

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

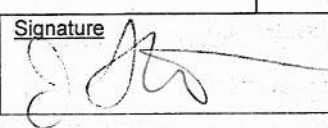
CHECK #: 8128

Date of Notification (1) 3/28/13		Name of Building Owner/Operator (2) Ray NAPOLITANO							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 625 BLOOMFIELD AVE City, State, Zip Code NOTLAW, N.J. 07110 Name of Contact Ray NAPOLITANO							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NAPOLITANO		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 625 BLOOMFIELD AVE		Square Feet 1400	# of Floors 2						
City (5) NOTLAW		Bldg. Age 50+							
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) A. MAC Contracting Inc							
Street Address		Street Address 105 Lowell Road							
City, State, Zip Code		City, State, Zip Code Glen Rock, NJ 07452							
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00156						
Start Date (10) 4/9/13	Scheduled Completion Date (11) 5/9/13	Name of OSHA Monitor Omega Environmental Services 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 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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) 120 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			<input checked="" type="checkbox"/>	DUCT INSULATION		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 1	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State, Zip Code Riverdale, NJ 07457		Disposal Date 4/9/13		City, State, Zip Code Bethlehem, PA 18015					
Completed by JOSEPH VOCATURO		Title OPERATIONS	Signature J. Vocaturo			Date 3/28/13			

No check

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

RECEIVED
2013 APR -2 AM 12:00
DEPT. OF ENVIRONMENTAL CONTROL
& LICENSING

Date of Notification (1) March 29, 2013		Name of Building Owner/Operator (2) Buckeye Partners L.P.	
Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA	Notification Type (X) Initial Notification () Amended Certification () Cancelled	Street Address 9999 Hamilton Blvd City, State, Zip Code Breinigsville, PA 18031	
		Name of Contact Robert Orischak	Tel. Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Buckeye - Perth Amboy Terminal		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 380 Maurer Road		Sq. Feet NA # of Floors Tank & Pipe Rack Demo	
City (5) Perth Amboy	County (6) Middlesex	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) NA		ASCM No.	Name of Contractor (9) Brandenburg Industrial Service Company
Street Address		Street Address 2217 Spillman Drive	
City, State, Zip Code		City State, Zip Code Bethlehem, Pennsylvania 18015	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number (610) 691-1800	License Number
Scheduled Start Date (10) April 12, 2013 (Demo Only)	Scheduled Completion Date (11) May 10, 2013 (Demo Only)	Name of OSHA Monitor NA	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		Street Address	
Describe _____		City, State, Zip Code	
Other - Abatement performed by others; Demo Notification Only			
Source of Work (Check all that apply) (X) Demolition () Renovation () Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
			Abatement Type Rem. Rep. Encap. Enclose
Name of Reg. Waste Hauler	NJDEP Waste Hauler ID #	Cubic Yards of Waste	Name of Reg. Landfill
City, State		Disp. Date	City, State
Completed by (Print or Type) Jennifer Strobel	Title Contract Administrator	Signature 	Date March 29, 2013

Mail to: NJDEP-DSHW-BR RTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

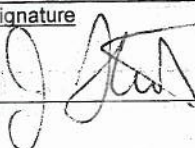
Telephone 609-984-6620

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9/18/00

No ~~check~~

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

RECEIVED
APR -2 AM 12:00
DEPT. OF ENVIRONMENTAL PROTECTION & LICENSING

Date of Notification (1) March 28, 2013			Name of Building Owner/Operator (2) ICL Performance Products LP		
Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA		Notification Type () Initial Notification (X) Amended Certification () Cancelled		Street Address 500 Roosevelt Avenue City, State, Zip Code Carteret, NJ 07008 Name of Contact Jim Sengebusch Tel. Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) ICL Performance Products LP Street Address 500 Roosevelt Avenue City (5) Carteret County (6) Middlesex County Code (7) (State Use Only)			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) Sq. Feet 53,136 # of Floors 3 Bldg. Age 67 years Current Use (prior if being demolished): Manufacturing		
Name of Monitoring Firm Hired by Bldg. Owner (8) None Street Address			ASCM No.		Name of Contractor (9) Brandenburg Industrial Service Company
City, State, Zip Code			Street Address 2217 Spillman Drive City, State, Zip Code Bethlehem, Pennsylvania 18015		
Project Manager for Monitoring Firm		Telephone Number		License Number	
				00721	
Scheduled Start Date (10) November 26, 2012		Scheduled Completion Date (11) December 20, 2012		Name of OSHA Monitor Brandenburg Industrial Service Company	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - Demo will be performed from 12/03/12 though 04/12/13			Street Address 2217 Spillman Drive City, State, Zip Code Bethlehem, Pennsylvania 18015		
Source of Work (Check all that apply) (X) Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure					
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap. Enclose	
Bldg. 1, 4 & 7		Floor Tile (non-friable)	715 SF	X	
Bldg. 1 & 4 Roof		Roof Mastic (non-friable)	13,880 SF	X	
Bldg 1 & 4		Transite Panel (non-friable)	46 SF	X	
Bldg 1		Brake Shoes	5 SF	X	
Name of Reg. Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID # 15939	Cubic Yards of Waste 65	Name of Reg. Landfill G.R.O.W.S., Inc. (Waste Management)	
City, State Freehold, NJ			Disp. Date December 3, 2012	City, State Morrisville, PA	
Completed by (Print or Type) Jennifer Strobel		Title Contract Administrator	Signature 		Date 03/28/13

Mail to: NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

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9/18/00

CK 004871
D&S Proj. #: 2013

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

Mar 26 2013 03:00pm P001/001

NJ Dept. of Health & Senior Services

(Signature)

Date: 3/26/13 Time: 2:00

Date of Notification (1) 10/3/12 6/1/13		Name of Building Owner/Operator (2) TOM MINDEN	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 66 OVERLOOK ROAD		City, State, Zip Code MONTCLAIR, NJ 07042	
Name of Contact TOM MINDEN		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) TOM MINDEN			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 66 OVERLOOK ROAD			Square Feet		
City (5) MONTCLAIR			# of Floors		
County (6) ESSEX			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm			Telephone Number 973-345-8020		
Phone Number			License Number 01169		
Start Date (10) 03/27/13			Name of OSHA Monitor D & S Restoration, Inc.		
Sched. Completion Date (11) 04/24/13			Street Address 20 California Avenue		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

- ☒ ≥3 sf or ≥3 lf ☒ Renovation
☐ ≥180 sf or ≥280 lf ☐ Demolition

- ☐ Full Containment w/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)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Basement/1ST FLOOR		X		PIPE INSULATION	18 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 03/28/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 03/26/13

ASB-41

Do not use this form for asbestos licensura exempted activities.

