

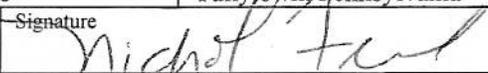
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) March 11, 2013		Name of Building Owner/Operator (2) Bacorp Building Group Ch 21347	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1044 Lacey Road
			City, State, Zip Code Forked River, NJ 08731
			Name of Contact Alan

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 4 Bluebeard Drive			Square feet 1500 sf		
City Waretown			# of Floors 1		
County (6) Ocean		County Code (7) (STATE USE ONLY)		Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		
Street Address			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm		Telephone Number		City, State, Zip Code Toms River, New Jersey 08755-1271	
Scheduled Start Date (10) 3/12/13		Scheduled Completion Date (11) 3/13/13		Telephone Number 732-349-9932	
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 _____			License Number 00624		
			Name of OSHA Monitor E.M.S.L. Analytical		
			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) 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 L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1200 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3		Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey			Disposal Date 3/14/13		City, State Tullytown, Pennsylvania		
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 3/11/13

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

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

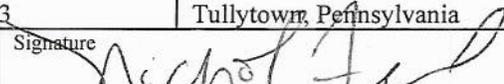
2013 MAR 14 PM 2:49
ASBESTOS LICENSING

Date of Notification (1) March 11, 2013		Name of Building Owner/Operator (2) H & D Rosetto	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 211 North Ocean Avenue
			City, State, Zip Code Seaside Park, NJ 08752
			Name of Contact Denise Rosetto

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 37 South Burgee Drive			Square feet 900 sf		
City Little Egg Harbor		County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 3/12/13		Scheduled Completion Date (11) 3/14/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) 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 A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	800 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 3/15/13	City, State Tullytown, Pennsylvania		
Completed by (Print or Type) Nicholas Femicola	Title Project Manager	Signature 		Date 3/11/2013	

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

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

CIC # 1795

2013 MAR 14 PM 2:09
 AIR CONTROL
 LICENSING

Date of Notification (1) **3-12-13**

Name of Building Owner/Operator (2) **PATRICIA EVANS**

Street Address **104 SILOM RD**

City, State, Zip Code **JACKSON NJ**

Name of Contact **BOB BRENNAN**

Telephone Number

Agencies Notified: EPA, DEP, DOH, DCA

Type of Notification: Initial, Amended, Amendment #, Emergency (including justification), Cancellation

Name of Facility Where Abatement is Taking Place (3) **PATRICIA EVANS**

Street Address **104 SILOM RD**

City (3) **JACKSON**

County (6) **DEMON**

County Code (7) (STATE USE ONLY)

Type of Facility (4): School (K-12), Subchapter B (Other than K-12), Other (i.e., private & commercial buildings, homes, etc.)

Square Feet, # of Floors, Bldg. Age

Current Use (Prior to being demolished) **HOUSE**

Name of Monitoring Firm Hired by Building Owner (8) **ACE INSULATION CO INC**

Street Address **95 MONTROSE RD**

City, State, Zip Code **COLTS NECK NJ 07722**

Telephone No. **732 294 1757**

License No. **00029**

Name of Abatement Contractor (9) **ACE INSULATION CO INC**

Street Address **95 MONTROSE RD**

City, State, Zip Code **COLTS NECK NJ 07722**

Telephone No. **732 294 1757**

License No. **00029**

Start Date (10) **3-25-13**

Scheduled Completion Date (11) **3-30-13**

Occupancy Status During Abatement (Check only one): Facility Closed/Vacated During Entire Period of Abatement, Abatement Performed Outside of Normal Facility Hours, Other - Describe:

Scope of Work (Check all that apply): ≥ 160 sf or ≥ 260 lb, Renovation, Demolition, Full Containment with Negative Pressure, Mini-Enclosure, Glovebag Procedure, Non-Exempted (*) and Non-Frangible Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Routinely Used Safely 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			20	10	10	10	
				SIDING	1400 SF					

