ENCLOSURE	DECONTAMINATION
Basement			X	Boiler	18 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 9/14/12	City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 9/11/12

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

Date of Notification (1) 9/11/12		Name of Building Owner/Operator (2) Joe Catrambone	
Agencies Notified	Type Notification	Street Address 401 Davis Ave	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Harrison, NJ 07029	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Joe Catrambone	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

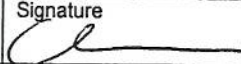
Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4)		
Street Address 401 Davis Ave			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City (5) Harrison	County (6) Hudson	County Code (7) (STATE USE ONLY)	Square Feet 2900	# of Floors 3	Bldg. Age 85
Current Use (Prior if being demolished)					

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address			Street Address 86 Christopher St.	
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	
Scheduled Start Date (10) 9/20/12		Sched. Completion Date (11) 9/21/12		License Number 00371
Month Day Year		Month Day Year		
Occupancy Status During Abatement (Check only one)				
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»				
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-Friable Procedure				

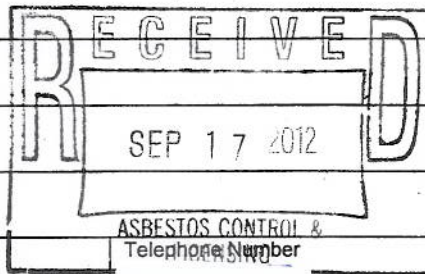
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement 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	pipes	12 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 9/22/12		City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian		Title President		Signature 	
				Date 9/11/12	

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

Date of Notification (1) 9/13/12		Name of Building Owner/Operator (2) Chuck Rowand / Residence							
Agencies Notified	Type Notification	Street Address 24 1st 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 Haddon Heights NJ 08035							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Chuck							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Chuck Rowand / 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 24 1st street		Square Feet 1000+	# of Floors 2						
City (5) Haddon Heights NJ 08035		Bldg. Age 35+							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 9/26/12	Scheduled Completion Date (11) 10/2/12	Name of OSHA Monitor Pernaco Inc							
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 checked="" type="checkbox"/> Other - Describe: <u>Home owner will be home</u>		Street Address PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Boiler insulation	20 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 10/2/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 9/13/12		

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



Date of Notification (1) 9/13/12		Name of Building Owner/Operator (2) John Curtis / Residence							
Agencies Notified	Type Notification	Street Address 5303 Long Beach Blvd							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Brant Beach NJ 08008							
		Name of Contact John							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) John Curtis / 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 5303 Long Beach Blvd		Square Feet 1000+	# of Floors 2						
City (5) Brant Beach NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 9/26/12	Scheduled Completion Date (11) 10/2/12	Name of OSHA Monitor Pernaco Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	2420 sf	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ			Disposal Date 10/2/12	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 9/13/12			

CK
7972

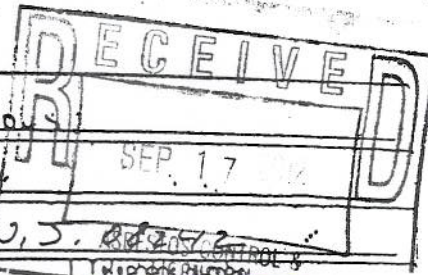
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:122)

CHECK # 7972

Date of Notification (1) 9/10/12		Name of Building Owner/Operator (2) Alicia Belmonte		APPROVED NJ Dept of Health & Senior Services Date: 9/10/12 Time: 11:05 AM	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 12 Moore Place City, State, Zip Code North Arlington NJ 07061 Name of Contact Alicia Belmonte	
Name of Facility Where Abatement is Taking Place (3) Belmonte Street Address 12 Moore Place City (5) North Arlington County (6) Bergen				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 1650 # of Floors 2 Bldg. Age 56 Current Use (Prior if being demolished) (6c) (RE)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. MAC Contracting Inc. Street Address 105 Lowell Road City, State, Zip Code Glen Rock, NJ 07452	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-262-5841 License No. 00158	
Start Date (10) 9-10-12		Scheduled Completion Date (11) 9-11-12		Name of OSHA Monitor Omega Environmental Services Inc. Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 07605	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 250 lf <input 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) TO BE ABATED In Facility (13) LAUNDRY / FURNACE RM.		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) VAT + m457cc	
				Amount (Specify SF or LF) 72 sf	
				Abatement Type Removal Repair Encapsulate Enclose	
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 5	
City, State, Zip Code Riverdale, NJ 07457		Disposal Date 9/12/12		Name of Registered Landfill IESI PA Bethlehem Landfill Corp. City, State, Zip Code Bethlehem, PA 18015	
Completed by R. McDonald		Title President		Signature Randall McDonald Date 9/10/12	

CHECK #
2424

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 13:174)