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

D&S Proj. #: 2013

Date of Notification (1) 10/3/12 6/1/13		Name of Building Owner/Operator (2) TOM MINDEN	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 66 OVERLOOK ROAD	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code MONTCLAIR, NJ 07042	
		Name of Contact TOM MINDEN	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) TOM MINDEN			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 66 OVERLOOK ROAD			Square Feet		
City (5) MONTCLAIR			County (6) ESSEX	County Code (7) (State use only)	# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
			License Number 01169	
Start Date (10) 03/27/13		Sched. Completion Date (11) 04/24/13	Name of OSHA Monitor D & S Restoration, Inc.	
			Street Address 20 California Avenue	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition

- ☐ Full Containment w/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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement/1ST FLOOR		<input checked="" type="checkbox"/>		PIPE INSULATION	18 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 03/28/13		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 03/26/13

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

Date of Notification (1) 4-1-13		Name of Building Owner/Operator (2) CHRISTIAN BROTHERS ACADEMY OF LINCROFT						
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 850 NEWMAN SPRINGS RD. City, State, Zip Code LINCROFT, NJ 07738 Name of Contact PERRY NOE						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) CHRISTIAN BROS. ACAD.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 850 NEWMAN SPRINGS RD.		Square Feet 25000						
City (5) LINCROFT NJ		# of Floors 2	Bldg. Age 50+					
County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) BIRDSON SERV. GP.	ASCM No. 017	Name of Abatement Contractor (9) UNIPRO, INC.						
Street Address 65 JACKSON DR.		Street Address 173 KARKUS AVE.						
City, State, Zip Code CRANFORD, NJ 07016		City, State, Zip Code WOODBIDGE, NJ 07095						
Project Manager for Monitoring Firm KEVIN BURNS	Telephone No. 908-997-8900	Telephone No. 732-726-3111	License No. 00615					
Start Date (10) 3-11-13	Scheduled Completion Date (11) 4.12.13	Name of OSHA Monitor						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: AREAS OF ABATEMENT UNOCCUPIED		Street Address						
		City, State, Zip Code						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
EXTERIOR WALLS OF BUILDING - WINDOWS + DOORS				CAULKING ON 63 WINDOWS + 6 DOORS	1,400 ± L.F	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler NEWARK CARTING, INC.		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 30	Name of Registered Landfill GROWS, INC.				
City, State NEWARK, NJ.		Disposal Date 4.12.13		City, State MORRISVILLE PA.				
Completed by DAVID T. TOLCHIN	Title PRES.	Signature David T. Tolchin			Date 4.1.13			

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

Date of Notification (1) 1-31-13		Name of Building Owner/Operator (2) CHRISTIAN BROTHERS ACADEMY OF LINCROFT					
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 850 NEWMAN SPRINGS RD City, State, Zip Code LINCROFT, NJ 07738 Name of Contact PERRY NOE Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) CHRISTIAN BROS. ACAD.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 850 NEWMAN SPRINGS RD.		Square Feet 25000					
City (5) LINCROFT		# of Floors 2	Bldg. Age 50+				
County (6) MONMOUTH		County Code (7) (STATE USE ONLY) RESIDENCE					
Name of Monitoring Firm Hired by Building Owner (8) BIRDSALL SERVICES GROUP		ASCM No. 017					
Street Address 65 JACKSON DR.		Name of Abatement Contractor (9) UNIPRO, INC.					
City, State, Zip Code CRANFORD, NJ 07016		Street Address 173 KARKUS AVE.					
Project Manager for Monitoring Firm KEVIN BURNS		City, State, Zip Code WOODBURGE, NJ 07095					
Telephone No. 908-497-8900		Telephone No. 732-726-3111					
Start Date (10) 3-11-13		License No. 00615					
Scheduled Completion Date (11) 4-1-13		Name of OSHA Monitor N/A					
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: FACILITY OCCUPIED DURING ABATEMENT		Street Address					
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		City, State, Zip Code					
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
1ST. FLOOR		X	PIPE FITTING INSULATION	270 LF	X		
		X	FLOOR TILE	2200 SF	X		
Name of Registered Waste Hauler NEWARK CARTING, INC.		NJDEP Waste Hauler ID No. 4509		Cubic Yards of Waste 50 +		Name of Registered Landfill GROWS, INC.	
City, State NEWARK, NJ.		Disposal Date		City, State MORRISVILLE, PA.			
Completed by DAVID T. TOLCHIN		Title PRES.		Signature David T. Tolch		Date 2-27-13	

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

Date of Notification (1) 03/25/2013		Name of Building Owner/Operator (2) Tekton Development Corp.							
Agencies Notified	Type Notification	Street Address 97 Bayard Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New Brunswick, NJ 08901							
		Name of Contact Joel Bartlett							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Fire Museum & Community Center		Type of Facility (4)							
Street Address 81 Remsen Ave.		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) New Brunswick		Square Feet	# of Floors						
County (6) Middlesex		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) DAI Environmental Services		ASCM No. 0012	Name of Abatement Contractor (9) VMC Co. Inc.						
Street Address 300 Grand Ave.		Street Address 208 Piaget Ave.							
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm Steven Jaraczewski		Telephone No. 201-569-6708	Telephone No. 973-253-8828						
		License No. 00704							
Start Date (10) 04/08/2013		Scheduled Completion Date (11) 04/13/2013							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor VMC Co. Inc.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			TSI	500 LF	X			
Boiler Room	X			TSI	100SF	X			
2nd Floor		X		VAT	60 SF	X			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409		Cubic Yards of Waste 20y	Name of Registered Landfill GROWS				
City, State Newark, NJ				Disposal Date	City, State Morrisville, PA				
Completed by Voytek Roszkowski		Title President		Signature <i>V. Roszkowski</i>			Date 03/25/2013		

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

B & G proj. #: 2013-65

Check # 5834

Date of Notification (1) <u>01/13/12 16/11/13</u>		Name of Building Owner/Operator (2) Paul Yanicak	
Agencies Notified	Type Notification	Street Address 59 Belmohr Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Belleville, NJ 07109	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Paul Yanicak	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Paul Yanicak			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 59 Belmohr Street			Square Feet # of Floors Bldg. Age		
City (5) Belleville	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 04/05/2013		Sched. Completion Date (11) 04/06/2013		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:				Street Address 105 Ryerson Road	
				City, State, Zip Code LincolnPark, NJ 07035	


Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
boiler room			<input checked="" type="checkbox"/>	pipe insulation	6 lf	<input checked="" type="checkbox"/>			
boiler room			<input checked="" type="checkbox"/>	pipe	9 lf			<input checked="" type="checkbox"/>	
elec panel rm/storage room			<input checked="" type="checkbox"/>	pipe insulation/pipe insulation	15 lf / 3 lf	<input checked="" type="checkbox"/>			
laundry room			<input checked="" type="checkbox"/>	pipe	8 lf			<input checked="" type="checkbox"/>	
laundry room			<input checked="" type="checkbox"/>	pipe insulation	3 lf	<input checked="" type="checkbox"/>			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 04/06/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 03/26/2013

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

Date of Notification (1) 03 / 28 / 13		Name of Building Owner/Operator (2) Building 66 - Phillipsburg Associates							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 222 Cameron Drive, Suite 110 City, State, Zip Code Phillipsburg, NJ 08865 Name of Contact Dave Zimmerman							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building 66 - Phillipsburg Commerce Park		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Center Street		Square Feet 3000	# of Floors 1						
City (5) Phillipsburg, NJ		Bldg. Age 50							
County (6) Warren	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 00021	Name of Abatement Contractor (9) Alliance Environmental Systems						
Street Address 28 N. Pennell Road		Street Address 550 East Union Street							
City, State, Zip Code Media, PA 19063		City, State, Zip Code West Chester, PA 129382							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (800) 969-6238	License No. 00508						
Start Date (10) 04 / 15 / 13	Scheduled Completion Date (11) 04 / 18 / 13		Name of OSHA Monitor AET						
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 - Describe Time of Abatement: 7:00AM- PM/3:30PM- AM		Street Address 28 N. Pennell Road City, State, Zip Code Media, PA 19063							
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) <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
Office Space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	1800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	1800 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 N.E.T.S.		NJDEP Waste Hauler ID No. 18947	Cubic Yards of Waste 5	Name of Registered Landfill BFI Imperial					
City, State Hazleton, PA		Disposal Date TBD		City, State Imperial, PA					
Completed By (Print or Type) John Heemer		Title Estimator		Signature 			Date 3/28/13		

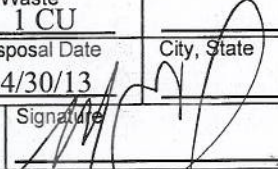
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

