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

RECEIVED
APR 12 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
1/13/12	BASF Corporation

Agencies Notified	Notification Type	Street Address	City, State, Zip Code	Name of Contact
(X) EPA (X) DOL (X) DOH ( ) DCA	( ) Initial Notification (X) Amended Certification Rev. 2 ( ) Cancelled	100 Campus Drive	Florham Park, NJ 07932	Frank Piechoeta

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
BASF – Main Production Building	( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.
Street Address 1 James Street	Sq. Feet 121700 # of Floors 2
City (5): Belvidere; County (6): Warren; County Code (7) (State Use Only):	Bldg. Age 50 +/- Current Use (prior if being demolished) vacant manufacturing

Name of Monitoring Firm Hired by Bldg. Owner (8)	ASCM No.	Name of Contractor (9)
Environmental Health Investigations, Inc.	00104	NCM Demolition and Remediation, LP
Street Address 655 West Shore Trail		Street Address 404 N. Berry Street
City, State, Zip Code Sparta, NJ 07871		City State, ZipCode Brea, CA 92821

Project Manager for Monitoring Firm	Telephone Number	Telephone Number	License Number
William S. Kerbel, CIH	973-79-5649	484-480-8931	01066

Scheduled Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
1/30/2012	6/15/2012	Testor Tech

Occupancy Status During Abatement (Check only one)	Street Address
(X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -	10 59 Jackson Ave.
Describe Vacant Bldg. To Be Demolished 121,701 sf building to be demolished in its entirety	City, State, Zip Code L.I.C. New York, 11101
Other – Describe	

Source of Work (Check all that apply)

(X) Demolition ( ) Renovation
(X) Large Proj. (>160 SF or >260 LF ACM) ( )Small Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)
(X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure (X) Non-Friable Outdoor Work

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
Throughout see attached sheet	X			See attached sheet	See attached sheet	X			

Name of Reg. Waste Hauler	NJDEP Waste Hauler ID #	Cubic Yards of Waste	Name of Reg. Landfill
Service Transport Group	A901 #20990 / SW2117	80	Minerva Enterprises
City, State 58 Pyles Lane – New Castle, DE		Disp. Date 4/20/12	City, State Waynesburg, OH

Completed by (Print or Type)	Title	Signature	Date
Joseph K. White	Project Coordinator	Joseph K. White	4/11/12

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

RECEIVED
APR 12 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03 / 23 / 12

Name of Building Owner / Operator (2): US ARMY INSTILLATION MGMT COMAND PICATINNY ARSENAL

Street Address:

City, State, Zip Code: PICATINNY ARSENAL, NJ

Name of Contact: JAMES B. SMITH

Telephone Number:

Agencies Notified:
- [☑] EPA
- [☐]
- [☑] DOH
- [☑] DOL
- [☐]

Type of Notification:
- [☐] Initial
- [☑] Amended
- Amendment #__1
- [☐] Emergency w/ justification
- [☐] Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PICATINNY ARSENAL

Street Address:

Type of Facility (4):
- [☐] School (K-12)
- [☐] Subchapter 8 (Other than K-12)
- [☑] Other (I.e., private & cmmercial bldgs., homes, etc.)

City (5): PICATINNY

County (6):

County Code (7):

Square Feet: N/A

 # Of Floors:

Building Age: 50+

Current Use (Prior if being demolished): VACANT

Name of Monitoring Firm Hired by Bldg. Owner (8): LANDMARK ENVIRONMENTAL INC.

ASCM NO: N/A

Name of Abatement Contractor (9): LVI Environmental Services Inc.

Street Address: 250 BRYANT STREET

City, State, Zip Code: DENVER, CO 80219

Project Mngr. For Monitoring Firm: MATT ROBERTS

Telephone Number: 720-283-8974

Street Address: 462 Getty Avenue

City, State, Zip Code: Clifton, NJ 07011

Telephone Number: 973-772-3660

License Number: 00117

Sheduled Start Date (10): 04 / 09 / 12

Sched. Completetion Date (11): 06 / 29 / 12

Occupancy Status During Abatement (Check Only 1)
- [☐] Facility Closed/Vacated During Entire Period of Abatement
- [☐] Abatement Performed Outside of Normal Facility Hours - Describe: __ MON-FRI
- [☑] Other - Describe: __ 7:00AM-5:00PM

Name of OSHA Monitor: LVI Environmental Services Inc.

