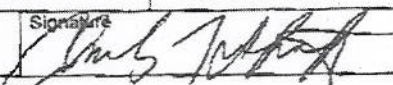


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

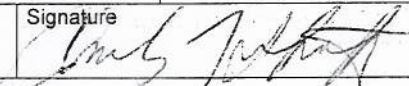
CK # 20874

Date of Notification (1) <b>03 / 27 / 12</b>		Name of Building Owner/Operator (2) <b>Camden Redevelopment Agency</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Street Address <b>520 Market Street</b>							
		City, State, Zip Code <b>Camden, NJ 08101</b>							
		Name of Contact <b>Dwaine Williams</b>	Telephone Number <b>856-967-1111</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <b>587-89 Pine Street</b>		Square Feet <b>2,000</b>	# of Floors <b>3</b>						
City (5) <b>Camden</b>		Bldg. Age <b>50+</b>							
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residential</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services</b>		Name of Abatement Contractor (9) <b>Diamond Huntbach Construction Corporation</b>							
Street Address <b>318 12<sup>th</sup> Street</b>		Street Address <b>500 East Luzerne Street</b>							
City, State, Zip Code <b>Hammonton, NJ 08037</b>		City, State, Zip Code <b>Philadelphia, PA 19124</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>856-704-8850</b>	License No. <b>00646</b>						
Start Date (10) <b>03 / 28 / 12</b>	Scheduled Completion Date (11) <b>04 / 10 / 12</b>	Name of OSHA Monitor <b>SAME AS ABOVE</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7AM-5PM</b> / <b>PM</b> - <b>AM</b>		Street Address  City, State, Zip Code							
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input 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
Exterior Siding	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Siding	688 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Diamond Huntbach Construction</b>		NJDEP Waste Hauler ID No. <b>19689</b>		Cubic Yards of Waste <b>n/a</b>	Name of Registered Landfill <b>Minerva</b>				
City, State <b>Philadelphia, PA 19124</b>		Disposal Date <b>n/a</b>		City, State <b>Waynesburg, OH 44688</b>					
Completed By (Print or Type) <b>Charles Imbimbo</b>		Title <b>Project Manager</b>		Signature 		Date <b>3-27-12</b>			



CK # 20874

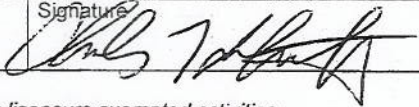
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <b>03 / 27 / 12</b>			Name of Building Owner/Operator (2) <b>Camden Redevelopment Agency</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>520 Market Street</b> City, State, Zip Code <b>Camden, NJ 08101</b> Name of Contact <b>Dwaine Williams</b>					
				Telephone Number <b>[REDACTED]</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <b>587-89 Pine Street</b>			Square Feet <b>2,000</b>						
City (5) <b>Camden</b>			# of Floors <b>3</b>		Bldg. Age <b>50+</b>				
County (6) <b>Camden</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Residential</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services</b>		ASCM No.		Name of Abatement Contractor (9) <b>Diamond Huntbach Construction Corporation</b>					
Street Address <b>318 12<sup>th</sup> Street</b>		Street Address <b>500 East Luzerne Street</b>							
City, State, Zip Code <b>Hammonton, NJ 08037</b>		City, State, Zip Code <b>Philadelphia, PA 19124</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>609-704-8850</b>		License No. <b>00646</b>					
Start Date (10) <b>03 / 28 / 12</b>		Scheduled Completion Date (11) <b>04 / 10 / 12</b>		Name of OSHA Monitor <b>SAME AS ABOVE</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7AM-5PM</b> / <b>PM</b> - <b>AM</b>			Street Address  City, State, Zip Code						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Siding	688 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Diamond Huntbach Construction</b>		NJDEP Waste Hauler ID No. <b>19689</b>		Cubic Yards of Waste <b>n/a</b>	Name of Registered Landfill <b>Minerva</b>				
City, State <b>Philadelphia, PA 19124</b>		Disposal Date <b>n/a</b>		City, State <b>Waynesburg, OH 44688</b>					
Completed By (Print or Type) <b>Charles Imbimbo</b>		Title <b>Project Manager</b>		Signature 		Date <b>3-27-12</b>			