No check

Date of Notification (1) 03/26/2013		Name of Building Owner/Operator (2) William R. Goetz							
Agencies Notified	Type Notification	Street Address 418 Carter Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Canaan CT 06840							
		Name of Contact William Goetz							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private 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 8 West Road		Square Feet	# of Floors						
City (5) West Orange		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental		ASCM No.	Name of Abatement Contractor (9) Kielczewski Corporation						
Street Address 140 Boulevard		Street Address 235 Watchung Ave							
City, State, Zip Code Mountain Lakes		City, State, Zip Code West Orange NJ							
Project Manager for Monitoring Firm Leonid Shereshevsky		Telephone No. 973-588-4821	License No. 01171						
Start Date (10) 04/04/2013	Scheduled Completion Date (11) 04/04/2013	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		pipe insulation	150LF	X			
Name of Registered Waste Hauler Kielczewski Corporation		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill					
City, State West Orange NJ		Disposal Date		City, State Morgantown PA					
Completed by Slawomir Kielczewski		Title President	Signature <i>Kielczewski</i>			Date 03/26/2013			

CK # 25/20

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

Date of Notification (1) <u>3/28/13</u>		Name of Building Owner/Operator (2) <u>Rich Hubble</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>346 N. 4th Ave.</u>	
		City, State, Zip Code <u>Highland Park, NJ 08904</u>	
		Name of Contact <u>Rich Hubble</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>346 N. 4th Ave.</u>		Square Feet <u>2000</u>	# of Floors <u>2</u>
City (5) <u>Highland Park, NJ 08904</u>		Bldg. Age <u>75</u>	
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residence</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>4/29/13</u>	Scheduled Completion Date (11) <u>4/30/13</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4:30PM</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Basement</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>4/30/13</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>
		City, State <u>Tullytown, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>3/28/13</u>

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

Date of Notification (1) 3/27/13		Name of Building Owner/Operator (2) PSE+G							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	4000 HADLEY RD City, State, Zip Code SOUTH PLAINFIELD, NJ 107080 Name of Contact CHUCK TRACHUK							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE+G		Type of Facility (4)							
Street Address 341 MT. PLEASANT AVE.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) WEST ORANGE		Square Feet N/A	# of Floors N/A						
County (6) ESSEX		Bldg. Age N/A							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) SWITCH STATION							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC.						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350						
License No. 01111		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA INC.							
Start Date (10) 4/12/13		Scheduled Completion Date (11) 4/12/13							
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OUTDOORS		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OUTSIDE		X		TRASITE PIPING	15 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 20	Name of Registered Landfill GROWS					
City, State ELIZABETH, NJ		Disposal Date 4/15/13		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR	Signature Carol Raimo		Date 3/27/13				

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

2013 APR - 2 AM 12:00

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 03/12/13		Name of Building Owner/Operator (2) TERRY LEVY	
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 84 WILDWOOD ROAD		City, State, Zip Code RIDGEWOOD, NJ 07450	
Name of Contact TERRY LEVY		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) TERRY LEVY			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 84 WILDWOOD ROAD			Square Feet		
City (5) RIDGEWOOD			County (6) BERGEN		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			ASCM No.		
Street Address			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
City, State, Zip Code			Street Address 20 California Ave.		
Project Manager for Monitoring Firm			Telephone Number 973-345-8020		License Number 01169
Start Date (10) 04/10/13			Sched. Completion Date (11) 04/24/13		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Name of Monitoring Firm Hired by Bldg. Owner (8)			ASCM No.		
Street Address			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
City, State, Zip Code			Street Address 20 California Ave.		
Project Manager for Monitoring Firm			Telephone Number 973-345-8020		License Number 01169
Start Date (10) 04/10/13			Sched. Completion Date (11) 04/24/13		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

☒ >3 sf or >3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☐ Full Containment w/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)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
ATTIC		X		PIPE INSULATION	20 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 04/11/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 03/27/13

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

FACILITY INFORMATION

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address			D & S RESTORATION, INC.	
City, State, Zip Code			Street Address	
			20 California Ave.	
Project Manager for Monitoring Firm		Phone Number	City, State, Zip Code	
			Paterson, NJ 07503	
Start Date (10)	Sched. Completion Date (11)	Telephone Number	License Number	
04/12/13	04/22/13	973-345-8020	01169	
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor	
<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: <u>NORMAL HOURS</u>			D & S Restoration, Inc.	
			Street Address	
			20 California Avenue	
			City, State, Zip Code	
			Paterson, NJ 07503	

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

- Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Boiler Insulation	35 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 04/15/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 03/27/13

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

004 14 1

2013 APR 2 12:00

105 CONTROL & LICENSE

Date of Notification (1) 10/3/12 16/1/13		Name of Building Owner/Operator (2) ANITA & EDWARD DEE	
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 45 GEORGIAN COURT		City, State, Zip Code ELIZABETH, NJ 07205	
Name of Contact ANITA & EDWARD DEE		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) ANITA & EDWARD DEE			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 45 GEORGIAN COURT			Square Feet # of Floors Bldg. Age		
City (5) ELIZABETH	County (6) UNION	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 04/08/13		Sched. Completion Date (11) 04/26/13	Name of OSHA Monitor D & S Restoration, 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- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition

- ☐ Full Containment w/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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		PIPE INSULATION	129 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 04/09/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 03/25/13

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

004870

2013 APR - 2 12:00

RECEIVED

DATE CONTROL & LICENSING

Date of Notification (1) 03/12/13		Name of Building Owner/Operator (2) BEAUGARD FUNERAL HOME	
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 869 KINDERKAMACK ROAD		City, State, Zip Code RIVER EDGE, NJ	
Name of Contact CLAIRE BEAUGARD		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) BEAUGARD FUNERAL HOME			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 869 KINDERKAMACK ROAD			Square Feet		
City (5) RIVER EDGE			County (6) BERGEN		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			ASCM No.		
Street Address			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
City, State, Zip Code			Street Address 20 California Ave.		
Project Manager for Monitoring Firm			Telephone Number 973-345-8020		License Number 01169
Start Date (10) 04/11/13			Sched. Completion Date (11) 04/26/13		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		X		PIPE INSULATION	80 L FT	X			
Basement		X		BARE HEATING PIPES(RECLEAN)	130 L FT			X	

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 04/12/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 03/26/13

Date of Notification (1)
03/12/13

Name of Building Owner/Operator (2)

BRINTON BROSCIOUS

Street Address

488 RIDGEWOOD ROAD

City, State, Zip Code

MAPLEWOOD, NJ 07040

Name of Contact

BRINTON BROSCIOUS

Telephone Number

Agencies Notified:

- ☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

- ☒ Initial
☐ Amended
Amendment #: _____
☐ Emergency
(including justification)
☐ Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

BRINTON BROSCIOUS

Street Address

488 RIDGEWOOD ROAD

City (5)

MAPLEWOOD

County (6)

ESSEX

County Code (7)

(State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

03/27/13

Sched. Completion Date (11)

04/16/13

Occupancy Status During Abatement (Check only one):

- ☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours.
Describe: _____
☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

- ☒ >3 sf or >2 lf ☒ Renovation
☐ ≥160 sf or ≥280 lf ☐ Demolition

- ☐ Full Containment w/negative pressure
☒ Mini-enclosure
☐ Glovebag procedure
☐ Non-Exempted (*) and Non-triable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
GARAGE		X		DUCT INSULATION	20 SQ FT	X			

Registered Waste Hauler
D & S RESTORATION, INC.NJDEP Hauler ID#
13506Cubic Yards of Waste
1 YDName of Registered Landfill
TULLYTOWN RESOURCE RECOVERYCity, State
PATERSON, NJ 07503Disposal Date
03/28/13City, State
TULLYTOWN, PACompleted by (Print or Type)
BOGDAN JOLDZICTitle
PRESIDENT