Street Address: 462 Getty Avenue

City, State, Zip Code: Clifton, NJ 07011

Scope of Work (Check All That Apply)
- [☐] Demolition
- [☐]
- [☑] ≥160 sf or ≥260 lf
- [☑] Renovation
- [☐] Full Containment with Negative Pressure
- [☑] Mini - Enclosure
- [☐] Glovebag Procedure
- [☑] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12) YES	NO	N/A	Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
210,282A,408,902,1031,1400,	☐	☐	☑	FRIABLE DEBRIS	1000 SF	☑	☐	☐	☐
3617,3618, 282	☐	☐	☑	NON FRIABLE DEBRIS	2000 SF	☑	☐	☐	☐
1364,1377,3609, 167,620,1517	☐	☐	☑			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: NEWARK CARTING

NJDEP Waste Hauler ID No.: 4509

Cubic Yards of Waste:

Name of Registered Landfill: G.R.O.W.S

City, State: NEWARK, NJ

Disposal Date:

City. State: MORRISVILLE, PA

Completed by (Print or Type): STEVEN STILES

Title: PROJECT MANAGER

Signature: Steven Stiles

Date: 04/11/12

ASB-41

D&S Proj. #: MS 12-129

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

RECEIVED
APR 12 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 04/12/12

Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA

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

Name of Building Owner/Operator (2): Kelly Missonelie

Street Address: 101 9th Avenue

City, State, Zip Code: Hawthorne, NJ 07506

Name of Contact: Klley Missonellie

Telephone Number:

FACILITY INFORMATION

Name of facility where abatement is taking place (3): Kelly Missonelie

Street Address: 101 9th Avenue

City (5): Hawthorne

County (6): Passaic

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)

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

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Phone Number:

Name of Abatement Contractor (9): D & S RESTORATION, INC.

Street Address: 20 California Ave.

City, State, Zip Code: Paterson, NJ 07503

Telephone Number: 973-345-8020

License Number: 00159

Start Date (10): 04/19/12

Sched. Completion Date (11): 04/27/12

Name of OSHA Monitor: D & S Restoration, Inc.

Street Address: 20 California Avenue

City, State, Zip Code: Paterson, NJ 07503

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 >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) Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
basement boiler room		X		pipe insulation	10 l ft	☒	☐	☐	☐
garage & hallway		X		pipe insulation	10 l ft	☒	☐	☐	☐
Rm 1		X		pipe insulation	12 l ft	☒	☐	☐	☐
Rm 2		X		pipe insulation	21 l ft	☒	☐	☐	☐
Rm 3		X		pipe insulation	10 l ft	☒	☐	☐	☐

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: 04/20/12

City, State: TULLYTOWN, PA

Completed by (Print or Type): BOGDAN JOLDZIC

Title: PRESIDENT

Signature:

Date: 04/09/12

ASB-41

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:120-7)

RECEIVED
Check # 6716
APR 12 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
4/9/12	UMDNJ

Agencies Notified	Type of Notification	Street Address	Telephone Number
[x] EPA [ ] DEP [X] DOL [X] DOH [x] DCA	[x] Initial Notification [ ] Emergency [ ] Amended Notification [ ] Cancellation	30 Bergen Street City, State, Zip Code: Newark, NJ 07101 Name of Contact: Joseph Conway	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
UMDNJ – Power Plant	[ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private and commercial buildings, homes, etc.)
Street Address: 295 Norfolk St.	

City (5)	County (6)	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors	Bldg. Age
Newark	Essex		20000	1	~ 70

Current Use (Prior if being demolished): Power plant

Name of Monitoring Firm Hired by Building Owner	ASCM No.
TTI Environmental, Inc.	00003

Street Address: 9 East Stow Road
City, State, Zip Code: Marlton, NJ 08053

Project Manager for Monitoring Firm	Telephone Number
Howard Baldwin	856-985-8800

Scheduled Start Date (10)	Sched. Completion Date (11)
4/23/12	12/31/12

Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours – Describe:
- [x] Other – Describe: partially vacated

Name of Abatement Contractor (9): Jupiter Environmental Services, Inc.
Street Address: 3 Lynn Court
City, State, Zip Code: Lincoln Park, NJ 07035

Telephone Number	License Number
973-709-0200	00852

Name of OSHA Monitor: J & S Environmental Laboratories, LLC
Street Address: 2333 Route 22 West
City, State, Zip Code: Union, NJ 07083

Scope of Work (Check all that apply)
- [ ] Demolition
- [ ] ≥3 sf or ≥3 lf
- [x] ≥160 sf or ≥260 lf
- [ ] Renovation
- [x] Full Containment with Negative Pressure
- [x] Mini – Enclosure
- [x] Glovebag Procedure
- [ ] Non – Friable Procedure

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes	No	N/A	Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSU	ENCLOSU
Power plant – basement & mezza.	x			Header/valve insulation	550 SF	X			
Power plant – basement & mezza.	x			pipe insulation	20 LF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards Of Waste	Name of Registered Landfill
Jupiter Environmental Services	04782	10	Minerva Landfill
City, State: Lincoln Park, NJ		Disposal Date: 5/15/12 +	City, State: Waynesburg, OH

Completed By (Print or Type)	Title	Signature	Date
Pane Repic	General Manager		4/9/12

ASB-41
JUN 95

G4667

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

RECEIVED
APR 12 2012
ASBESTOS CONTROL & LICENSING
Ck# 1016

Date of Notification (1): 4-10-2012		Name of Building Owner/Operator (2): Legow Management	
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 160 South Livingston Ave	
		City, State, Zip Code: Livingston, NJ 07039	
		Name of Contact: John	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Center Grove Village Apt. 10-10		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: Quaker Church Road			
City (5): Randolph		Square Feet:	# of Floors: Bldg. Age: 50+
County (6): Morris	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Apartment Unit	