Date of Notification (1) <u>9/13/12</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"/> DOH <input checked="" type="checkbox"/> DCJ <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amended # <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. 08272</u> Name of Contact <u>SAME</u> Telephone Number <u>908-272-1111</u>	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial dwelling, homes, etc.)	
Street Address <u>1109 WASHINGTON ST.</u>		Square Feet <u>2000</u>	Floor Area <u>2</u>
City (5) <u>CAPE MAY</u>		Block Age <u>40+</u>	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY) <u>01</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. <u></u>	Name of Abatement Contractor (9) <u>KLEMM 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></u>	Telephone No. <u>856-779-0424</u>
		License No. <u>010-1-1</u>

Start Date (10) <u>9/24/12</u>	Scheduled Completion Date (11) <u>10/2/12</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 <u></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 checked="" type="checkbox"/> 1510 or 2311 <input checked="" type="checkbox"/> 1601 or 2601	<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"/> Gloving Procedure <input checked="" type="checkbox"/> Non-Exempted (1) and Non-Fixable Procedure
----------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAI, or other miscellaneous)	Amount (Specify Size)
	Yes	No	N/A		
<u>TRANSITE</u>				<u>SIDING</u>	<u>1600#</u> X

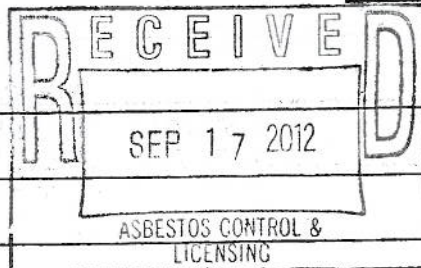
Name of Registered Waste Hauler <u>KLEMM INC.</u>	NJ DEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Vendor <u>CIMCMA</u>
City, State <u>MAPLE SHADE, N.J.</u>	Disposal Date <u></u>	City, State <u>WOODBINE, N.J.</u>	
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>9/13/12</u>

CHECK #
2425

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

Date of Notification (1) <u>9/13/12</u>		Name of Building Owner/Operator (2) <u>Earth 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>BRUCE BREUNIG</u>	Telephone Number <u>908-172-0012</u>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>857 2ND ST.</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)	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>KLEMCO 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.	Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>
Start Date (10) <u>10/1/12</u>	Scheduled Completion Date (11) <u>10/8/12</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"/> 231 or 2311 <input type="checkbox"/> 2160 SI or 2260 II		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	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 lb</u>
			Abatement Type Removal <input checked="" type="checkbox"/> Encapsulation <input type="checkbox"/> Other <input type="checkbox"/>
Name of Registered Waste Hauler <u>KLEMCO INC.</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C. M.U. 1</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>9/13/12</u>

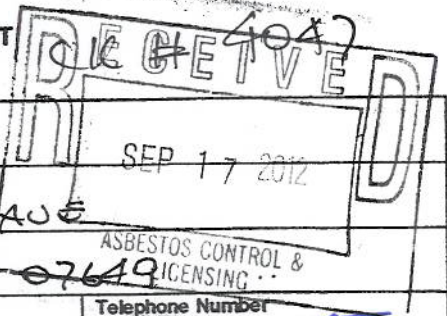
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 8/24/12		Name of Building Owner/Operator (2) The Okonite Company							
Agencies Notified	Type Notification	Street Address 959 Market 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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paterson, NJ 07513							
		Name of Contact William Maki	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) The Okonite 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 buildings, homes, etc.)							
Street Address 959 Market street		Square Feet 36000sf	# of Floors 1						
City (5) Paterson, NJ 07513		Bldg. Age 52yr							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Manufactory							
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental Services		ASCM No.	Name of Abatement Contractor (9) DYV Enterprises LLC						
Street Address 140 Boulevard		Street Address 254 Cumberland Ave							
City, State, Zip Code Mountain Lakes		City, State, Zip Code Paterson, NJ 07502							
Project Manager for Monitoring Firm Leonid Shereshvsky		Telephone No. 973-7696946	Telephone No. 201-3041815						
		License No. 01129							
Start Date (10) 8/27/12	Scheduled Completion Date (11) 8/30/12	Name of OSHA Monitor							
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							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Mechanical Room Boiler/Door	x			Thermal systems insulation	45sf	x			
Name of Registered Waste Hauler DYV Enterprises LLC		NJDEP Waste Hauler ID No. 09975	Cubic Yards of Waste 10yd	Name of Registered Landfill Clean Earth of North Jersey					
City, State Paterson, NJ		Disposal Date 8/30/12		City, State Kearny, NJ 07032					
Completed by Yanet Carpio		Title Owner		Signature 				Date 8/24/12	