Signature

Date
03/26/13

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

D&S Proj. #: 2013

Date of Notification (1) 03/16/13		Name of Building Owner/Operator (2) BRINTON BROSCIOUS	
Agencies Notified	Type Notification	Street Address 488 RIDGEWOOD ROAD	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code MAPLEWOOD, NJ 07040	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact BRINTON BROSCIOUS	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number _____	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) BRINTON BROSCIOUS			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address 488 RIDGEWOOD ROAD			Square Feet	# of Floors
City (5) MAPLEWOOD	County (6) ESSEX	County Code (7) (State use only)	Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 03/27/13		Sched. Completion Date (11) 04/16/13	Name of OSHA Monitor D & S Restoration, 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- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition

- ☐ Full Containment w/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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
GARAGE		X		DUCT INSULATION	20 SQ FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 03/28/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature _____	Date 03/26/13

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

B & G proj. #: 2013-68

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

Check #

5837

Date of Notification (1) 03/12/13		Name of Building Owner/Operator (2) Jennifer Bartolozzi	
Agencies Notified	Type Notification	Street Address 41 Ramapo Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Pompton Plains, NJ 07444	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Jennifer Bartolozzi	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Jennifer Bartolozzi			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 41 Ramapo Road			Square Feet # of Floors Bldg. Age		
City (5) Pompton Plains, NJ 07444	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		
Scheduled Start Date (10) 04/09/2013		Sched. Completion Date (11) 04/10/2013	License Number 00378		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☒ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement boiler room			<input checked="" type="checkbox"/>	pipe insulation	9 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement closet A & B			<input checked="" type="checkbox"/>	pipe insulation	6 lf & 4 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
laundry room			<input checked="" type="checkbox"/>	pipe insulation / VAT	20 lf / 10 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement main room			<input checked="" type="checkbox"/>	pipe insulation	45 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st fl dining rm & bathroom			<input checked="" type="checkbox"/>	pipe insulation	21 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 04/10/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 03/29/2013

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

B & G proj. #: 2013-67

Check # 5836

Date of Notification (1) 10/13/12 19/11/13		Name of Building Owner/Operator (2) Tara West	
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"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 29 Howland Circle		City, State, Zip Code West Caldwell, NJ 07006	
Name of Contact Tara West		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Tara West			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 29 Howland Circle			Square Feet # of Floors Bldg. Age		
City (5) West Caldwell, NJ 07006	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		
Scheduled Start Date (10) 04/08/2013		Sched. Completion Date (11) 04/09/2013	License Number 00378		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code LincolnPark, NJ 07035		

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☒ Full Containment w/negative pressure ☐ Glovebag procedure
☐ >3 sf or >3 lf ☒ >160 sf or >260 lf ☐ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
lower level			<input checked="" type="checkbox"/>	floor tile & mastic	470 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 04/10/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 03/29/2013

B & G proj. #: 2013-66

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

Check #

5838

Date of Notification (1)

03/12/13

Name of Building Owner/Operator (2)

Cynthia Salzano

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Street Address

378 Forest Avenue

City, State, Zip Code

Glen Ridge, NJ 07028

Name of Contact

Cynthia Salzano

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Cynthia Salzano

Street Address

378 Forest Avenue

City (5)

Glen Ridge, NJ 07028

County (6)

Essex

County Code (7)

(State use only)

Type of Facility (4)

☐ School (K - 12)☐ Subchapter 8 (Other than K-12)☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)
residential

Name of Monitoring Firm Hired by Bldg. Owner (8)

N/A

ASCM No.

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

(973)696-6869

License Number

00378

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scheduled Start Date (10)

04/10/2013

Sched. Completion Date (11)

04/11/2013

Occupancy Status During Abatement (Check only one)

☒ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-

Describe:

☐ Other-Describe:

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☐ Full Containment w/negative pressure☒ Glovebag procedure☒ >3 sf or >3 lf☐ ≥160 sf or ≥260 lf☒ Mini-enclosure☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)

Is location normally used solely by maintenance/custodial staff (12)

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

R	R	E	E
em	ep	nc	en
ov	ai	ap	cl
e	r	p	l
<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"/>

basement

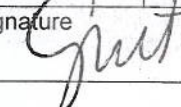
pipe insulation

17 lf

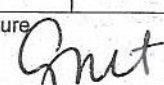
Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
1/2Name of Registered Landfill
Tullytown Resource & Recovery CenterCity, State
Lincoln Park, NJDisposal Date
04/11/2013City, State
Tullytown, PACompleted by (Print or Type)
Gordana LunaTitle
Secretary/TreasurerSignature
Gordana LunaDate
03/29/2013

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

1303-4621
Check #5099

Date of Notification (1) 3/29/13		Name of Building Owner / Operator (2) JCP&L/FirstEnergy Company							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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"/> Emergency <input type="checkbox"/> Cancellation	Street Address 10 Legion Place- Building A City, State & Zip Code Morristown, NJ 07960 Name of Contact Wayne Jones							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JCP&L/FirstEnergy		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 175 Center Street		Square Feet	# of Floors						
City (5) Landing	County (6) Morris	Bldg. Age 50+							
County Code (7)		Current Use (Prior if being demolished) Utility Building							
Name of Monitoring Firm Hired by Building Owner (8) 1 Source Safety & Health		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 140 South Village Ave. Suite 130		Street Address PO Box 25							
City, State & Zip Code Exton, PA 19341		City, State & Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Brian Hovendon		Telephone Number 610-524-5525	License Number 00529						
Scheduled Start Date (10) 4/8/13	Scheduled Completion Date (11) 4/12/13	Name of OSHA Monitor EMSL Analytical							
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 – Describe: 5PM Start <input type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.							
		City, State & Zip Code Westmont, NJ 08108							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <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 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
Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	786 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"/>
	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill TRRF Landfill					
City, State Lumberton, NJ		Disposal Date 4/12/13		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 	Date 3/29/13					

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

Date of Notification (1) 3 / 28 / 13			Name of Building Owner/Operator (2) West-Ward Pharmeceutical Job # 1303-4620 Check #5098						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2 Esterbrook Lane City, State, Zip Code Cherry Hill, NJ 08034 Name of Contact Chris Wallace Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) West-Ward Pharmaceuticals			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 2 Esterbrook Lane			Square Feet # of Floors Bldg. Age						
City (5) Cherry Hill			County (6) Camden						
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Office						
Name of Monitoring Firm Hired by Building Owner (8) 1 Source Safety & Health		ASCN No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 140 South Village Ave., Suite 130		Street Address 30 Maple Ave. PO Box 25		City, State, Zip Code Lumberton, NJ 08048					
City, State, Zip Code Exton, PA 19341		Telephone No. 610-524-5525		Telephone No. 609-265-2107					
Project Manager for Monitoring Firm Brian Hovendon		License No. 00529		Name of OSHA Monitor EMSL Analytical					
Start Date (10) 4 / 8 / 13		Scheduled Completion Date (11) 4 / 12 / 13		Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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
Old Catch & Feed Area Area 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	180 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Catch & Feed Area Area 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic (NF)	75 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 8		Name of Registered Landfill TRRF Landfill			
City, State Lumberton, NJ		Disposal Date 4/12/13		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 3/28/13			