Name of Monitoring Firm Hired by Building Owner (8): n/a	ASCM No.: n/a	Name of Abatement Contractor (9): Jadar Contracting, LLC	
Street Address: n/a		Street Address: 22 Troy Lane	
City, State, Zip Code: n/a		City, State, Zip Code: Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm: n/a	Telephone No.: n/a	Telephone No.: 973-706-7950	License No.: 01088
Start Date (10): 4-20-2012	Scheduled Completion Date (11): 4-21-2012	Name of OSHA Monitor: Jadar Contracting, LLC	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 9am - 5 pm		Street Address: 22 Troy Lane	
		City, State, Zip Code: Lincoln Park, NJ 07035	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Kitchen Floor			X	VAT	100 SF	X			

Name of Registered Waste Hauler: Jadar Contracting LLC	NJDEP Waste Hauler ID No.: 0033137	Cubic Yards of Waste: TBD	Name of Registered Landfill: G.R.O.W.S. Landfill
City, State: Lincoln Park, NJ 07035		Disposal Date: TBD	City, State: Morrisville, PA 19067

Completed by: Lillie Lazarevich	Title: Secretary	Signature: Lillie Lazarevich	Date: 4-10-2012

ASB-41 (R-06-08)

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 4/9/2012	Name of Building Owner/Operator (2): Grady Toughill
Agencies Notified: [x] EPA; [ ] DEP; [x] DOL; [x] DOH; [ ] DCA	Type of Notification: [ ] Initial Notification; [x] Amended Notification Amendment #_____; [ ] Emergency (including justification); [ ] Cancellation
	Street Address: 1002 Riverside Drive
	City, State, Zip Code: Pine Beach, NJ 08741
	Name of Contact: Grady Toughill; Telephone Number:

Ch 20168

APR 12 2012

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence			Type of Facility (4): [ ] School (k-12); [ ] Subchapter 8 (other than k-12); [x] Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 1002 Riverside Drive			
City: Pine Beach	County (6): Ocean	County Code (7) (STATE USE ONLY):	Square feet: 2500 sf; # of Floors: 2; Bldg. Age: 60
			Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8): N/A		ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address:			Street Address: 1889 Route 9, Unit 61
City, State, Zip Code:			City, State, Zip Code: Toms River, New Jersey 08755-1271
Project Manager for Monitoring Firm:	Telephone Number:		Telephone Number: 732-349-9932; License Number: 00624
Scheduled Start Date (10): 4/5/12	Scheduled Completion Date (11): 4/11/12		Name of OSHA Monitor: E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one): [x] Facility Closed/Vacated During Entire Period of Abatement; [ ] Abatement Performed Outside of Normal Facility Hours; [ ] Other – Describe_____			Street Address: 1056 Stelton Road
			City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

[ ] >3 sf or ≥3 lf	[ ] Renovation	[ ] Full Containment with Negative Pressure	
[x] ≥160 sf or ≥260 lf	[x] Demolition	[ ] Mini-Enclosure	
		[ ] Glovebag Procedure	
		[x] Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES	NO	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
Exterior		X		Asbestos siding	2000 sf	X			
Exterior		X		Asbestos roof	1400 sf	X			

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 5	Name of Registered Landfill: T.R.R.F.
City, State: Toms River, New Jersey	Disposal Date: 4/12/12	City, State: Tullytown, Pennsylvania	
Completed by (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature: Nichol Fern	4/9/12

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED
APR 12 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): April 9, 2012	Name of Building Owner/Operator (2): Lottie Pursak
Agencies Notified: [x] EPA; [ ] DEP; [x] DOL; [x] DOH; [ ] DCA Type of Notification: [ ] Initial Notification; [ ] Amended Notification Amendment #_____; [x] Emergency (including justification); [ ] Cancellation	Street Address: 251 Piedmont Drive City, State, Zip Code: Bound Brook, NJ 08805 Name of Contact: Lottie Pursak Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence			Type of Facility (4): [ ] School (k-12); [ ] Subchapter 8 (other than k12); [x] Other (i.e., private & commercial buildings, homes, etc.)
Street Address: ~~272 Fortune Avenue~~ 251 Piedmont Dr			
City: Bound Brook	County (6): Somerset	County Code (7) (STATE USE ONLY):	Square feet: 2000 sf; # of Floors: 2; Bldg. Age: 60
			Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8): Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address: 1889 Rte. 9, Unit 61			Street Address: 1889 Route 9, Unit 61
City, State, Zip Code: Toms River, NJ 08755			City, State, Zip Code: Toms River, New Jersey 08755-1271
Project Manager for Monitoring Firm: Nicholas Fernicola	Telephone Number: 732-349-9932		Telephone Number: 732-349-9932; License Number: 00624
Scheduled Start Date (10): 4/10/12	Scheduled Completion Date (11): 4/11/12		Name of OSHA Monitor: E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one): [x] Facility Closed/Vacated During Entire Period of Abatement; [ ] Abatement Performed Outside of Normal Facility Hours; [ ] Other – Describe_____			Street Address: 1056 Stelton Road City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

[x] >3 sf or ≥3 lf; [ ] ≥160 sf or ≥260 lf

[x] Renovation; [ ] Demolition

[ ] Full Containment with Negative Pressure; [ ] Mini-Enclosure; [x] 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) YES	NO	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
Basement		X		Asbestos duct wrap	30 sf	X			

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 3	Name of Registered Landfill: T.R.R.F.
City, State: Toms River, New Jersey	Disposal Date: 4/12/12	City, State: Tullytown, Pennsylvania	
Completed by (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature: Nicholas Fernicola	Date: 4/9/2012

Do not use this form for asbestos licensure exempted activities.