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) 9/12/12		Name of Building Owner/Operator (2) MR. LIAO	
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 590 TAYLOR AVE City, State, Zip Code ORADELL, NJ 07649	
		Name of Contact MR. LIAO	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MR. LIAO		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 590 TAYLOR AVE		Square Feet 2500	# of Floors 2
City (5) ORADELL		Bldg. Age 60 YRS	
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Best Removal Inc	
Street Address				Street Address 450 S. River St	
City, State, Zip Code				City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-329-7444	License No. 00388
Start Date (10) 9/26/12	Scheduled Completion Date (11) 9/27/12		Name of OSHA Monitor Omega Environmental Inc		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 12M TO 5PM			Street Address 280 Huyler St		
			City, State, Zip Code South Hackensack, N.J. 07606		

Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Demolition		<input 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
BASEMENT				VAT	480 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2/207	Name of Registered Landfill Minerva Enterprises	
City, State Hackensack, N.J. 07601		Disposal Date 9/27/12		City, State Waynesburg, Oh	
Completed by J. Maiorano	Title Estimator	Signature 		Date 9/12/12	

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

RECEIVED
CHECK # 975
SEP 17 2012
APPROVED
NJ Department of Health & Senior Services
Date: 9/11/12 Time: 10:00 AM

Date of Notification (1) 9-10-12		Name of Building Owner/Operator (2) GOLDBERG REALTY		APPROVED NJ Department of Health & Senior Services Date: 9/11/12 Time: 10:00 AM	
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 33 CLINTON ROAD City, State, Zip Code WEST CALDWELL NJ 07066 Name of Contact RICH SHATWELL Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) SHORE GARDENS			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 355 BATH AVE			Square Feet 8000		
City (5) LONG BRANCH			# of Floors 3		
County (6) MONMOUTH			Bldg. Age 56		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) APTS		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. MAC Contracting Inc.	
Street Address		Street Address 105 Lowell Road		City, State, Zip Code Glen Rock, NJ 07452	
City, State, Zip Code		Telephone No. 201-262-5841		License No. 00156	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Omega Environmental Services Inc.	
Start Date (10) 9/11/12		Scheduled Completion Date (11) 9/12/12		Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input 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) 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 N/A		Amount (Specify SF or LF)	
boiler room				220 LF	
boiler room				110 SF	
boiler room				40 SF	
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 1	
City, State, Zip Code Riverton, NJ 07457		Disposal Date 9/11/12		Name of Registered Landfill IESI PA Bethlehem Landfill Corp. City, State, Zip Code Bethlehem, PA 18015	
Completed by R. McDonald		Title President		Signature R. McDonald Date 9/11/12	

APPROVED
NJ Dept. of Health & Senior Services

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:26)

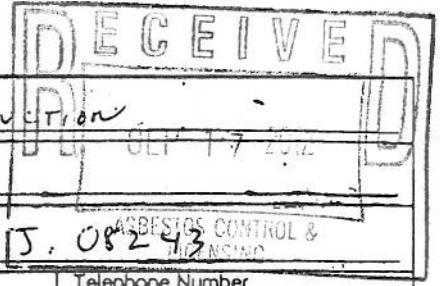
(signature)

Time: 11:50

Date of Notification (1) 09/11/12 Ck#: 2254 \$200		Name of Building Owner/Operator (2) Teaneck Board of Education							
Agencies Notified	Type Notification	Street Address 1315 Taft Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Teaneck, New Jersey 07666							
		Name of Contact Anthony D'Angelo							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lowell Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1025 Lincoln Place		Square Feet 20,000							
City (5) Teaneck, New Jersey 07666		# of Floors 2	Bldg. Age 55+						
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) Environmental Design Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 5434 King Avenue, Suite 101		Street Address 606 McBride Avenue							
City, State, Zip Code Pennsauken, New Jersey 08109		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Tom Pruno		Telephone No. 856-616-9516	Telephone No. 973-225-8400						
Start Date (10) 09/14/12		Scheduled Completion Date (11) 09/16/12	License No. 01104						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 4:30pm Start		Name of OSHA Monitor J&S Environmental Labs							
		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 checked="" type="checkbox"/> ≥160 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 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
Attic	X			Duct insulation	200 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date 09/18/12		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>			Date 09/11/12		

CHECK #
2420

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



Date of Notification (1) <u>9/11/12</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</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 77 TH ST.</u>					
		City, State, Zip Code <u>SEA ISLE CITY, N.J. 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>198 10TH ST.</u>		Square Feet	# of Floors				
City (5) <u>AVALON</u>		Bldg. Age					
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		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>9/24/12</u>	Scheduled Completion Date (11) <u>10/4/12</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"/> ≥ 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					
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	Enclosure
<u>SIDING</u>		<u>TRANSITE</u>	<u>1500 LF</u>	<input checked="" type="checkbox"/>			
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.U.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>9/11/12</u>				