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

1104-4289
Check #

No check

Date of Notification (1) 3/28/13		Name of Building Owner / Operator (2) Housing Authority of Gloucester County	
Agencies Notified	Type Notification	Street Address 100 Pop Moylan Blvd.	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #3 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Deptford, NJ 08096	
		Name of Contact Samuel Hudman	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Colonial park Apartments		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 401 South Evergreen Ave.		Square Feet	# of Floors
City (5) Woodbury	County (6) GLE	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) Offices	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 318 12th Street		Street Address PO Box 25	
City, State & Zip Code Hammonton, NJ 08037		City, State & Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Jim Proctor		Telephone Number 609-704-8850	License Number 00529
Scheduled Start Date (10) 1/30/12	Scheduled Completion Date (11) 4/30/13	Name of OSHA Monitor EMSL Analytical	
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 Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.	
		City, State & Zip Code Westmont, NJ 08108	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance 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
Throughout (135) Kitchens	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	20,250 SF total- 150 SF per location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout (10) Various Locations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	4,350 SF total-435 SF per location	<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"/>
	<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 AbateTech, Inc	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 20	Name of Registered Landfill TRRF Landfill
City, State Lumberton, NJ	Disposal Date 4/30/13	City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti	Title Opps. Coord.	Signature <i>Gwen Trumbetti</i>	Date 3/28/13

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

1206-4508

Check #

No check

2013 APR -2

Date of Notification (1) 3/28/13		Name of Building Owner / Operator (2) Newark Community Health Centers, Inc.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 741 Broadway City, State & Zip Code Newark, NJ 07107 Name of Contact Business Office							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Newark Community Health Center		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 741 Broadway		Square Feet	# of Floors						
City (5) Newark	County (6) Essex	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) Health Center							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 120 North Warren Street		Street Address PO Box 25							
City, State & Zip Code Trenton, NJ 08608		City, State & Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Ryan Broadwater	Telephone Number 609-392-4200	Telephone Number 609-265-2107	License Number 00529						
Scheduled Start Date (10) 2/19/13	Scheduled Completion Date (11) 4/30/13	Name of OSHA Monitor EMSL Analytical							
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 Hours – Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.							
		City, State & Zip Code Westmont, NJ 08108							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" 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 checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance 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
Phase 3 First & Second Floor				Double Layer floor tile & Mastic	4,600 SF				
Phase 1 North Bldg.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Double Layer Floor tile & Mastic	1,220 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 1 North Bldg.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Deck	1,600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 1 North Bldg.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 2 Cellar/Basement Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Double Layer Floor tile & Mastic	2,100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 2 Cellar/Basement Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall Mounted Tile	72 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 2 Cellar/Basement Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	235 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 20	Name of Registered Landfill TRRF Landfill					
City, State Lumberton, NJ		Disposal Date 4/30/13		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.	Signature <i>Gwen Trumbetti</i>			Date 3/28/13			

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

1208-4536

CHECK #

Date of Notification (1) 3/28/13		Name of Building Owner / Operator (2) The College of New Jersey	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #7 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		
	Street Address PO Box 7718		
	City, State & Zip Code Ewing, NJ 08628		
	Name of Contact Amanda Radosti		Telephone Number _____

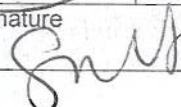
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) The College of New Jersey			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 2000 Pennington Road			Square Feet	# of Floors	Bldg. Age
City (5) Ewing	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Building		
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 1253 North Church Street		Street Address 30 Maple Ave			
City, State & Zip Code Moorestown, NJ 08057		City, State & Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm Jim Guillard		Telephone Number 856-840-8800	Telephone Number 609-265-2107	License Number 00529	
Scheduled Start Date (10) 11/8/12	Scheduled Completion Date (11) 4/30/13		Name of OSHA Monitor EMSL Analytical		
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 Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 107 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

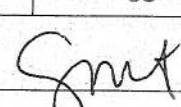
Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<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 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
Manholes #3 & #4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	160 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Trench	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	84 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Norsworthy Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation (wrap & cut)	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Norsworthy Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation (glove bag)	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 15	Name of Registered Landfill T.R.R.F. Landfill	
City, State Lumberton, NJ		Disposal Date 4/30/13	City, State Tullytown, PA		
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 		Date 3/28/13

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

Date of Notification (1) <u>3</u> / <u>25</u> / <u>13</u>		Name of Building Owner/Operator (2) Joseph Rodriguez / Job # 1303-4612 Check #							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 241 21st Avenue City, State, Zip Code Paterson, NJ 07501 Name of Contact Joseph Rodriguez Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Exxon Facility #31337		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 241 21st Avenue		Square Feet # of Floors Bldg. Age							
City (5) Paterson									
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Exterior Canopy							
Name of Monitoring Firm Hired by Building Owner (8) Kleinfelder		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 3 AAA Drive First Floor		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Hamilton, NJ 08691		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Reinaldo Aponte		Telephone No. 215-252-0603	License No. 00529						
Start Date (10) <u>3</u> / <u>26</u> / <u>13</u>	Scheduled Completion Date (11) <u>4</u> / <u>12</u> / <u>13</u>								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM- <u> </u> PM/ <u> </u> PM- <u> </u> AM		Street Address 108 Haddon Ave. City, State, Zip Code Westmont, NJ 08108							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout Canopy Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	8 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste <u>2</u>	Name of Registered Landfill Imperial Landfill					
City, State Lumberton, NJ		Disposal Date <u>4/12/13</u>		City, State 11 Boggs Rd., Imperial PA 15126					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 3/25/13		

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

1303-4618

Check #

Date of Notification (1) 3/25/13		Name of Building Owner / Operator (2) Princeton University	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	Trustees of Princeton University E.A. MacMillan Bldg.	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #1	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Princeton, NJ 08544	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DCA		Robert Ortego, P.E.	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University Engineering Quadrangle			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12)		
41 Olden Street			<input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5) Princeton			<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County (6) Mercer		County Code (7)	Square Feet	# of Floors	Bldg. Age
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.			Current Use (Prior if being demolished) Building		
ASCN No.			Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address			Street Address		
515 Grove Street Suite 1B			PO Box 25		
City, State & Zip Code			City, State & Zip Code		
Haddon Heights, NJ 08035			Lumberton, NJ 08048		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
Alan Lloyd		856-547-0505 x2875	609-265-2107		00529
Scheduled Start Date (10) 4/2/13	Scheduled Completion Date (11) 4/9/13		Name of OSHA Monitor EMSL Analytical		
Occupancy Status During Abatement (Check only one)			Street Address		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			108 Haddon Ave.		
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours			City, State & Zip Code		
Describe: <u>3:30 PM to 12 midnight</u>			Westmont, NJ 08108		
<input type="checkbox"/> Facility Occupied During Abatement					

Scope of Work (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glove Bag Procedures |
| | | <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 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
Rooms B217/219	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	580 SF total	<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"/>
	<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 AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill TRRF Landfill
City, State Lumberton, NJ	Disposal Date 4/9/13	City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti	Title Opps. Coord.	Signature <i>Gmt</i>	Date 3/25/13

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

1301-4594

Check #

Date of Notification (1) 3/25/13		Name of Building Owner / Operator (2) Bayside State Prison	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	Route 47	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #2	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Leesburg, NJ 08327	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DCA		John Leibrand	

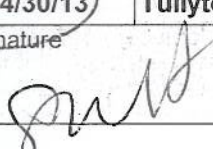
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bayside State Prison, @ Ancora -Spruce Hall			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12)		
301 Spring Garden Rd.			<input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)		
			<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5)	County (6)	County Code (7)	Square Feet	# of Floors	Bldg. Age
Hammonton	Atlantic				
Current Use (Prior if being demolished) Courtyard Vestibule					
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants			Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address			Street Address		
PO Box 385			PO Box 25		
City, State & Zip Code			City, State & Zip Code		
Oceanville, NJ 08231			Lumberton, NJ 08048		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
John Smoyer		609-652-1833	609-265-2107		00529
Scheduled Start Date (10)	Scheduled Completion Date (11)		Name of OSHA Monitor		
2/20/13	4/30/13		EMSL Analytical		
Occupancy Status During Abatement (Check only one)			Street Address		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			108 Haddon Ave.		
<input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe:			City, State & Zip Code		
<input checked="" type="checkbox"/> Facility Occupied During Abatement			Westmont, NJ 08108		