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

RECEIVED
APR 12 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): **3/30/12**	Name of Building Owner / Operator (2): **Hess Corporation**
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☒ Amended **#1-4/9/12** ☐ Emergency ☐ Cancellation
	Street Address: **One Hess Plaza**
	City, State & Zip Code: **Woodbridge, NJ 07095**
	Name of Contact: **John Philbin** Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Hess Corporation**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: **Smith Street & Convery Boulevard**	Square Feet:	# of Floors:	Bldg. Age:
City (5): **Perth Amboy** / County (6): **Middlesex** / County Code (7):	Current Use (Prior if being demolished): **Exterior**
Name of Monitoring Firm Hired by Building Owner (8): **AET, Inc.** / ASCM No.	Name of Abatement Contractor (9): **Bristol Environmental, Inc.**
Street Address: **28 N. Pennell Road**	Street Address: **1123 Beaver Street**
City, State & Zip Code: **Media, PA 19063**	City, State & Zip Code: **Bristol, PA 19007**
Project Manager for Monitoring Firm: **Dave Turotsy** / Telephone Number: 800-969-6AET	Telephone Number: **(215)788-6040** / License Number: **00509**
Scheduled Start Date (10): **4/9/12** / Scheduled Completion Date (11): **4/27/12**	Name of OSHA Monitor: **Bristol Environmental Inc.**
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Hours – Describe: **Exterior Removal** ☒ Facility Occupied During Abatement: **7am – 3:30pm**	Street Address: **1123 Beaver Street** City, State & Zip Code: **Bristol, PA 19007**

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf ≥260 lf ☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glove Bag Procedures ☐ 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) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior lines	☐	☐	☒	**Pipe insulation**	**90 LF**	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **Service Transport Inc.**	NJDEP Waste Hauler ID No.: **20990**	Cubic Yards of Waste: **15**	Name of Registered Landfill: **Minerva Landfill**
City, State: **New Castle, Delaware**		Disposal Date: **4/27/12**	City, State: **Waynesburg, OH**
Completed By (Print or Type): **Gino Pizzigoni**	Title: **Project Manager**	Signature: Gino Pizzigoni / jl	Date: **3/30/12**

REV. #1- DUE TO WIND BEI WILL BE OFF SITE ON MON. 4/9/12

GI 12070

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

RECEIVED #22547
APR 12 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): **3/30/12**	Name of Building Owner / Operator (2): **Hess Corporation**
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL 5843 ☒ DOH 5928 ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Emergency ☐ Cancellation
	Street Address: **One Hess Plaza**
	City, State & Zip Code: **Woodbridge, NJ 07095**
	Name of Contact: **John Philbin** — Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Hess Corporation**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: **Smith Street & Convery Boulevard**	Square Feet / # of Floors / Bldg. Age
City (5): **Perth Amboy** — County (6): **Middlesex** — County Code (7)	Current Use (Prior if being demolished): **Exterior**
Name of Monitoring Firm Hired by Building Owner (8): **AET, Inc.** — ASCM No.	Name of Abatement Contractor (9): **Bristol Environmental, Inc.**
Street Address: **28 N. Pennell Road**	Street Address: **1123 Beaver Street**
City, State & Zip Code: **Media, PA 19063**	City, State & Zip Code: **Bristol, PA 19007**
Project Manager for Monitoring Firm: **Dave Turotsy** — Telephone Number: 800-969-6AET	Telephone Number: **(215)788-6040** — License Number: **00509**
Scheduled Start Date (10): **4/9/12** — Scheduled Completion Date (11): **4/27/12**	Name of OSHA Monitor: **Bristol Environmental Inc.**
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Hours – Describe: **Exterior Removal** ☒ Facility Occupied During Abatement: **7am – 3:30pm**	Street Address: **1123 Beaver Street** — City, State & Zip Code: **Bristol, PA 19007**

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf ≥260 lf

☒ Renovation ☐ Demolition

☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glove Bag Procedures ☐ 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) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior lines	☐	☐	☒	**Pipe insulation**	**90 LF**	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **Service Transport Inc.**	NJDEP Waste Hauler ID No.: **20990**	Cubic Yards of Waste: **15**	Name of Registered Landfill: **Minerva Landfill**
City, State: **New Castle, Delaware**		Disposal Date: **4/27/12**	City, State: **Waynesburg, OH**
Completed By (Print or Type): **Gino Pizzigoni**	Title: **Project Manager**	Signature: Gino Pizzigoni	Date: **3/30/12**