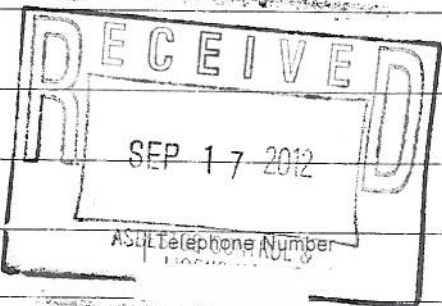
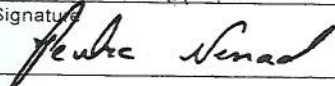
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 09/11/12 Ck#:2257 \$200		Name of Building Owner/Operator (2) Bergen County Department of Parks		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED SEP 17 2012 Telephone Number: </div>					
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				One Bergen County Plaza City, State, Zip Code Hackensack, New Jersey 07601 Name of Contact Alan Koenig			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Breslin Field				Type of Facility (4)					
Street Address 15 Page Avenue				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Lyndhurst, New Jersey 07071				Square Feet 20,000	# of Floors 2				
County (6) Bergen				County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Field House				
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates			ASCM No.	Name of Abatement Contractor (9) Lilich Corporation					
Street Address 300 Grand Avenue			Street Address 606 McBride Avenue						
City, State, Zip Code Englewood, New Jersey 07631			City, State, Zip Code Woodland Park, New Jersey 07424						
Project Manager for Monitoring Firm Stephen Jaraczewski			Telephone No. 201-569-6708	Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 09/24/12		Scheduled Completion Date (11) 09/26/12		Name of OSHA Monitor J&S Environmental Labs					
Occupancy Status During Abatement (Check Only One)				Street Address 2333 Route 22 West					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8am 4pm				City, State, Zip Code Union, New Jersey 07083					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
Field house building Exterior		X		Roof Shingles	400 SF	X			
Name of Registered Waste Hauler Lilich Corporation			NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S Landfill				
City, State Woodland Park, New Jersey 07424			Disposal Date 09/28/12		City, State Morrisville, Pennsylvania				
Completed by Tatiana Kalenikova			Title Vice President		Signature <i>Tatiana Kalenikova</i>			Date 09/11/12	

NOTIFICATION OF ASBESTOS ABATEMENT

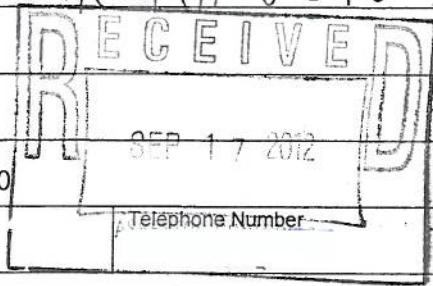
(Pursuant to NJAC 8:60 and 5:16)

Check# 1475

Date of Notification (1) 09 / 12 / 12		Name of Building Owner/Operator (2) Rosemary Agrista							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 205 Longview Terrace City, State, Zip Code Gillette, NJ 07933			
						Name of Contact Rosemary Agrista			
						ASL Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private home				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 205 Longview Terrace City (5) Gillette, NJ 07933				Square Feet # of Floors Bldg. Age					
County (6) Morris		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC					
Street Address				Street Address 576 Valley Rd #283					
City, State, Zip Code				City, State, Zip Code Wayne, NJ 07470					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. License No. 973-638-1777 01127					
Start Date (10) 09 / 22 / 12		Scheduled Completion Date (11) 09 / 23 / 12		Name of OSHA Monitor Envirovision Consultants, Inc					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM _____ AM				Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	135 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc			
City, State Wayne, NJ 07470				Disposal Date TBD		City, State Tullytown, PA			
Completed By (Print or Type) N.Jevtic		Title Owner		Signature 		Date 09/12/2012			


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

Check # 8698

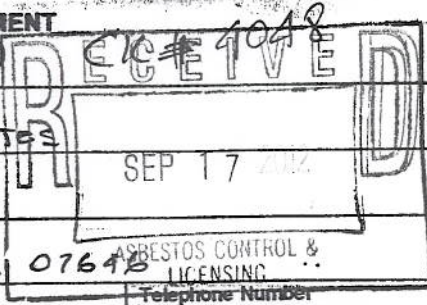


Date of Notification (1) 9-12-12		Name of Building Owner/Operator (2) Paragano Enterprises							
Agencies Notified	Type Notification	Street Address 106 Allen Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Basking Ridge, NJ 07920							
		Name of Contact Larry Paragano							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Office Building		Type of Facility (4)							
Street Address 250 James 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) Morrisville, NJ		Square Feet 105,000	# of Floors 2						
County (6) Morris		Bldg. Age 30yrs.							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) office building							
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.							
Street Address 411 Southgate Court, Suite E		Street Address 923 Haws Avenue							
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080	License No. 00398						
Start Date (10) 9-25-12	Scheduled Completion Date (11) 10-12-12	Name of OSHA Monitor Plymouth Environmental Co. Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 923 Haws Avenue							
<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 Norristown, PA 19401							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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			roof flashing	1,400 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 40	Name of Registered Landfill IESI					
City, State Newark, NJ		Disposal Date 10-12-12		City, State Bethlehem, PA					
Completed by Timothy E. Bryan		Title Vice-President	Signature 			Date 9-12-12			