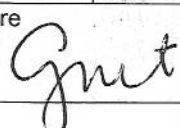
Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 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
Courtyard Vestibule	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Acoustical Spray-on Ceiling Insulation	80 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"/>
	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 4	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 4/30/13		City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.	Signature 		Date 3/25/13

State of New Jersey 1111-4409
NOTIFICATION OF ASBESTOS ABATEMENT Check #5040
(Pursuant to N.J.A.C. 8:60 and 12:120)


Date of Notification (1) 3/28/13		Name of Building Owner / Operator (2) NJ Turnpike Authority- 6-9 Widening Program Contract 702							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #2 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address PO Box 5050 City, State & Zip Code Woodbridge, NJ 07095 Name of Contact Dan Crum							
Telephone Number <div style="text-align: right;">2013 APR - 2</div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJ Turnpike Interchange 6-9		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 Brick Yard Road @ Turnpike Intersection		Square Feet	# of Floors						
City (5) Cranbury Twp.	County (6) Middlesex	County Code (7) 1101	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental		ASCM No.							
Street Address 49 Orient Way		Name of Abatement Contractor (9) AbateTech, Inc.							
City, State & Zip Code Rutherford, NJ 07070		Street Address PO Box 25							
Project Manager for Monitoring Firm John Chiavello		Telephone Number 201-438-4839	License Number 00529						
Scheduled Start Date (10) 3/18/13	Scheduled Completion Date (11) 4/30/13	Name of OSHA Monitor EMSL Analytical							
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 – Describe: 11PM-7:30AM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance 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
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Conduit	950 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drain Tar	10 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"/>
	<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 Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 8	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Freehold, NJ		Disposal Date 4/30/13		City, State Morrisville, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.	Signature 			Date 3/28/13			

EDS13-011

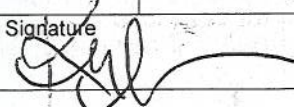
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Page 1 of 1

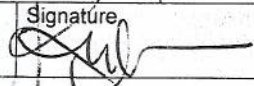
Check # 1526

Date of Notification (1) 3-26-2013		Name of Building Owner/Operator (2) Plainfield Public School							
Agencies Notified	Type Notification	Street Address 920 Park Ave							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Plainfield, NJ 07060							
		Name of Contact Harold Gee	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Plainfield High School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 950 Park Avenue		Square Feet 125000	# of Floors 3						
City (5) Plainfield		Bldg. Age 40+							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		ASCM No. 00003	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 1253 North Church St		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Mary Ellen Leotta		Telephone No. 856-840-8800	Telephone No. (201)710-9725						
		License No. 01084							
Start Date (10) 3-29-2013	Scheduled Completion Date (11) 4-2-2013	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 140 Hamburg Turnpike							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Classroom 163		X		Pipe Fitting Insulation	35 LF	X			
Classroom 164		X		Pipe Fitting Insulation	30 LF	X			
Classroom 165		X		Pipe Fitting Insulation	24 LF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Grows					
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Michael B Solakov		Title P.M.	Signature 			Date 3-26-2013			


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

Date of Notification (1) 3 / 27 / 13		Name of Building Owner/Operator (2) Mr. Joseph Scerra 2013 APR - 2 AM: 00 / Job # 1303-1737: Chk. #3069							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 491 Orchard Circle City, State, Zip Code Exton, PA 19341 Name of Contact Mr. John Cafiero, Axis Builders							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 8 West 13th Street									
City (5) North Beach Haven		Square Feet 900 SF	# of Floors 1						
		Bldg. Age 45							
County (6) Ocean	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Apartment Building						
Name of Monitoring Firm Hired by Building Owner (8) NA	ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address		Street Address 3859 Sylon Boulevard							
City, State, Zip Code		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-702-0400	License No. 00862						
Start Date (10) 4 / 11 / 13	Scheduled Completion Date (11) 4 / 11 / 13		Name of OSHA Monitor EMSL Analytical, Inc.						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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) 190 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior (Garage)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding		<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 Horizon Disposal, Inc.		NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 3	Name of Registered Landfill GROWS Landfill					
City, State Trenton, NJ		Disposal Date 4/12/13		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti	Title Office Coordinator		Signature 			Date 3/27/13			

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

Date of Notification (1) 3 / 27 / 13		Name of Building Owner/Operator (2) Township of Commercial / Job # 1303-1736: Chk. #3070							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1768 Main Street							
		City, State, Zip Code Port Norris, NJ 08349							
		Name of Contact Ms. Pamela Humphries, CFO	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Robbinstown School Library		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1628 Main Street									
City (5) Port Norris		Square Feet 939	# of Floors 2						
County (6) Cumberland		Bldg. Age 185							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant Library							
Name of Monitoring Firm Hired by Building Owner (8) NA		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address		Street Address 3859 Sylon Boulevard							
City, State, Zip Code		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm		Telephone No. 609-702-0400	License No. 00862						
Start Date (10) 4 / 10 / 13	Scheduled Completion Date (11) 4 / 10 / 13	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address 200 U.S. Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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) 300 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shingle Siding		<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 Horizon Disposal, Inc.		NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfill					
City, State Trenton, NJ		Disposal Date 4/12/13		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 			Date 3-27-13		

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

Date of Notification (1) March 28, 2013		Name of Building Owner/Operator (2) Viasant, LLC						
Agencies Notified	Type Notification	Street Address						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1	105 Chesley Dr.						
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Media, PA 19063						
		Name of Contact PM	Telephone Number 717-261-1000					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Former Yates Foil		Type of Facility (4)						
Street Address 88 Rte 130 South		<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) Bordentown, NJ		Square Feet	# of Floors Bldg. Age					
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) empty						
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC					
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209						
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034						
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	Telephone No. (973) 759 - 5000					
Start Date (10) 2/21/13		Scheduled Completion Date (11) 12/31/13	License No. 00781					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor The MACK Group, LLC.						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Street Address 1500 Kings HWY N, STE 209						
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code Cherry Hill, NJ 08034						
<input type="checkbox"/> Other - Describe: _____								
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 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) 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
see attached		<input checked="" type="checkbox"/>	see attached	see attached	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold / Newark Carting / Rovic		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF				
City, State Freehold / Newark / Riverdale, NJ		Disposal Date 12/31/13		City, State Newburg / Imperial / Morrisville, PA				
Completed by Mike Cooper		Title President	Signature 		Date 3/28/13			

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


675

Date of Notification (1) February 12, 2013		Name of Building Owner/Operator (2) Viasant, LLC	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	105 Chesley Dr.	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #	Media, PA 19063	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	PM	

2013 APR - 2 AM - 00
 ASBESTOS CONTROL & LICENSE CONTROL

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Former Yates Foil		Type of Facility (4)	
Street Address 88 Rte 130 South		<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) Bordentown, NJ		Square Feet	# of Floors
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) empty	
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	Telephone No. (973) 759 - 5000
Start Date (10) 2/21/13		Scheduled Completion Date (11) 3/31/13	License No. 00781
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor The MACK Group, LLC.	
<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 1500 Kings HWY N, STE 209	
		City, State, Zip Code Cherry Hill, NJ 08034	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
see attached		<input checked="" type="checkbox"/>		see attached	see attached	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Freehold / Newark Carting / Rovic		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF	
City, State Freehold / Newark / Riverdale, NJ		Disposal Date 3/31/13		City, State Newburg / Imperial / Morrisville, PA	
Completed by Mike Cooper	Title President	Signature 		Date 2/12/13	