Name of Registered Waste Hauler **ACE INSULATION CO**

NJDES Waste Hauler ID No. **12086**

Cubic Yards of Waste **3**

Name of Registered Landfill **GROWS**

City, State **COLTS NECK NJ 07722**

Disposal Date **3-30-13**

City, State **TULLYTOWN PA**

Completed By **Jack Small**

Title **OPS MGR**

Signature **Jack Small**

Date **3-12-13**

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

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

OK
 13 MAR 7 95
 14 PM 2:59
 ASBESTOS LICENSING DIVISION

Date of Notification (1) **3-12-13**

Name of Building Owner/Operator (2) **William Flannery**

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial
 Amended
 Amendment #
 Emergency (including justification)
 Cancellation

Street Address **904 Kent Place**

City, State, Zip Code **LINDEN NJ**

Name of Contact **NORMA**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) **William Flannery**

Street Address **904 Kent Place**

City (5) **LINDEN**

County (6) **UNION**

County Code (7) (STATE USE ONLY)

Type of Facility (4)
 School (K-12)
 Subchapter 8 (Other than K-12)
 Other (i.e., private & commercial buildings, homes, etc.)

Square Feet **1800**

of Floors **2**

Bldg. Age **75**

Current Use (Prior if being demolished) **HOUSE**

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9) **ACE INSULATION CO INC**

Street Address **95 MONTROSE RD**

City, State, Zip Code **COLTS NECK NJ 07722**

Telephone No. **732 294 1757**

License No. **00029**

Project Manager for Monitoring Firm

Telephone No.

Start Date (10) **3-25-13**

Scheduled Completion Date (11) **3-30-13**

Name of OSHA Monitor **ACE INSULATION CO INC**

Street Address **95 MONTROSE RD**

City, State, Zip Code **COLTS NECK NJ 07722**

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours
 Other - Describe: **7am - 7pm**

Scope of Work (Check all that apply)
 ≥ 3 sf or ≥ 3 lf
 ≥ 160 sf or ≥ 260 lf
 Renovation
 Demolition
 Full Containment with Negative Pressure
 Mini-Enclosure
 Glovebag Procedure
 Non-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			Remove	Repair
CRANK				DUCT WRAP	6 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler **ACE INSULATION CO INC**

NIJEP Waste Hauler ID No. **12086**

Cubic Yards of Waste **2 BINS**

Name of Registered Landfill **ICSI**

City, State **COLTS NECK NJ 07722**

Disposal Date

City, State **REHLEEM PA**

Completed By **Jack GALL**

Title **OPS MGR**

Signature **Jack Gall**

Date **3-12-13**

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

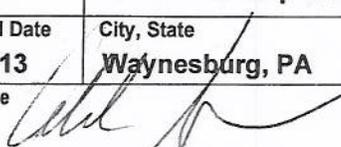
CRH
 1795

Date of Notification (1) 3-12-13		Name of Building Owner/Operator (2) LAKWOOD DEVELOPMENTS CORP								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Modification <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 231 3RD ST - 2ND FLOOR	City, State, Zip Code LAKWOOD NJ							
Name of Facility Where Abatement is Taking Place (3) LAKWOOD DEVELOPMENT CORP		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Chapter 3 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)								
Street Address 317 SECOND ST		Square Feet 2600	# of Floors 2							
City (5) LAKWOOD		Bldg. Age 80								
County (6) OCGAN		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 RA								
Project Manager for Monitoring Firm		Telephone No. 732 294 1757	License No. 00029							
Start Date (10) 3-22-13	Scheduled Completion Date (11) 3-29-13	Name of OSHA Monitor ACE INSULATION CO 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 - 7PM		Street Address 95 MONTROSE RA								
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≤ 3 sf or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 ft		City, State, Zip Code COLTS NECK NJ 07722								
<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			Full Containment	Mini-Enclosure	Glovebag	Non-Friable	
Name of Registered Waste Hauler ACE INSULATION CO		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 6	Name of Registered Landfill GROWS						
City, State COLTS NECK NJ 07722		Disposal Date 3-29-13	City, State TULLYTOWN PA							
Completed By Jack Crall		Title OPS MGR	Signature Jack Crall		Date 3-12-13					