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

*Check # 20839*

Date of Notification (1) <b>03 / 19 / 12</b>		Name of Building Owner/Operator (2) <b>Camden Redevelopment Agency</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" 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 <b>520 Market Street</b>							
		City, State, Zip Code <b>Camden, NJ 08101</b>							
		Name of Contact <b>Dwayne Williams</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <b>587-89 Pine Street</b>		Square Feet <b>2,000</b>	# of Floors <b>3</b>						
City (5) <b>Camden</b>		Bldg. Age <b>50+</b>							
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residential</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services</b>		ASCM No.	Name of Abatement Contractor (9) <b>Diamond Huntbach Construction Corporation</b>						
Street Address <b>318 12<sup>th</sup> Street</b>		Street Address <b>500 East Luzerne Street</b>							
City, State, Zip Code <b>Hammonton, NJ 08037</b>		City, State, Zip Code <b>Philadelphia, PA 19124</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>	Telephone No. <b>609-704-8850</b>	Telephone No. <b>215-739-8166</b>	License No. <b>00646</b>						
Start Date (10) <b>04 / 02 / 12</b>	Scheduled Completion Date (11) <b>04 / 10 / 12</b>	Name of OSHA Monitor <b>SAME AS ABOVE</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>5</u> PM/ _____PM-_____AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Siding	688 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Diamond Huntbach Construction</b>		NJDEP Waste Hauler ID No. <b>19689</b>	Cubic Yards of Waste <b>n/a</b>	Name of Registered Landfill <b>Minerva</b>					
City, State <b>Philadelphia, PA 19124</b>			Disposal Date <b>n/a</b>	City, State <b>Waynesburg, OH 44688</b>					
Completed By (Print or Type) <b>Charles Imbimbo</b>		Title <b>Project Manager</b>	Signature 			Date <b>03/19/12</b>			



**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

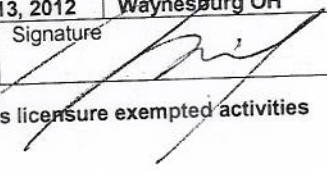
APPROVED: CINDY MICH... NJDOH

CL# 2250

Date of Notification (1) <b>3/27/2012</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>15 EAST MONTGOMERY PLACE</b>							
		City, State & Zip Code <b>PITTSBURGH, PA 15212</b>							
		Name of Contact <b>ALEX BAYLOR</b>							
		Telephone Number <b>[REDACTED]</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Haddonfield Central Office - VERIZON</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>35 South Haddon Avenue</b>		Square Feet	# of Floors						
City (5) <b>Haddonfield</b>	County (6) <b>Camden</b>	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) <b>Verizon communication center</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>						
Street Address <b>8436 Enterprise Ave</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State & Zip Code <b>Philadelphia pa 19153</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Mark Jenkins</b>		Telephone Number <b>267-784-8651</b>	Telephone Number <b>215-788-6040</b>						
License Number <b>00509</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>							
Scheduled Start Date (10) <b>3/28/2012</b>	Scheduled Completion Date (11) <b>3/28/2012</b>		Street Address <b>1123 BEAVER STREET</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement <b>Hours - 7am to 3pm</b>			City, State & Zip Code <b>BRISTOL, PA 19007</b>						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Frliable Procedure							
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 SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>Mechanical Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Fittings</b>	<b>6 each</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mechanical Room Air handler</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Duct insulation</b>	<b>2 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>					
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>3/28/2012</b>		City, State <b>WAYNESBURG, OH</b>					
Completed By (Print or Type) <b>Patrick T. DeCaro</b>		Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro/jl</i>			Date <b>3/27/12</b>			