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

Date of Notification (1) 3 / 28 / 2013		Name of Building Owner/Operator (2) Schneider National, Inc.							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 500 Water Street City, State, Zip Code Jacksonville, FL 32202 Name of Contact Ryan Gronnert, Facilities Proj. Mgr							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CSX Intermodel - Schneider National's Modular Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 26 Pennsylvania Avenue		Square Feet 8000							
City (5) Kearny		# of Floors 1							
County (6) Hudson		Bldg. Age 25+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Industrial							
Name of Monitoring Firm Hired by Building Owner (8) Shaw Environmental, Inc.		Name of Abatement Contractor (9) Prism Response, Inc.							
Street Address 128 S. Tryon Street - Interstate Tower		Street Address 102 Technology Lane							
City, State, Zip Code Charlotte, NC 28202		City, State, Zip Code Export, PA 15632							
Project Manager for Monitoring Firm Roy Stancil		Telephone No. 704-331-6334	License No. 01121						
Start Date (10) 4 / 15 / 2013	Scheduled Completion Date (11) 4 / 17 / 2013	Name of OSHA Monitor Shaw Environmental, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 128 South Tryon Street, Interstate Tower							
		City, State, Zip Code Charlotte, NC 28202							
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 *Abatement prior to demolition by others.									
<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
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior of Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glazing Compound from Windows	9 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	12 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. SW1724		Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Camden, New Jersey		Disposal Date 4/17/2013		City, State Penn Argyl, PA					
Completed By (Print or Type) Jessica Busch		Title Administrative Support		Signature <i>Jessica Busch</i>		Date 3/28/2013			

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

Date of Notification (1) 3 / 15 / 2013		Name of Building Owner/Operator (2) Schneider National, Inc.							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 500 Water Street City, State, Zip Code Jacksonville, FL 32202 Name of Contact Ryan Gronnert, Facilities Proj. Mgr							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CSX Intermodel - Schneider National's Modular Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 26 Pennsylvania Avenue		Square Feet 8000	# of Floors 1						
City (5) Kearny		Bldg. Age 25+							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Industrial							
Name of Monitoring Firm Hired by Building Owner (8) Shaw Environmental, Inc.	ASCM No.	Name of Abatement Contractor (9) Prism Response, Inc.							
Street Address 128 S. Tryon Street - Interstate Tower		Street Address 102 Technology Lane							
City, State, Zip Code Charlotte, NC 28202		City, State, Zip Code Export, PA 15632							
Project Manager for Monitoring Firm Roy Stancil	Telephone No. 704-331-6334	Telephone No. 724-325-3330	License No. 01121						
Start Date (10) 4 / 1 / 2013	Scheduled Completion Date (11) 4 / 3 / 2013	Name of OSHA Monitor Shaw Environmental, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address 128 South Tryon Street, Interstate Tower City, State, Zip Code Charlotte, NC 28202							
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 *Abatement prior to demolition by others.									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior of Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glazing Compound from Windows	9 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 Waste Management		NJDEP Waste Hauler ID No. SW1724	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Camden, New Jersey		Disposal Date 4/3/2013		City, State Penn Argyl, PA					
Completed By (Print or Type) Jessica Busch		Title Administrative Support		Signature Jessica Busch		Date 3/15/2013			

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

Date of Notification (1) 2 / 25 / 2013		Name of Building Owner/Operator (2) Schneider National, Inc.							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 500 Water Street							
		City, State, Zip Code Jacksonville, FL 32202							
		Name of Contact Ryan Gronnert, Facilities Proj. M	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CSX Intermodel - Schneider National's Modular Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 26 Pennsylvania Avenue		Square Feet 8000	# of Floors 1						
City (5) Kearny		Bldg. Age 25+							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Industrial							
Name of Monitoring Firm Hired by Building Owner (8) Shaw Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Prism Response, Inc.						
Street Address 128 S. Tryon Street - Interstate Tower		Street Address 102 Technology Lane							
City, State, Zip Code Charlotte, NC 28202		City, State, Zip Code Export, PA 15632							
Project Manager for Monitoring Firm Roy Stancil		Telephone No. 704-331-6334	Telephone No. 724-325-3330						
Start Date (10) 3 / 18 / 2013		Scheduled Completion Date (11) 3 / 20 / 2013	License No. 01121						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Name of OSHA Monitor Shaw Environmental, Inc.							
		Street Address 128 South Tryon Street, Interstate Tower							
		City, State, Zip Code Charlotte, NC 28202							
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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition *Abatement prior to demolition by others.									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior of Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glazing Compound from Windows	9 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 Waste Management		NJDEP Waste Hauler ID No. SW1724	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Camden, New Jersey		Disposal Date 3/20/2013	City, State Penn Argyl, PA						
Completed By (Print or Type) Jessica Busch		Title Administrative Support	Signature <i>Jessica Busch</i>				Date 2/25/2013		

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

Date of Notification (1) <u>2</u> / <u>25</u> / <u>2013</u>		Name of Building Owner/Operator (2) Schneider National, Inc.	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 500 Water Street City, State, Zip Code Jacksonville, FL 32202 Name of Contact Ryan Gronnert, Facilities Proj. Mgr	
		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) CSX Intermodel - Schneider National's Modular Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 26 Pennsylvania Avenue			
City (5) Kearny	Square Feet 8000	# of Floors 1	Bldg. Age 25+
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Industrial	
Name of Monitoring Firm Hired by Building Owner (8) Shaw Environmental, Inc.		Name of Abatement Contractor (9) Prism Response, Inc.	
Street Address 128 S. Tryon Street - Interstate Tower		Street Address 102 Technology Lane	
City, State, Zip Code Charlotte, NC 28202		City, State, Zip Code Export, PA 15632	
Project Manager for Monitoring Firm Roy Stancil	Telephone No. 704-331-6334	Telephone No. 724-325-3330	License No. 01121
Start Date (10) <u>3</u> / <u>18</u> / <u>2013</u>	Scheduled Completion Date (11) <u>3</u> / <u>20</u> / <u>2013</u>	Name of OSHA Monitor Shaw Environmental, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 128 South Tryon Street, Interstate Tower	
		City, State, Zip Code Charlotte, NC 28202	
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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition *Abatement prior to demolition by others.			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
Roof	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Roofing	800 SF
Exterior of Structure	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Glazing Compound from Windows	9 SF
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. SW1724	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Camden, New Jersey		Disposal Date 3/20/2013	City, State Penn Argyl, PA
Completed By (Print or Type) Jessica Busch	Title Administrative Support	Signature <i>Jessica Busch</i>	Date 2/25/2013

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

Courtesy to EPA Region II

Date of Notification (1) <u>2</u> / <u>15</u> / 2013		Name of Building Owner/Operator (2) Schneider National, Inc.							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 500 Water Street City, State, Zip Code Jacksonville, FL 32202 Name of Contact Ryan Gronert, Facilities Proj. Mgr							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CSX Intermodel - Schneider National's Modular Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 26 Pennsylvania Avenue		Square Feet 8000	# of Floors 1						
City (5) Kearny		Bldg. Age 25+							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Industrial							
Name of Monitoring Firm Hired by Building Owner (8) Shaw Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Prism Response, Inc.						
Street Address 128 S. Tryon Street - Interstate Tower		Street Address 102 Technology Lane							
City, State, Zip Code Charlotte, NC 28202		City, State, Zip Code Export, PA 15632							
Project Manager for Monitoring Firm Roy Stancil	Telephone No. 704-331-6334	Telephone No. 724-325-3330	License No. 01121						
Start Date (10) <u>2</u> / <u>25</u> / 2013	Scheduled Completion Date (11) <u>2</u> / <u>27</u> / 2013	Name of OSHA Monitor Shaw Environmental, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 128 South Tryon Street, Interstate Tower City, State, Zip Code Charlotte, NC 28202							
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 *Abatement prior to demolition by others.									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior of Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glazing Compound from Windows	9 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 Waste Management		NJDEP Waste Hauler ID No. SW1724	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Camden, New Jersey		Disposal Date 2/27/2013	City, State Penn Argyl, PA						
Completed By (Print or Type) Jessica Busch	Title Administrative Support	Signature <i>Jessica Busch</i>	Date 2/15/2013						