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

Check No. 25107

RECEIVED
2013 MAR 14 PM 2:59
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) March 08, 2013		Name of Building Owner/Operator (2) Newark Board of Education							
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <small>Not required per State Reg. 13:2704</small> <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Cedar Street							
		City, State, Zip Code Newark, NJ 07112							
			Name of Contact Terry Dunn Egan, NJSDA Program Officer						
			Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ridge Street Elementary School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 735 Ridge Street			Square Feet 6000	# of Floors 3	Bldg. Age 60 +/-				
City (5) Newark, NJ 07112		County Code (7) (STATE USE ONLY) Essex		Current Use (Prior if being demolished) Education					
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.		ASCN No. 00057	Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.						
Street Address PO Box 385		Street Address 223 Randolph Avenue							
City, State, Zip Code Oceanville, NJ 08231-0385		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	Telephone No. 973-478-4681	License No. 00120					
Start Date (10) June 28, 2013	Scheduled Completion Date (11) August 15, 2013		Name of OSHA Monitor McCabe Environmental Services, L.L.C.						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Street Address 464 Valley Brook Avenue						
			City, State, Zip Code Lyndhurst, NJ 07071-1998						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermal Systems Insulation	610 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler & Breaching Insulation	920 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breaching Door Caulk & Cast Iron Roping	610 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical Panel Board	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler B&N&K Restoration Co., Inc., Tri-State Transfer Associates, Inc.		NJDEP Waste Hauler ID No. 12695 / 50071	Cubic Yards of Waste 40	Name of Registered Landfill Minerva Enterprises, Inc.					
City, State Clifton, NJ 07011 / Bronx, NY			Disposal Date 08/15/13	City, State Waynesburg, PA					
Completed by Aleksandar Kuridza	Title Vice-President	Signature 			Date 3/8/2013				

No check

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

RECEIVED
2013 MAR 14 PM 2:09
ASBESTOS CONTROL
& LICENSING

*only end date is amended

Date of Notification (1) 3-4-2013		Name of Building Owner/Operator (2) Orange Housing Authority							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 340 Thomas Boulevard		City, State, Zip Code Orange, NJ 07050							
Name of Contact Joe		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Property for Demo		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 205 Oakwood Ave.		Square Feet	# of Floors						
City (5) Orange		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950						
Start Date (10) 3/1/2013		Scheduled Completion Date (11) 3/11/2013	License No. 01193						
Name of OSHA Monitor Loznica Management Corporation		Name of OSHA Monitor Loznica Management Corporation							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Demolition		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
*See Cover Sheet for Work Procedures									
<input type="checkbox"/> Full Containment with Negative Pressure									
<input type="checkbox"/> Mini-Enclosure									
<input type="checkbox"/> Glovebag Procedure									
<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Entire House			X	Will be disposed of as non-friable asbestos materials.		X			
Name of Registered Waste Hauler Yannuzzi and Sons		NJDEP Waste Hauler ID No. 17497	Cubic Yards of Waste TBD	Name of Registered Landfill IESI					
City, State Hillsborough, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed by E. Cirovic		Title Secretary		Signature E. Cirovic			Date 3-4-2013		

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

No Check
** Only end date is amended*

Date of Notification (1) 3-4-2013		Name of Building Owner/Operator (2) Orange Housing Authority	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 340 Thomas Boulevard
			City, State, Zip Code Orange, NJ 07050
		Name of Contact Joe	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Property for Demo		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 207 Oakwood Ave.		Square Feet	# of Floors
City (5) Orange		Bldg. Age 50+	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House	

Name of Monitoring Firm Hired by Building Owner (8) n/a	ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation	
Street Address n/a		Street Address 22 Troy Lane	
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm n/a	Telephone No. n/a	Telephone No. 973-706-7950	License No. 01193

Start Date (10) 3/1/2013	Scheduled Completion Date (11) 3-11-2013	Name of OSHA Monitor Loznica Management Corporation	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Demolition</u>		Street Address 22 Troy Lane	
		City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	*See Cover Sheet for Work Procedures <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
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Entire House			X	Will be disposed of as non-friable asbestos materials.		X			

Name of Registered Waste Hauler Yannuzzi and Sons	NJDEP Waste Hauler ID No. 17497	Cubic Yards of Waste TBD	Name of Registered Landfill IESI
City, State Hillsborough, NJ		Disposal Date TBD	City, State Bethlehem, PA
Completed by E. Cirovic	Title Secretary	Signature <i>E. Cirovic</i>	Date 3-4-2013