GI 12070

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED
APR 12 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03 / 29 / 12		Name of Building Owner/Operator (2): PSEG	
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☒ Amended Amendment #1-4/9/12 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 80 Park Plaza	
		City, State, Zip Code: Newark, NJ 07102	
		Name of Contact: Kelly McKinney	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSEG Nuclear		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: End of Alloway Creek Neck Rd.		Square Feet	# of Floors / Bldg. Age
City (5): Hancocks Bridge			
County (6): Salem	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Exterior work on interior of cooling tower	
Name of Monitoring Firm Hired by Building Owner (8): NA	ASCM No.	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.	
Street Address		Street Address: 1123 BEAVER STREET	
City, State, Zip Code		City, State, Zip Code: BRISTOL, PA 19007	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 215-788-6040	License No.: 00509
Start Date (10): 04 / 16 / 12	Scheduled Completion Date (11): 04 / 23 / 12	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/_____PM-_____AM		Street Address: 1123 BEAVER STREET	
		City, State, Zip Code: BRISTOL, PA 19007	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Hope Creek Cooling tower	☐	☐	☒	Transite panels	400 SF	☒	☐	☐	☐
Genreal Area beneath tower	☐	☐	☒	Transite debris clean up	200 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: C&H Disposal Service Inc.	NJDEP Waste Hauler ID No.: 7903	Cubic Yards of Waste: 15	Name of Registered Landfill: Salem Co Improve. Auth. Solid Waste Div
City, State: Elmer, NJ		Disposal Date: 4/23/2012	City, State: Alloway, NJ

Completed By (Print or Type): Gino Pizzigoni	Title: Estimator	Signature: Gino Pizzigoni / jl	Date: 4/9/12

ASB-41
MAY 11

ED 12002

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

#2253

RECEIVED
APR 12 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03 / 29 / 12		Name of Building Owner/Operator (2): PSEG	
Agencies Notified: ☐ EPA ☒ DOLWD 3214 ☒ DHSS 3207 ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 80 Park Plaza	
		City, State, Zip Code: Newark, NJ 07102	
		Name of Contact: Kelly McKinney	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSEG Nuclear		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: End of Alloway Creek Neck Rd.			
City (5): Hancocks Bridge		Square Feet	# of Floors / Bldg. Age
County (6): Salem	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Exterior cooling tower	

Name of Monitoring Firm Hired by Building Owner (8): NA	ASCM No.	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.	
Street Address		Street Address: 1123 BEAVER STREET	
City, State, Zip Code		City, State, Zip Code: BRISTOL, PA 19007	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 215-788-6040	License No.: 00509
Start Date (10): 04 / 16 / 12	Scheduled Completion Date (11): 04 / 23 / 12	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/_____PM-_____AM		Street Address: 1123 BEAVER STREET	
		City, State, Zip Code: BRISTOL, PA 19007	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Hope Creek Cooling tower	☐	☐	☒	Transite panels	400 SF	☒	☐	☐	☐
Genreal Area beneath tower	☐	☐	☒	Transite debris clean up	200 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste: 15	Name of Registered Landfill: MINERVA LANDFILL
City, State: NEW CASTLE, DE 19720		Disposal Date: 4/23/2012	City, State: WAYNESBURG, OH

Completed By (Print or Type): Gino Pizzigoni	Title: Estimator	Signature: Ernest DiCaro / jl	Date: 3/29/12

ASB-41
MAY 11 ED 12002

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

Print Form

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

RECEIVED
APR 12 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 04/09/2012	Name of Building Owner/Operator (2): County of Monmouth / Dept of Bldgs and Grounds
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [x] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 250 Center Street
	City, State, Zip Code: Freehold, NJ 07728
	Name of Contact: Charles Allia — Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Momouth County Courthouse			Type of Facility (4): [ ] School (K-12) [x] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 71 Monument Park			
City (5): Freehold		Square Feet: n/a	# of Floors: n/a — Bldg. Age: n/a
County (6): Monmouth	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): courthouse	
Name of Monitoring Firm Hired by Building Owner (8): Environmental Connection Inc	ASCM No.: 00030	Name of Abatement Contractor (9): D&S Abatement, Inc.	
Street Address: 120 North Warren Street		Street Address: 11 Rosengren Avenue	
City, State, Zip Code: Trenton, NJ 08608		City, State, Zip Code: Totowa, NJ 07512	
Project Manager for Monitoring Firm: Ryan Broadwater	Telephone No.: 609-392-4200	Telephone No.: 973-345-8685	License No.: 00675
Start Date (10): 04/20/2012	Scheduled Completion Date (11): 04/22/2012	Name of OSHA Monitor: D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 11 Rosengren Avenue	
		City, State, Zip Code: Totowa, NJ 07512	

Scope of Work (Check All That Apply)

[x] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf
[ ] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[x] 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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Mechanical / Air Handler Room	X			Unit 1	38 LF	X			
Mechanical / Air Handler Room	X			Unit 3	12 LF	X			
Mechanical / Air Handler Room	X			Unit 4	40 LF	X			

Name of Registered Waste Hauler: D&S Abatement, Inc .	NJDEP Waste Hauler ID No.: 20996	Cubic Yards of Waste: TBD	Name of Registered Landfill: Waste Management of PA
City, State: Totowa, NJ		Disposal Date: TBD	City, State: Tullytown, PA