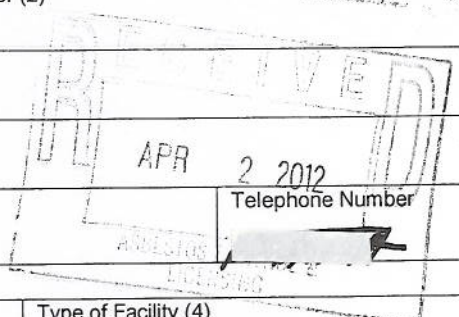
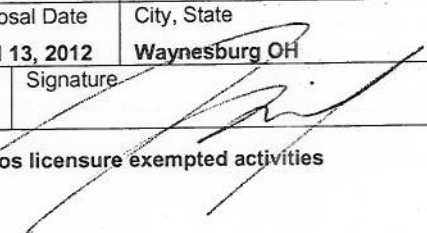
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>March 28, 2012</b>		Job #:	Name of Building Owner/Operator (2) <b>Millville Public School</b>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment# _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>110 N 3<sup>rd</sup> Street</b> City, State, Zip Code <b>Millville NJ 08332</b> Name of Contact <b>Ryan Cruzan</b>				
<div style="text-align: center;">RECEIVED</div> <div style="text-align: center;">APR 2 2012</div>								
<div style="text-align: center;">ASBESTOS CONTAINING MATERIAL</div>								
<div style="text-align: center;">Telephone Number</div>								
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>Rieck Elementary School</b> Street Address <b>339 Rieck Avenue</b> City (5) <b>Milville</b> County (6) <b>NJ</b>			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.) Square Feet <b>10,000</b> # of Floors <b>2</b> Bldg. Age <b>40 years</b> Current Use (prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) <b>Indoor Environmental Concepts</b> Street Address <b>286 Sunset Road</b> City, State, Zip Code <b>Barrington NJ 08007</b>		ASCM No.	Name of Contractor (9) <b>Prime Group Remediation, Inc.</b> Street Address <b>4343 'G' Street</b> City, State, Zip Code <b>Philadelphia, PA 19124</b> Telephone Number <b>215-533-3503</b> License Number <b>00858</b>					
Project Manager for Monitoring Firm <b>Michael Menz</b> Telephone Number <b>856-628-6020</b>		Name of OSHA Monitor <b>Indoor Environmental Concepts</b> Street Address <b>286 Sunset Road</b> City, State, Zip Code <b>Barrington NJ 08007</b>						
Scheduled Start Date (10) <b>April 9, 2012</b>		Scheduled Completion (11) <b>April 13, 2012</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - <input type="checkbox"/> Other - Describe: _____								
Source of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>C Hallway and Storage room</b>	<input checked="" type="checkbox"/>		<b>Floor tile and Mastic</b>	<b>375 SF</b>	<input checked="" type="checkbox"/>			
<b>A Hall Storage room</b>	<input checked="" type="checkbox"/>		<b>Mastic</b>	<b>100 SF</b>	<input checked="" type="checkbox"/>			
<b>2<sup>nd</sup> Floor custodian room</b>	<input checked="" type="checkbox"/>		<b>Floor tile and Mastic</b>	<b>100 SF</b>	<input checked="" type="checkbox"/>			
<b>1<sup>st</sup> Floor bathroom chase</b>	<input checked="" type="checkbox"/>		<b>Pipe Insulation</b>	<b>2 LF</b>	<input checked="" type="checkbox"/>			
Name of Reg. Waste Hauler <b>The Prime Group Remediation</b> City, State <b>Philadelphia, PA</b>		NJDEP Waste Hauler ID #	Cubic Yards of Waste <b>4</b>	Name of Reg. Landfill <b>Minerva (DEP #15-1292)</b> City, State <b>Waynesburg OH</b>				
Disposal Date <b>April 13, 2012</b>		Signature 			Date <b>March 28, 2012</b>			
Completed by <b>Vincent Primavera</b>		Title <b>Project Manager</b>						