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

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

No check
** only end date is amended*

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 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 3-4-2013		Name of Building Owner/Operator Orange Housing Authority								
Agencies Notified	Type Notification	Street Address 340 Thomas Boulevard								
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1	City, State, Zip Code Orange, NJ 07050								
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Joe								
Telephone Number										
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Property for Demo		Type of Facility (4)								
Street Address 209 Oakwood 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) Orange		Square Feet	# of Floors							
County (6) Essex		Bldg. Age 50+								
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House								
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation							
Street Address n/a		Street Address 22 Troy Lane								
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035								
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950							
Start Date (10) 3/4/2013		Scheduled Completion Date (11) 3/15/2013	License No. 01193							
Name of OSHA Monitor Loznica Management Corporation		Name of OSHA Monitor Loznica Management Corporation								
Occupancy Status During Abatement (Check Only One)		Street Address 22 Troy Lane								
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Demolition		City, State, Zip Code Lincoln Park, NJ 07035								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
*See Cover Sheet for Work Procedures										
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Entire House			X	Will be disposed of as non-friable asbestos materials.		X				
Name of Registered Waste Hauler Yannuzzi and Sons		NJDEP Waste Hauler ID No. 17497	Cubic Yards of Waste TBD	Name of Registered Landfill IESI						
City, State Hillsborough, NJ		Disposal Date TBD		City, State Bethlehem, PA						
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>			Date 3-4-2013			

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

No Check

* Only end date is amended.

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Date of Notification (1) 3-4-2013		Name of Building Owner/Operator (2) Orange Housing Authority								
Agencies Notified	Type Notification	Street Address 340 Thomas Boulevard								
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1	City, State, Zip Code Orange, NJ 07050								
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Joe	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Property for Demo		Type of Facility (4)								
Street Address 211 Oakwood 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) Orange		Square Feet	# of Floors Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House								
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation							
Street Address n/a		Street Address 22 Troy Lane								
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035								
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950 License No. 01193							
Start Date (10) 3/5/2013	Scheduled Completion Date (11) 3/15/2013	Name of OSHA Monitor Loznica Management Corporation								
Occupancy Status During Abatement (Check Only One)		Street Address 22 Troy Lane								
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Demolition		City, State, Zip Code Lincoln Park, NJ 07035								
Scope of Work (Check All That Apply)		*See Cover Sheet for Work Procedures								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Entire House			X	Will be disposed of as non-friable asbestos materials.		X				
Name of Registered Waste Hauler Yannuzzi and Sons		NJDEP Waste Hauler ID No. 17497	Cubic Yards of Waste TBD	Name of Registered Landfill IESI						
City, State Hillsborough, NJ		Disposal Date TBD		City, State Bethlehem, PA						
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>			Date 3-4-2013			

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

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 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 3-4-2013		Name of Building Owner/Operator (2) Orange Housing Authority								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 340 Thomas Boulevard							
			City, State, Zip Code Orange, NJ 07050							
		Name of Contact Joe	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Property for Demo		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 213 Oakwood Ave.		Square Feet	# of Floors							
City (5) Orange		Bldg. Age 50+								
County (6) Essex	County Code (7) <i>(STATE USE ONLY)</i>	Current Use (Prior if being demolished) House								
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation							
Street Address n/a		Street Address 22 Troy Lane								
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035								
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950							
Start Date (10) 3/5/2013		Scheduled Completion Date (11) 3/15/2013	License No. 01193							
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 Other - Describe: <u>Demolition</u>		Name of OSHA Monitor Loznica Management Corporation								
		Street Address 22 Troy Lane								
		City, State, Zip Code Lincoln Park, NJ 07035								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Entire House			<input checked="" type="checkbox"/>	Will be disposed of as non-friable asbestos materials.		<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler Yannuzzi and Sons		NJDEP Waste Hauler ID No. 17497	Cubic Yards of Waste TBD	Name of Registered Landfill IESI						
City, State Hillsborough, NJ		Disposal Date TBD		City, State Bethlehem, PA						
Completed by E. Cirovic		Title Secretary	Signature <i>E. Cirovic</i>			Date 3-4-2013				