Check# 8700

Signature 

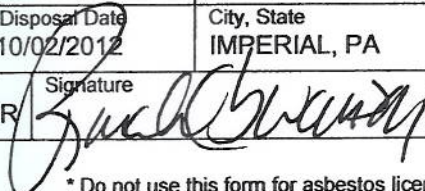
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 9/12/12		Name of Building Owner/Operator (2) JYS REALTY ASSOCIATES							
Agency 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 847 BERKLEY ST City, State, Zip Code NEW MILFORD, NJ. 07648 Name of Contact MS. NANCY BATES							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MAYBROOK GARDENS		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 156 MAYBROOK AVE		Square Feet 5,200	# of Floors 2						
City (5) MAYWOOD		Bldg. Age 63 YEARS							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCES APTS.							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc							
Street Address		Street Address 450 S. River St							
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 9/27/12	Scheduled Completion Date (11) 10/3/12	Name of OSHA Monitor Omega Environmental Inc							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM		Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
BOILER ROOM			X	THERMAL INSULATION	50 LF	X			
BOILER ROOM			X	THERMAL SURFACING	310 SF	X			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 10 CY	Name of Registered Landfill Minerva Enterprises					
City, State Hackensack, N.J. 07601			Disposal Date 10/3/12	City, State Waynesburg, Oh					
Completed by J. Maiorano		Title Estimator	Signature <i>J. Maiorano</i>			Date 9/12/12			

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

Check # 3943

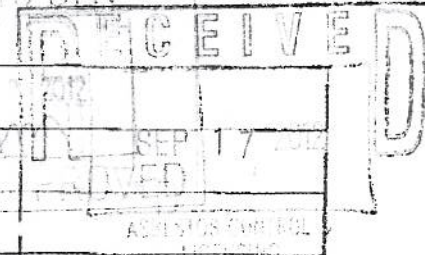
Date of Notification (1) 09/11/2012		Name of Building Owner/Operator (2) ADITHYA REDDY		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 17 2012 </div>					
Agencies Notified	Type Notification	Street Address 200 WEST 3RD STREET							
<input type="checkbox"/> EPA <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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code MOORESTOWN, NJ 08057							
		Name of Contact AMY FOSTER		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) COMMERCIAL BUILDING				Type of Facility (4)					
Street Address 200 WEST 3RD 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) MOORESTOWN		Square Feet 3800	# of Floors 1	Bldg. Age 39					
County (6) BURLINGTON		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) DENTIST OFFICE					
Name of Monitoring Firm Hired by Building Owner (8) STRATEGIC ENVIRONMENTAL		ASCM No. _____		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.					
Street Address 1634 S DELAWARE STREET		Street Address 570 CLEMS RUN							
City, State, Zip Code PAULSBORO, NJ 08066		City, State, Zip Code MULLICA HILL, NJ 08062							
Project Manager for Monitoring Firm ED KEEGAN		Telephone No. 856-423-5711		Telephone No. 610-304-4676	License No. 01145				
Start Date (10) 09/17/2012	Scheduled Completion Date (11) 09/30/2012		Name of OSHA Monitor EMSL						
Occupancy Status During Abatement (Check Only One)			Street Address 200 RT. 130 NORTH						
<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 CINNAMINSON, NJ 08077						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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
UNIT C			X	SHEET ROCK W/JOINT COMP.	2700 SF	X			
UNIT C			X	FLOOR TILE-NF	50 SF	X			
UNIT B			X	SHEET FLOORING	25 SF	X			
UNIT A			X	FLOOR TILE-NF	72 SF	X			
Name of Registered Waste Hauler NETS		NJDEP Waste Hauler ID No. _____		Cubic Yards of Waste 7	Name of Registered Landfill ALLIED WASTE IMPERIAL LANDFILL				
City, State HAZLETON, PA				Disposal Date 10/02/2012	City, State IMPERIAL, PA				
Completed by RON SWANSON		Title PROJECT COORDINATOR			Signature 	Date 09/11/2012			