3964

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

Date of Notification (1) <b>March 28, 2012</b>		Job #:		Name of Building Owner/Operator (2) <b>Millville Public School</b>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment# _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>110 N 3<sup>rd</sup> Street</b> City, State, Zip Code <b>Millville NJ 08332</b> Name of Contact <b>Ryan Cruzan</b>					
<div style="text-align: right;">  </div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Millville Senior High School</b>				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 <b>200 N Wade Blvd.</b>				Square Feet <b>10,000</b>					
City (5) <b>Millville</b>				# of Floors <b>2</b>					
County (6) <b>NJ</b>				Bldg. Age <b>40 years</b>					
County Code (7) (STATE USE ONLY)		Current Use (prior if being demolished) <b>School</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Indoor Environmental Concepts</b>		ASCM No.		Name of Contractor (9) <b>Prime Group Remediation, Inc.</b>					
Street Address <b>286 Sunset Road</b>				Street Address <b>4343 'G' Street</b>					
City, State, Zip Code <b>Barrington NJ 08007</b>				City, State, Zip Code <b>Philadelphia, PA 19124</b>					
Project Manager for Monitoring Firm <b>Michael Menz</b>		Telephone Number <b>856-628-6020</b>		Telephone Number <b>215-533-3503</b>					
				License Number <b>00858</b>					
Scheduled Start Date (10) <b>April 9, 2012</b>		Scheduled Completion (11) <b>April 13, 2012</b>		Name of OSHA Monitor <b>Indoor Environmental Concepts</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - <input type="checkbox"/> Other - Describe: _____				Street Address <b>286 Sunset Road</b>					
				City, State, Zip Code <b>Barrington NJ 08007</b>					
Source of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
East mechanical room	x			Transite	180 SF	X			
East mechanical room	x			Pipe Insulation	4 LF	X			
West mechanical room	x			Transite	100 SF	X			
West mechanical room	x			Pipe Insulation	5 LF	X			
Name of Reg. Waste Hauler <b>The Prime Group Remediation</b>		NJDEP Waste Hauler ID #		Cubic Yards of Waste <b>5</b>	Name of Reg. Landfill <b>Minerva (DEP #15-1292)</b>				
City, State <b>Philadelphia, PA</b>				Disposal Date <b>April 13, 2012</b>	City, State <b>Waynesburg OH</b>				
Completed by <b>Vincent Primavera</b>		Title <b>Project Manager</b>		Signature 		Date <b>March 28, 2012</b>			



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

Check # 7106

Date of Notification (1) <div style="text-align: center;">3 / 27 / 12</div>		Name of Building Owner/Operator (2) <b>California Villas Condominium Association</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>119 South California Avenue</b>							
		City, State, Zip Code <b>Atlantic City, NJ</b>							
		Name of Contact <b>City of Atlantic City</b>	Telephone Number <b>WAVE 1111</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <b>119 South California Avenue</b>		Square Feet <b>10,000</b>	# of Floors <b>5</b>						
City (5) <b>Atlantic City</b>		Bldg. Age <b>50+</b>							
County (6) <b>Atlantic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services, Inc.</b>		ASCM No. <b>117</b>	Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>						
Street Address <b>318 12th Street</b>		Street Address <b>1121 N Bethlehem Pike Suite 60</b>							
City, State, Zip Code <b>Hammonton, NJ</b>		City, State, Zip Code <b>Spring House PA 19477</b>							
Project Manager for Monitoring Firm <b>James Proctor</b>		Telephone No. <b>609-704-8850</b>	License No. <b>00847</b>						
Start Date (10) <b>4 / 2 / 12</b>	Scheduled Completion Date (11) <b>06 / 06 / 12</b>	Name of OSHA Monitor <b>SAME AS ABOVE</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7AM-4PM/</b> _____ PM- _____ AM		Street Address  City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (12)	Is Location Normally		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	Partial	Enclosure
Demo Material in Pool Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Felt Material Between concrete	10,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete between floors 1- 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Felt Material Between concrete	15,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste <b>25.000 SF</b>	Name of Registered Landfill <b>TRRF</b>					
City, State <b>Ewing, NJ 08628</b>		Disposal Date <b>6/6/12</b>		City, State <b>Tulleytown, PA 19007</b>					
Completed By (Print or Type) <b>Patricia Visco</b>		Title <b>Office Manager</b>		Signature <i>Patricia Visco</i>		Date <b>3/27/12</b>			