Completed by: Susan Brkusanin	Title: Project Manager	Signature	Date: 04/09/2012

ASB-41 (R-06-08)

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

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

CC# 345

RECEIVED
APR 12 2012
CONTROL &

Date of Notification (1): 4/9/2012	Name of Building Owner/Operator (2): JASON STAINE
Agencies Notified: ☐ EPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA	Type Notification: ☑ Initial ☐ Amended Amendment #:_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 324 3RD ST
	City, State, Zip Code: SADDLE BROOK NJ 07663
	Name of Contact: MR. STAINE
	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): MR. STAINE	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 6 (Other than K-12) ☑ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 324 3RD ST	
City (5): SADDLE BROOK	Square Feet: 1800 # of Floors: 2 Bldg. Age: 1935
County (6): BERGEN	County Code (7) (STATE USE ONLY): _____ Current Use (Prior if being demolished): RESIDENCE
Name of Monitoring Firm Hired by Building Owner (8):	ASCM No.: Name of Abatement Contractor (9): Best Removal Inc
Street Address:	Street Address: 450 South River St
City, State, Zip Code:	City, State, Zip Code: Hackensack, N.J. 07601
Project Manager for Monitoring Firm: Telephone No.:	Telephone No.: 201-329-7444 License No.: 00388
Start Date (10): 4/20/12 Scheduled Completion Date (11): 4/21/12	Name of OSHA Monitor: Omega Environmental Services
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☑ Other – Describe: 7AM TO 5PM	Street Address: 280 Huyler St.
	City, State, Zip Code: South Hackensack, N.J. 07606

Scope of Work (Check All That Apply):
☑ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf
☑ Renovation ☐ Demolition
☐ Full Containment with Negative Pressure ☑ Mini-Enclosure ☑ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulation	Enclosure
BASEMENT			X	THERMAL SYSTEM INSULATION	25LF	X			

Name of Registered Waste Hauler: Best Removal Inc.	NJDEP Waste Hauler ID No.: 17109	Cubic Yards of Waste: 1/CY	Name of Registered Landfill: Minerva Enterprises Inc
City, State: Hackensack, NJ		Disposal Date: 4/21/12	City, State: Waynesburg, OH.
Completed By: J.Maiorano	Title: Estimator	Signature: J Maiorano	Date: 4/9/12

ABS-41 (R-09-08)

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

Print Form

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

RECEIVED
APR 12 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 4/10/12	Name of Building Owner/Operator (2): Howard B Rainey
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [X] Emergency (including justification) [ ] Cancellation
	Street Address: 128 Thornhill Road
	City, State, Zip Code: Cherry Hill NJ 08003
	Name of Contact: Howard — Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Howard B Rainey			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 128 Thornhill Road			
City (5): Cherry Hill NJ 08003		Square Feet: 1000+	# of Floors: 2 — Bldg. Age: 35+
County (6): Camden	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Pernaco Inc	
Street Address		Street Address: PO Box 329	
City, State, Zip Code		City, State, Zip Code: West Berlin NJ 08091	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 856-753-9800	License No.: 00727
Start Date (10): 4/11/12	Scheduled Completion Date (11): 4/13/12	Name of OSHA Monitor: Pernaco Inc	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: Home Owner will be home		Street Address: PO Box 329 — City, State, Zip Code: West Berlin NJ 08091	

Scope of Work (Check All That Apply)

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

[X] Renovation
[ ] Demolition

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[X] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			x	Floor Tile only	800 SF	x			

Name of Registered Waste Hauler: United Containers	NJDEP Waste Hauler ID No.: 22459	Cubic Yards of Waste: 3	Name of Registered Landfill: G.R.O.W.S
City, State: Elm NJ		Disposal Date: 4/13/12	City, State: Morrisville PA 19067

Completed by: Anthony T Perna	Title: President	Signature	Date: 4/10/12

ASB-41 (R-06-08)

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

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

RECEIVED
APR 12 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): **4-2-12**	Name of Building Owner / Operator (2): **Univ. of Medicine & Dentistry of NJ**
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended ☐ Emergency ☐ Cancellation
	Street Address: **65 Bergen Street, 4th Fl, Room 443**
	City, State & Zip Code: **Newark, NJ 07101**
	Name of Contact: **John Smith** Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Norfolk Power Plant**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: **295 Norfolk Street**	Square Feet: **NA** # of Floors: **NA** Bldg. Age: **NA**
City (5): **Newark** County (6): **Essex** County Code (7):	Current Use (Prior if being demolished): **Fuel oil tanks**
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.	Name of Abatement Contractor (9): **Mid Atlantic Abatement, LLC**
Street Address	Street Address: **PO Box 1314**
City, State & Zip Code	City, State & Zip Code: **Cherry Hill, NJ 08003**
Project Manager for Monitoring Firm Telephone Number	Telephone Number: **609-567-0950** License Number: **01114**
Scheduled Start Date (10): **4-2-12** Scheduled Completion Date (11): **4-16-12**	Name of OSHA Monitor: **EMSL Analytical**
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: ☐ Facility Occupied During Abatement	Street Address: **107 Haddon Ave.** City, State & Zip Code: **Westmont, NJ 08108**