Print Form

REMEMBER - MAIL IN HARD COPY

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

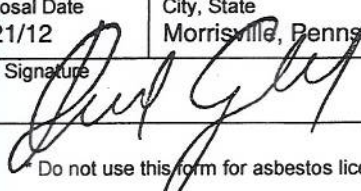
DOL - 1 DAY



Date of Notification (1) 09/11/2012		Name of Building Owner/Operator (2) ADITHYA REDDY							
Agencies Notified	Type Notification	Street Address 200 WEST 3RD STREET							
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code MOORESTOWN, NJ 08057							
		Name of Contact AMY FOSTER	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) COMMERCIAL BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 200 WEST 3RD STREET		Square Feet 3800	# of Floors 1						
City (5) MOORESTOWN		Bldg. Age 39							
County (6) BURLINGTON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) DENTIST OFFICE							
Name of Monitoring Firm Hired by Building Owner (8) STRATEGIC ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 1634 S DELAWARE STREET		Street Address 570 CLEMS RUN							
City, State, Zip Code PAULSBORO, NJ 08066		City, State, Zip Code MULUCA HILL, NJ 08062							
Project Manager for Monitoring Firm ED KEEGAN		Telephone No. 856-423-5711	Telephone No. 610-304-4676						
		License No. 01145							
Start Date (10) 09/17/2012	Scheduled Completion Date (11) 09/30/2012	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 Other - Describe:		Street Address 200 RT. 130 NORTH							
		City, State, Zip Code CINNAMINSON, NJ 08077							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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	Enclose
UNIT C			X	SHEET ROCK W/JOINT COMP.	2700 SF	X			
UNIT C			X	FLOOR TILE-NF	50 SF	X			
UNIT B			X	SHEET FLOORING	25 SF	X			
UNIT A			X	FLOOR TILE-NF	72 SF	X			
Name of Registered Waste Hauler NETS		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 7	Name of Registered Landfill ALLIED WASTE IMPERIAL LANDFILL					
City, State HAZLETON, PA		Disposal Date 10/02/2012		City, State IMPERIAL, PA					
Completed by RON SWANSON		Title PROJECT COORDINATOR		Signature 		Date 09/11/2012			

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

#2139

Date of Notification (1) 09/11/12		Name of Building Owner/Operator (2) Abe Home Improvement, LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 17 2012 </div>					
Agencies Notified		Type Notification				Street Address 46 Smith 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Newark, NJ 07106			
						Name of Contact Abraham Charles			
<div style="text-align: center;">FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) Private Residence				Type of Facility (4)					
Street Address 212 Jacoby 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) Maplewood				Square Feet 2,000+	# of Floors 2				
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Bldg. Age 50+					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Pyramid Contracting Corp.					
Street Address				Street Address 163 Sargeant Avenue					
City, State, Zip Code				City, State, Zip Code Clifton, NJ 07013					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-689-6281	License No. 01099				
Start Date (10) 09/21/12		Scheduled Completion Date (11) 09/21/12		Name of OSHA Monitor J&S Environmental Laboratories LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 2333 Route 22 West					
<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 Union, NJ 07081					
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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	20 LF	X			
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613		Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S., Inc.				
City, State Clifton, New Jersey				Disposal Date 09/21/12	City, State Morrisville, Pennsylvania				
Completed by Dimo Golcev		Title General Manger		Signature 	Date 09/11/12				

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

Date of Notice 9/11/12



Type Notification		Name of Building Owner / Operator (2) Maryann Amasio	
Agencies Notified		Street Address	21 National Ave
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Emergency Notification	City, State & Zip Code	Brick, NJ 08724
<input checked="" type="checkbox"/> DEP	<input checked="" type="checkbox"/> Initial Notification	Name of Contact	Maryann Amasio
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amended Notification	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
110 School Lane			Square Feet	# of Floors	Bldg. Age
City (5) Trenton			2000	2	60
County (6) Mercer			Current Use (Prior if being demolished) Residential		
County Code (7)					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc			Name of Abatement Contractor (9) Global Abatement Services, LLC		
Street Address 64 Broad Street			Street Address 443 Schoolhouse Road		
City, State & Zip Code Matawan, NJ 07747			City, State & Zip Code Monroe Township, NJ 08831		
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-605-9062	License Number 00714	
Scheduled Start Date (10) 9/22/12	Scheduled Completion Date (11) 9/22/12		Name of OSHA Monitor Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe:			Street Address 443 Schoolhouse Road		
			City, State & Zip Code Monroe Township, NJ 08831		

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Basement	N/A	TSI Pipe	45 LF	Removal

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693		Cu. Yds. of Waste 5		Name of Registered Landfill TRRF	
City, State Freehold, NJ				Disposal Date 9/22/12		City, State Tullytown, Pa	
Completed By (Print or Type) Dominick Tringali			Title Pres.		Signature <i>Dominick Tringali</i>		Date 9/11/12