\* Emergency \*

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

CK 2174

Date of Notification (1) 3/28/12		Name of Building Owner/Operator (2) Cristen Keresztury / Residence							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 434 Coles Mills Rd		City, State, Zip Code Haddonfield NJ 08033							
Name of Contact Cristen		Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Cristen Keresztury / 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 434 Coles Mills Rd		Square Feet 1000+	# of Floors 1						
City (5) Haddonfield NJ 08033		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)		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) 3/29/12	Scheduled Completion Date (11) 3/30/12	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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement			x	Floor Tile only	600 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 3/30/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature [Signature]		Date 3/28/12			



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

Check # 6346

Date of Notification (1) <b>March 28, 2012</b>		Name of Building Owner / Operator (2) <b>Bank of America</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <b>EMERGENCY</b>  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	Street Address  <b>360 Hamilton Avenue</b>	
		City, State & Zip Code <b>Trenton, NJ 08609</b>	
		Name of Contact <b>Jim Kalafsky</b>	Telephone Number <b>[REDACTED]</b>

**RECEIVED**  
 APR 2 2012  
 ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Bank of America</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address <b>360 Hamilton Avenue</b>		Square Feet <b>4,000</b>	# of Floors <b>2</b>
City (5) <b>Trenton</b>		Bldg. Age <b>125</b>	
County (6) <b>Mercer</b>		Current Use (Prior if being demolished) <b>Bank</b>	
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Arcadis US Inc.</b>		ASCM No. <b>[REDACTED]</b>	
Street Address <b>35 Columbia Road</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
City, State & Zip Code <b>Branchburg, NJ 08876</b>		Street Address <b>829 Radio Road</b>	
Project Manager for Monitoring Firm <b>Jim Kalafsky</b>		Telephone Number <b>908-625-6900</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>March 29, 2012</b>	Scheduled Completion Date (11) <b>March 30, 2012</b>	Name of OSHA Monitor <b>Synatech, Inc.</b>	
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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

Scope of Work (Check all that apply)

☒  $\geq 3$  sf or  $\geq 50$  lf  
☐  $\geq 160$  sf or  $\geq 260$  lf

☐ Renovation  
☐ Demolition

☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glovebag Procedure  
☐ Non-Exempted(\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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 SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>			<b>X</b>	<b>Air Cell Pipe Insulation</b>	<b>100 LF</b>	<b>X</b>			

Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>3.5</b>	Name of Registered Landfill <b>Grows Landfill</b>
City, State <b>Little Egg Harbor, NJ 08087</b>	Disposal Date <b>April 2, 2012</b>	City, State <b>Morrisville, PA</b>	
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>	Date <b>March 28, 2012</b>

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



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

Check # 1346

Date of Notification (1)

03/29/2012

Name of Building Owner/Operator (2)

Dean Snider

Agency Notified

Type Notification

Street Address

☐ EPA

☐ DEP

☒ DOL

☒ DOH

☐ DCA

☒ Initial

☐ Amended

Amendment #

☐ Emergency (including

justification)

☐ Cancellation

75 Jackson Street

City, State, Zip Code

Freehold, NJ 07728

Name of Contact

Dean Snider

Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

Private home

Street Address

75 Jackson Street

City (5)

Freehold, NJ 07728

County (6)

Monmouth

Type of Facility (4)

☐ School (K-12)

☐ Subchapter 8 (Other than K-12)

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

Square Feet

# of Floors

Bldg. Age

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

576 Valley Rd #283

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)

Scheduled Completion Date (11)

04/07/2012

04/08/2012

Name of OSHA Monitor

Envirovision Consultants, Inc

Occupancy Status During Abatement (Check only one)

Street Address

☒ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

☐ Other - Describe:

20-21 Wagaraw Road, Bldg. # 34A

City, State, Zip Code

Fair Lawn, NJ 07410

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			Removal	Repair	Enclosure
Basement			x	Pipe insulation	110 LF	x		

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Gr Tech LLC

City, State

0033785

T.R.R.F. Inc

City, State

Wayne, NJ 07470

Completed by

Title

Owner

Signature

Date

N. Jevtic

ASB-41

03/29/2012

Do not use this form for asbestos licensure exempted activities.