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

OK 1000156873

Date of Notification (1) 10/3/11 25/11/13		Name of Building Owner/Operator (2) Phillips 66 Trember PT Terminal	
Agencies Notified	Type Notification	Street Address 4601 SOUTH WOOD RD	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Linden, NJ 07036	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Mark Kaminsky	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Phillips 66 Terminal Trember PT		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 4601 SOUTH WOOD RD		Square Feet 4000	# of Floors 1
City (5) Linden	County (6) Union	County Code (7) (STATE USE ONLY)	Bldg. Age 40
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) New States Contracting, LLC	
Street Address		Street Address 2400 Main St Extension, Suite 10	
City, State, Zip Code		City, State, Zip Code Sayreville, NJ 08872	
Project Manager for Monitoring Firm		Telephone Number 732 525 0100	License Number
Scheduled Start Date (10) 10/4/11 09/11/13	Sched. Completion Date (11) 10/4/11 12/11/13	Name of OSHA Monitor TIGER Environmental	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:		Street Address 234 20th Av	
		City, State, Zip Code Brick, NJ 08724	

Scope of Work (Check all that apply)

- ☐ Demolition
☐ >3 sf or >3 lf
☒ >160 sf or >260 lf

☒ Renovation

- ☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				R	E	N	E	
FLOOR END OF BUILDING	X	VAT	600 SF	X				

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 6	Name of Registered Landfill Grows Landfill
City, State 235 Giggan Trenton, NJ	Disposal Date 9/12/13	City, State Merrisville, PA	
Completed By (Print or Type) Rick Baptista	Title Vice President	Signature 	Date 3-26-13

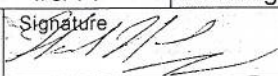
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

717

Date of Notification (1) March 28, 2013		Name of Building Owner/Operator (2) Reckitt Benckiser	
Agencies Notified	Type Notification	Street Address 799 U.S. 206	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hillsborough NJ 08844	
		Name of Contact Stephen Grum	Telephone Number _____

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Reckitt Benckiser		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 799 U.S. 206		Square Feet	# of Floors
City (5) Hillsborough NJ 08844		Bldg. Age	
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Pharmaceutical	
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc.		Name of Abatement Contractor (9) The MACK Group, LLC	
Street Address 515 Grove St, Suite 1B		Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm R. Alan Lloyd, CIH, CSP		Telephone No. 856-547-0505	License No. 00781
Start Date (10) 4/8/13	Scheduled Completion Date (11) 4/8/14	Name of OSHA Monitor The MACK Group, LLC.	
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 1500 Kings HWY N, STE 209	
		City, State, Zip Code Cherry Hill, NJ 08034	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <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
Quality Assurance Lab Office Area		<input checked="" type="checkbox"/>		Transite Fume Hood	40 s/f	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Freehold / Newark Carting / Rovic		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 0.4	Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF	
City, State Freehold / Newark / Riverdale, NJ		Disposal Date 4/8/14		City, State Newburg / Imperial / Morrisville, PA	
Completed by Mike Cooper	Title President	Signature 	Date 3/28/13		

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 AND 12:120)

RECEIVED
2013 APR 22 11:00
LICENSING

Date of Notification (1) 3/26/2013		Name of Building Owner/Operator (2) Waldwick Board of Education	
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		Notification Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 155 Summit Avenue		City, State, Zip Code Waldwick, NJ 07463	
Name of Contact Mr. John Rand		Tel. Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Waldwick High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 155 Wyckoff Avenue			
City (5) Waldwick	County (6) Bergen	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Westchester Environmental LLC		ASCM No. 00127	
Street Address 307 N. Walnut Street		Name of Contractor (9) MTM Metro Corporation	
City, State, Zip Code West Chester, PA 19380		Street Address 135-137 McBride Ave	
Project Manager for Monitoring Firm Matt Abraham		City, State, Zip Code Paterson, NJ 07501	
Telephone Number 610-431-7545		Telephone Number 973-742-5030	License Number 00809
Scheduled Start Date (10) 4/05/2013		Scheduled Completion Date (11) 04/12/2013	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other-Describe: _____		Name of OSHA Monitor MTM Metro Corporation	
		Street Address 135-137 McBride Ave	
		City, State, Zip Code Paterson, NJ 07501	
Source 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"/> Non-Exempted(*) & Non-Friable Procedure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Boiler Room		Boiler breaching	264SF
Boiler Room		Pipe fittings	95lf
Boiler Room		HT. WTR Heater exc tank	275SF
Abatement Type			
Rem.	Rep.	Encap	Enclose
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler MTM Metro Corporation		NJDEP Waste Hauler ID # 26552	Cubic Yards of Waste 30
City, State Paterson, NJ		Name of Reg. Landfill Tullytown	
Disp. Date 4/12/2013		City, State Tullytown, PA	
Completed by (Print or Type) Elizabeth Maslarkov		Title Business Administrator	Signature Elizabeth Maslarkov
		Date 3/26/2013	

ASB-41

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

No
check

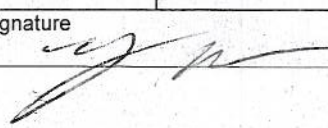
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

2013 APR -2 12:00
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 12-14-12		Name of Building Owner/Operator (2) Dupont Nemours Company	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment 1 <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address Rt 130 South	
		City, State, Zip Code Deepwater, NJ 08023	
		Name of Contact Richard Clarke	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Chamber Works Plant		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 Rt 130 South		Square Feet	# of Floors
City (5) Deepwater		Bldg. Age	
County (6) Salem	County Code (7) (STATE USE ONLY)	Current Use (prior if being demolished)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental	ASCM No.	Name of Contractor (9) County Environmental	
Street Address 761 Pulaski Hwy		Street Address 461 New Churchmans Rd.	
City, State, Zip Code Bear, De		City State, Zip Code New Castle, DE 19720	
Project Manager for Monitoring Firm Wesly Morrison	Telephone No. 302-326-2333	Telephone Number (302) 322-8946	License Number 00578
Scheduled Start Date (10) 1-2-13	Scheduled Completion Date (11) 6-30-13	Name of OSHA Monitor County Environmental (12-003A)	
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 checked="" type="checkbox"/> Other - Describe: Unoccupied area.		Street Address 461 New Churchmans Road	
Scope of Work (Check all that apply) <input checked="" 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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
City, State, Zip Code New Castle, DE 19720			

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
Thermal Systems		x		Thermal coverings throughout area	22000LF	X			
Thermal Systems		x		Thermal coverings throughout area	2000SF		X	X	
Floor Tile /Mastic		x		Floor tile and mastic throughout area	1800SF	X			
Name of Reg. Waste Hauler S&J Transport.		NJDEP Waste Hauler ID No. 03217		Cubic Yards of Waste >30	Name of Reg. Landfill Constoga				
City, State Woodstown, NJ				Disposal Date TBD	City, State Morgantown, PA				
Completed by Evelyn Walsh		Title Office Manager			Signature 		Date 4-1-12		