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

CK
6022

Date of Notice 9/7/12

Type Notification		Name of Building Owner / Operator (2) Melissa Torres		
Agencies Notified		Emergency Notification	<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED SEP 17 2012 ASBESTOS CONTROL LICENSING </div>	
<input checked="" type="checkbox"/> EPA		<input checked="" type="checkbox"/> Initial Notification		
<input checked="" type="checkbox"/> DEP		Amended Notification		
<input checked="" type="checkbox"/> DOL		Cancellation		
<input checked="" type="checkbox"/> DOH				
<input checked="" type="checkbox"/> DCA			Street Address 49 W. Amherst St	
			City, State & Zip Code East Brunswick, NJ 08816	
			Name of Contact Melissa Torres	
			Telephone Number	
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
49 W. Amherst St.				
City (5) East Brunswick	County (6) Middlesex	County Code (7)	Square Feet 2000	# of Floors 2
			Bldg. Age 60	
			Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc		ASCM No.	Name of Abatement Contractor (9) Global Abatement Services, LLC	
Street Address 64 Broad Street			Street Address 443 Schoolhouse Road	
City, State & Zip Code Matawan, NJ 07747			City, State & Zip Code Monroe Township, NJ 08831	
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-605-9062	License Number 00714
Scheduled Start Date (10) 9/17/12	Scheduled Completion Date (11) 9/18/12		Name of OSHA Monitor Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe:			Street Address 443 Schoolhouse Road	
			City, State & Zip Code Monroe Township, NJ 08831	
Scope of Work (Check all that apply)				
Demolition <input checked="" type="checkbox"/> Renovation Large Project <input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM				
Full Containment with Negative Pressure Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure Other: Clean up				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Basement	N/A	TSI Pipe	50 LF	Removal
Name of Registered Waste Hauler Freehold Cartage				
NJDEP Waste Hauler ID # 18693		Cu. Yds. of Waste 5	Name of Registered Landfill TRRF	
City, State Freehold, NJ		Disposal Date 9/18/12	City, State Tullytown, Pa	
Completed By (Print or Type) Dominick Tringali	Title Pres.	Signature <i>Dominick Tringali</i>		Date 9/7/12

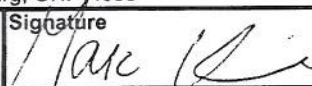
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 9/11/12		Name of Building Owner/Operator (2) P.S.E. & G		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED SEP 17 2012 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified		Type Notification				Street Address 4000 Hadley Road			
<input checked="" type="checkbox"/> EPA <input 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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code South Plainfield, NJ 07080			
						Name of Contact Isabel Goncalves Rooney			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) P.S.E & G - W. Orange Switching Station				Type of Facility (4)					
Street Address 341 Mt. Pleasant 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) West Orange				Square Feet N/A	# of Floors N/A				
County (6) Essex				County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Switch Station				
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS			ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC.					
Street Address 64 BROAD STREET			Street Address 396 WHITEHEAD AVE.						
City, State, Zip Code MATAWAN, NJ 07747			City, State, Zip Code SOUTH RIVER, NJ 08882						
Project Manager for Monitoring Firm TOM GEIGER			Telephone No. 732-290-2217	Telephone No. 732-432-8350	License No. 01111				
Start Date (10) 9/4/12		Scheduled Completion Date (11) 9/11/12		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA INC.					
Occupancy Status During Abatement (Check Only One)				Street Address 396 WHITEHEAD AVE.					
<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 SOUTH RIVER, NJ 08882					
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
OUTSIDE DUCT BANKS & STORM DRAINS		X		ACM TRANSITE PIPES	870 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT			NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 150	Name of Registered Landfill GROWS NORTH				
City, State ELIZABETH, NJ				Disposal Date 9/12/12	City, State MORRISVILLE, PA				
Completed by CAROL RAIMO			Title OFFICE MGR.	Signature <i>Carol Raimo</i>	Date 9/11/12				