CR# 1422

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

Date of Notification (1) <b>3-29-12</b>		Name of Building Owner/Operator (2) <b>JMP 150-174 BSSRX ST LLC</b>	
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 justification) <input type="checkbox"/> Cancellation	
Street Address <b>174 BSSRX ST</b>		City, State, Zip Code <b>LODI NJ 07644</b>	
Name of Contact <b>DAVE</b>		Date <b>APR 2 2012</b>	

Name of Facility Where Abatement is Taking Place (3) <b>JMP OWNED PROPERTY</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>174 BSSRX ST</b>		Square Feet <b>5500 SF</b>	# of Floors <b>2</b>
City (5) <b>LODI</b>		Bldg. Age <b>70</b>	
County (6) <b>LODI</b>		Current Use (Prior to being demolished) <b>OFFICE</b>	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) <b>ACE INSULATION CO INC</b>	
Street Address				Street Address <b>95 MONTROSE RD</b>	
City, State, Zip Code				City, State, Zip Code <b>COLTS NECK NJ 07722</b>	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <b>732 294 1757</b>	
Start Date (10) <b>3-9-12</b>		Scheduled Completion Date (11) <b>4-17-12</b>		License No. <b>00029</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7AM-7PM</b>				Name of OSHA Monitor <b>ACE INSULATION CO INC</b>	
				Street Address <b>95 MONTROSE RD</b>	
				City, State, Zip Code <b>COLTS NECK NJ 07722</b>	

Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 1$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition				<input 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) 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	Enclose	Enclose
TO BE ABATED				THICK MASTIC	5,500 SF				
				ROOF FLASHING	1500 SF				
				CAULK WINDOWS	13				

Name of Registered Waste Hauler <b>ACE INSULATION CO</b>		NJDEP Waste Hauler ID No. <b>12086</b>		Cubic Yards of Waste <b>10</b>		Name of Registered Landfill <b>GROWS</b>	
City, State <b>COLTS NECK NJ 07722</b>		Disposal Date <b>4-18-12</b>		City, State <b>TULLYTOWN PA</b>		Date <b>3-29-12</b>	
Completed By <b>Jack GALL</b>		Title <b>OPS mgr</b>		Signature <i>Jack GALL</i>		Date <b>3-29-12</b>	



**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:28 and 12:12b)

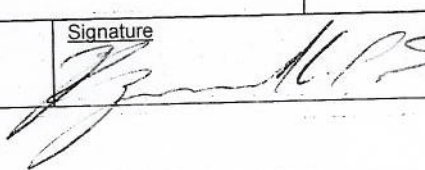
ck # 3437

Date of Notification (1) <b>3-28-2012</b>		Name of Building Owner/Operator (2) <b>T. LEE CHIN</b>									
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>315 MARLBORO ROAD</b> City, State, Zip Code <b>ENGLEWOOD NJ 07631</b> Name of Contact <b>T. LEE CHIN</b>								
	<b>FACILITY INFORMATION</b>										
	Name of Facility Where Abatement is Taking Place (3) <b>T. LEE CHIN</b> Street Address <b>315 MARLBORO ROAD</b> City (5) <b>ENGLEWOOD</b> County (6) <b>BERGEN</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet <b>1850</b> # of Floors <b>2</b> Bldg. Age <b>76 yrs</b> County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) <b>RESIDENCE</b>								
Name of Monitoring Firm Hired by Building Owner (8) _____ Street Address _____ City, State, Zip Code _____		ASCM No. _____ Name of Abatement Contractor (9) <b>Best Removal Inc</b> Street Address <b>450 South River St</b> City, State, Zip Code <b>Hackensack, N.J. 07601</b> Telephone No. <b>201-329-7444</b> License No. <b>00388</b>									
Project Manager for Monitoring Firm _____ Telephone No. _____		Name of OSHA Monitor <b>Omega Environmental Services</b> Street Address <b>280 Huyler St</b> City, State, Zip Code <b>South Hackensack, N.J. 07606</b>									
Start Date (10) <b>4-10-12</b> Scheduled Completion Date (11) <b>4-11-12</b>		Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>3 AM 5 PM</b>									
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 280$ 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-Flammable Procedures											
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) <b>BASEMENT/GARAGE</b>	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) <b>THERMAL INSULATION</b> Amount (Specify SF or LF) <b>50 LF</b>								
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Abatement Type</th> </tr> <tr> <th>Removal</th> <th>Repair/Encapsulate/Enclosure</th> </tr> </thead> <tbody> <tr> <td align="center"><b>X</b></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>			Abatement Type		Removal	Repair/Encapsulate/Enclosure	<b>X</b>			
Abatement Type											
Removal	Repair/Encapsulate/Enclosure										
<b>X</b>											
Name of Registered Waste Hauler <b>Best Removal Inc.</b> City, State <b>Hackensack, NJ</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>1/4 YD</b> Name of Registered Landfill <b>Minerva Enterprises Inc</b> City, State <b>Waynesburg, OH</b>								
Disposal Date <b>4-11-12</b>		Signature <b>R. Veldran</b> Title <b>Estimator</b> Date <b>3-28-2012</b>									