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☐ ≥160 sf ≥260 lf ☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glove Bag Procedures ☒ 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) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Outside piping - fuel tanks	☐	☐	☒	Pipe insulation	120 lf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage**	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: **40 cu.yds.**	Name of Registered Landfill: **G.R.O.W.S.**
City, State: **Freehold, NJ**		Disposal Date: **4-23-12**	City, State: **Morrisville, PA**
Completed By (Print or Type): **Theodore S. Budzynski**	Title: **Gen. Mgr.**	Signature	Date: **4-2-12**

(CHECK # 2276)

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

RECEIVED
APR 12 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 4/10/12	Name of Building Owner/Operator (2): SOUTH JERSEY CONTRACTING
Agencies Notified: ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 155 Rt. 50
	City, State, Zip Code: GREENFIELD, NJ 08230
	Name of Contact: BRUCE BREUNIG — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 1401 SIMPSON AVE.	Square Feet: 1000 — # of Floors: 2 — Bldg Age: 40+
City (5): OCEAN CITY	
County (6): CAPE MAY — County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): VACANT
Name of Monitoring Firm Hired by Building Owner 8): N/A — ASCM No.:	Name of Abatement Contractor (9): KLEMCO INC.
Street Address:	Street Address: 369 S. SPRUCE AVE.
City, State, Zip Code:	City, State, Zip Code: MAPLE SHADE, NJ 08052
Project Manager for Monitoring Firm — Telephone No.:	Telephone No.: 856-779-0422 — License No.: 00444
Start Date (10): 4/23/12 — Scheduled Completion Date (11): 4/30/12	Name of OSHA Monitor: JOSEPH KLEMM
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:	Street Address: 369 S. SPRUCE AVE.
	City, State, Zip Code: MAPLE SHADE, N.J. 08052

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf
☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Encapsulation	Enclosure
SIDING				TRANSITE	2000 SF	X		

Name of Registered Waste Hauler: KLEMCO INC.	NJDEP Waste Hauler ID No.: 17907	Cubic Yards of Waste: 5	Name of Registered Landfill: C,M,C, M.U.S.
City, State: MAPLE SHADE, NJ 08052		Disposal Date:	City, State: WOODBINE, N.J.

Completed By: JOSEPH KLEMM	Title: OWNER	Signature: Joseph Klemm	Date: 4/10/12

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ASBESTOS CONTROL & LICENSING

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

Check # 1360

Date of Notification (1): 04/10/2012

Name of Building Owner/Operator (2): Gene Girault

Agency Notified:
- ☐ EPA
- ☐ DEP
- ☒ DOL
- ☒ DOH
- ☐ DCA

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

Street Address: 247 Engle Street

City, State, Zip Code: Tenafly, NJ 07670

Name of Contact: Gene Girault

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private home

Street Address: 247 Engle Street

City (5): Tenafly, NJ 07670

County (6): Bergen

Type of Facility (4):
- ☐ School (K-1 2)
- ☐ Subchapter 8 (Other than K-1 2)
- ☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet | # of Floors | Bldg. Age

County Code (7) (STATE USE ONLY):

Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner(8):

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.:

Name of Abatement Contractor (9): Gr Tech LLC

Street Address: 576 Valley Rd #283

City, State. Zip Code: Wayne, NJ 07470

Telephone No.: 973-638-1777

License No.: 01127

Start Date (10): 04/19/2012

Scheduled Completion Date (11): 04/20/2012

Name of OSHA Monitor: Envirovision Consultants,Inc

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

Street Address: 20-21 Wagaraw Road, Bldg .# 34A

City, State, Zip Code: Fair Lawn, NJ 07410

Scope of Work (Check all that apply)
- ☒ >3 sf or >3 lf
- ☐ ≥160 sf or >260 lf
- ☒ Renovation
- ☐ Demolition
- ☐ Full Containment with Negative Pressure
- ☒ Mini-Enclosure
- ☐ Glovebag Procedure
- ☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe insulation	30 LF	X			

Name of Registered Waste Hauler: Gr Tech LLC

NJDEP Waste Hauler ID No.: 0033785

Cubic Yards of Waste:

Name of Registered Landfill: T.R.R.F. Inc

City, State: Wayne, NJ 07470

Disposal Date:

City, State: Tullytown, PA

Completed by: N.Jevtic

Title: Owner

Signature: Nevtic Nenad

Date: 04/10/2012

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

Check 1213

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Date of Notification (1): 4/9/12	Name of Building Owner/Operator (2): Nick Awad
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 12 Beechwood road
	City, State, Zip Code: Ho Ho Kus, NJ
	Name of Contact: Nick Awad
	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): house			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 12 Beechwood Road			
City (5): Ho Ho Kus		Square Feet: 2000	# of Floors: 2 / Bldg. Age: 50
County (6): Bergen	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): ABS Environmental Services, LLC	
Street Address		Street Address: 4 E Gate Drive, PO Box 483	
City, State, Zip Code		City, State, Zip Code: Glenwood, NJ 07418	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-583-8500	License No.: 703
Start Date (10): 4/18/12	Scheduled Completion Date (11): 4/25/12	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: _____		Street Address / City, State, Zip Code	