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

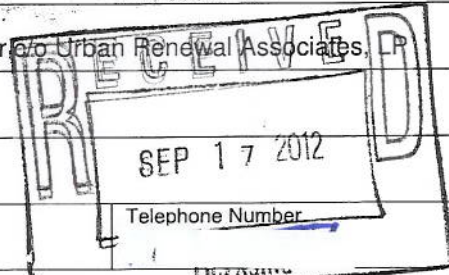
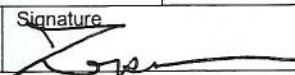
Date of Notification (1) 8/20/2012		Name of Building Owner/Operator (2) P.S.E. & G		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED SEP 17 2012 </div>					
Agencies Notified		Type Notification				Street Address 4000 Hadley Road			
<input checked="" type="checkbox"/> EPA <input 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 South Plainfield, NJ 07080			
						Name of Contact Isabel Goncalves Rooney			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) P.S.E & G - W. Orange Switching Station				Type of Facility (4)					
Street Address 341 Mt. Pleasant 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) West Orange				Square Feet N/A	# of Floors N/A				
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Switch Station					
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC.					
Street Address 64 BROAD STREET				Street Address 396 WHITEHEAD AVE.					
City, State, Zip Code MATAWAN, NJ 07747				City, State, Zip Code SOUTH RIVER, NJ 08882					
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217		Telephone No. 732-432-8350	License No. 01111				
Start Date (10) 9/4/12		Scheduled Completion Date (11) 9/19/12		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA INC.					
Occupancy Status During Abatement (Check Only One)				Street Address 396 WHITEHEAD AVE.					
<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 SOUTH RIVER, NJ 08882					
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
OUTSIDE DUCT BANKS & STORM DRAINS		X		ACM TRANSITE PIPES	870 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste APPX 150	Name of Registered Landfill GROWS NORTH				
City, State ELIZABETH, NJ				Disposal Date 9/20/2012	City, State MORRISVILLE, PA				
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature <i>Carol Raimo</i>		Date 8/20/2012			

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

Date of Notification (1) 7 / 16 / 12		Name of Building Owner / Operator (2) Atlantic City Associates, LLC c/o Tanger Outlets		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED SEP 17 2012 STATUS CONTROL & LICENSING </div>					
Agencies Notified		Type of Notification							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation							
Street Address 1931 Atlantic Avenue		City, State, Zip Code Atlantic City, NJ.							
		Name of Contact Robert Hennessy		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Bank			Type of Facility (4)						
Street Address 2028 Atlantic Avenue			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)						
City (5) Atlantic City	County (6) Atlantic	County Code (7)	Square Feet N/A	# Of Floors 2	Building Age 50+				
			Current Use (Prior if being demolished) VACANT						
Name of Monitoring Firm Hired by Bldg. Owner (8) Oxford Engineering Company		ASCM NO	Name of Abatement Contractor (9) LVI Environmental Services Inc.						
Street Address 336 Piont Street			Street Address 462 Getty Avenue						
City, State, Zip Code Camden, NJ. 08102			City, State, Zip Code Clifton, NJ 07011						
Project Mngr. For Monitoring Firm Wayne Moran		Telephone Number 856-541-0700	Telephone Number 973-772-3660						
Schedul Start Date (10) 07 / 30 / 12		Sched. Completion Date (11) 9 / 7 / 12	License Number 00117						
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor LVI Environmental Services Inc.						
<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: MON-FRI. 7:00AM-3:30PM			Street Address 462 Getty Avenue						
			City, State, Zip Code Clifton, NJ 07011						
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 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			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
1st Floor Office Radiator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Panels	20SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	790SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl Space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	3,250LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thermal system debris associated with old boiler	60SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group 58 Pyles Lane		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE.		Disposal Date 10/5/2012	City, State 8955 Minerva Poad Waynesburg, OH. 44688						
Completed by (Print or Type) Marc Heim, P. Demeropoulos		Title Project Manager	Signature 				Date 09/10/12		

No
check

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

Date of Notification (1) 09/11/2012		Name of Building Owner/Operator (2) Montgomery Senior Living Center c/o Urban Renewal Associates, LP							
Agencies Notified	Type Notification	Street Address 3 East Stow Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	City, State, Zip Code Marlton, NJ 08053							
		Name of Contact Jack Curran							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Montgomery Gardens Building 1		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 561 Montgomery Street		Square Feet 67,200	# of Floors 10						
City (5) Jersey City		Bldg. Age 62							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) PT Consultants, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Incinia Contracting, Inc.						
Street Address 629 Creek Road		Street Address 1360 Clifton Avenue, Unit 365							
City, State, Zip Code Bellmawr, NJ 08031		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Denis Cummings		Telephone No. 856-251-9980	Telephone No. 973-450-9500						
		License No. 01036							
Start Date (10) 9/12/2012	Scheduled Completion Date (11) 10/24/2012	Name of OSHA Monitor Incinia Contracting, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1360 Clifton Avenue, Unit 365							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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
10th Floor		X		Vinyl Floor Tiles	6,500	X			
9th Floor		X		Vinyl Floor Tiles	6,500	X			
8th Floor		X		Vinyl Floor Tiles	6,500	X			
7th Floor		X		Vinyl Tiles	6,500	X			
Name of Registered Waste Hauler Atlantic Carting, LLC		NJDEP Waste Hauler ID No. NJ-641	Cubic Yards of Waste 30	Name of Registered Landfill IESI PA Bethlehem Landfill Corporation					
City, State Wayne, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed by Sean Zoric		Title President	Signature 			Date 9/11/2012			