**State of New Jersey - Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC#

Date of Notification (1) <b>March 29, 2012</b>			Name of Building Owner/Operator (2) <b>MRS. BEA KATZ</b>		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH			Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification # <input type="checkbox"/> Emergency (including Justification letter) <input type="checkbox"/> Cancelled		
Street Address <b>16 WADDINGTON AVENUE</b>			City, State, Zip Code <b>WEST ORANGE, NJ 07052</b>		
Name of Contact <b>MRS. BEA KATZ</b>			Telephone Number <b></b>		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>KATZ RESIDENCE</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>16 WADDINGTON AVENUE</b>			Sq. Feet: <b>Unknown</b> # of Floors: <b>2</b> Bldg. Age: <b>60+ years</b>		
City (5) <b>WEST ORANGE</b>	County (6) <b>ESSEX</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>RESIDENCE</b>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ENVIROVISION, INC.</b>			Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
Street Address <b>20-21 WARGARAW ROAD</b>			Street Address <b>268 MAIN STREET</b>		
City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>			City, State, Zip Code <b>BUTLER, NJ 07405</b>		
Project Manager for Monitoring Firm <b>FRED LARSON</b>		Telephone Number <b>973-636-9145</b>	Telephone Number <b>973-492-0477</b>		License Number <b>00840</b>
Scheduled Start Date (10) <b>04/16/12</b>		Scheduled Completion Date (11) <b>04/19/12</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>Work Area Closed/Vacant During Entire Period of Abatement 8:00 AM - 8:00 PM</b>			Street Address <b>20-21 WARGARAW ROAD</b>		
			City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>		
Source of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		<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) in Facility (13) <b>Den, Center Hall, Bathroom</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT</b>	Amount (Specify SF or LF) <b>600 SF</b>	Abatement Type Remove <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose <input type="checkbox"/>	
Name of Reg. Waste Hauler <b>Newark Carting, Inc. Newark, NJ 04509</b>		NJDEP Waste Hauler ID # <b>NJ DEP # 4509</b>	Cubic Yards of Waste: <b>10 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Notes: <b>None</b>			Disposal Date <b>04/19/12</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature 		Date <b>March 29, 2012</b>	

Copies To: Mrs. Bea Katz, & ENVIROVISION, Attn: Mr. Fred Larson



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

CK#1035

Date of Notification (1) 3-29-2012		Name of Building Owner/Operator (2) Martin Lawless							
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 35 Titanic Road							
		City, State, Zip Code Forked River, NJ							
		Name of Contact Martin Lawless	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 434 Cleveland Ave.,		Square Feet 3,000	# of Floors 2						
City (5) Harrison, NJ		Bldg. Age 50+							
County (6) Hudson	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) 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						
Start Date (10) 4-10-2012		Scheduled Completion Date (11) 4-11-2012	License No. 01088						
Name of OSHA Monitor Jadar Contracting, LLC									
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9 am - 5 pm		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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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	Asbestos Pipe Insulation	150 LF	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 3-29-2012			