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf
[ ] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[x] 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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
garage			x	pipe insulation	12 LF	x			

Name of Registered Waste Hauler: Newark Carting	NJDEP Waste Hauler ID No.: 4509	Cubic Yards of Waste: 10	Name of Registered Landfill: Cumberland County Landfill
City, State: Newark NJ		Disposal Date: TBD	City, State: Newburgh PA

Completed by: Andrew Scott Higgins	Title: President	Signature:	Date: 4/9/12

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 4/9/12		Name of Building Owner/Operator (2): Mr. & Mrs. O'Leary
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 44 Glenwood Drive
		City, State, Zip Code: Bergenfield, NJ
		Name of Contact: Mr. & Mrs. O'Leary — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): house			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 44 Glenwood Drive			
City (5): Bergenfield	Square Feet: 2400	# of Floors: 2	Bldg. Age: 50
County (6): Bergen	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): ABS Environmental Services, LLC	
Street Address		Street Address: 4 E Gate Drive, PO Box 483	
City, State, Zip Code		City, State, Zip Code: Glenwood, NJ 07418	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-583-8500	License No.: 703
Start Date (10): 4/18/12	Scheduled Completion Date (11): 4/25/12	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf
☐ Renovation
☐ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement			x	floor tile	330 SF	x			

Name of Registered Waste Hauler: Newark Carting	NJDEP Waste Hauler ID No.: 4509	Cubic Yards of Waste: 10	Name of Registered Landfill: Cumberland County Landfill
City, State: Newark NJ		Disposal Date: TBD	City, State: Newburgh PA

Completed by: Andrew Scott Higgins	Title: President	Signature	Date: 4/9/12

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T-057 P03/03 U-003

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

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Date of Notification (1)	Name of Building Owner/Operator (2)
4-9-12	KP

Agency Notified	Type Notification	Street Address	Telephone Number
☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA	☑ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation	115 Burlington Cross Keys Rd City, State, Zip Code: Burlington NJ Name of Contact: KARL	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Farm House Street Address: 146 Woodward Rd City (5): Manalapan NJ	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet	# of Floors	Bldg. Age
2500	3	70

County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
?		Resident

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
		ANJ JOE LLC
Street Address		Street Address: 1212 Burlington Ave
City, State, Zip Code		City, State, Zip Code: Delanco NJ 08075
Project Manager for Monitoring Firm	Telephone No.	Telephone No. / License No.

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
4-19-12	4-25-12	

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

Street Address:
City, State, Zip Code:

Scope of Work (Check all that apply)
- ☑ ≥ 3 sf or ≥ 3 lf
- ☐ ≥ 160 sf or ≥ 260 lf
- ☐ Renovation
- ☑ Demolition
- ☐ Full Containment with Negative Pressure
- ☐ Mini-Enclosure
- ☐ Glovebag Procedure
- ☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Floor 2 closet.				VAT	100 SF	☑			
1 Floor				Insulation	950 LF	☑			
2 Floor				Insulation	950 LF	☑			
3 Floor				Insulation	950 LF	☑			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
J Robinson Waste	# 38091	3	Wm of. PA
City, State: Bellmawr NJ		Disposal Date: TBD	City, State: Tullytown PA

Completed by	Title	Signature	Date
Joe Hill	VP	JH	4-9-12

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 4/10/12	Name of Building Owner/Operator (2): John Benigno / Residence
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 127 East 9th Street
	City, State, Zip Code: Beach Haven NJ 08008
	Name of Contact: John — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): John Benigno / Residence			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 127 East 9th Street			
City (5): Beach Haven NJ 08008		Square Feet: 1000 + / # of Floors: 1	Bldg. Age: 35+
County (6): Ocean	County Code (7) (STATE USE ONLY): _____		Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.:		Name of Abatement Contractor (9): Pernaco Inc.
Street Address:			Street Address: PO Box 329
City, State, Zip Code:			City, State, Zip Code: West Berlin NJ 08091
Project Manager for Monitoring Firm:	Telephone No.:	Telephone No.: 856-753-9800	License No.: 00727
Start Date (10): 4/19/12	Scheduled Completion Date (11): 4/24/12		Name of OSHA Monitor: Pernaco Inc.
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____			Street Address: PO Box 329 / City, State, Zip Code: West Berlin NJ 08091

Scope of Work (Check All That Apply)

- [ ] ≥3 sf or ≥3 lf
- [X] ≥160 sf or ≥260 lf
- [ ] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1700 SF	x			

Name of Registered Waste Hauler: United Containers	NJDEP Waste Hauler ID No.: 22459	Cubic Yards of Waste: 2	Name of Registered Landfill: G.R.O.W.S.
City, State: Elm NJ		Disposal Date: 4/24/12	City, State: Morrisville PA 19067

Completed by: Anthony T Perna	Title: President	Signature:	Date: 4/10/12

ASB-41 (R-06-08)

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