

DEMOLITION / RENOVATION NOTIFICATION

Date Received

Operator Project #:		Postmark:		Notification:	
I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled): O					
II. IS ASBESTOS PRESENT? (Yes/No): Y					
FACILITY INFORMATION (Identify owner, removal contractor and other operator)					
OWNER NAME: Crivelli Construction					
Address: 1955 Route 35N, Suite D					
City: Ortle Beach		State: NJ		Zip: 08851	
Contact: Matt Crivelli					
Tel:					
REMOVAL CONTRACTOR: Guardian Contracting, Inc.					
NJ License: 00624					
Address: 1889 Route 9, Unit 61					
City: Toms River		State: New Jersey		Zip: 08755	
Contact: Nicholas Fernicola					
Tel: 732-349-9932					
OTHER OPERATOR (if different)					
NJ License:					
Address:					
City:		State:		Zip:	
Contact:					
Tel:					
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): R					
FACILITY DESCRIPTION (Including building name, number and floor or room number)					
Building Name: Residence					
Address: 3203 Nottingham Way					
City: Hamilton		State: NJ		County: Mercer	
Site Location: Basement					
Building Size: 2000 sf		# of Floors: 2		Age in Years: 80	
Present Use: Laundry Room					
Prior Use: Laundry Room					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
IS MATERIAL ASSUMED TO BE ASBESTOS?					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
1. Regulated ACM to be removed		2. Category I ACM not removed		3. Category II ACM not removed	
RACM To Be Removed		LOCATION		Asbestos Material Not To Be Removed	
Pipes (Linear feet): 100 lf		Asbestos pipe insulation		Basement	
Surface Area (Square feet):					
RACM Off Facility Component (Cubic feet):					
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)					
Start: 4/25/12		Complete: 4/26/12			

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

<p>x. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED</p>	<p>xi. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:</p> <p>Removal to take place using negative pressure glovebag method. Prior to removal, work area to be isolated, negative air units to be put in place. All asbestos insulation will be saturated with a surfactant/water mix. All waste to be double bagged, sealed and affixed with appropriate warning labels and placed in closed/locked container for disposal. Encapsulation of all surfaces where removal took place. All materials to be kept wet during the entire operation. Final cleaning will consist of HEPA vacuuming and/or wet wiping of all surfaces.</p>	<p>xii. WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc. Address: 1889 Route 9, Unit 61 City: Toms River State: New Jersey Zip: 08755</p>	<p>Contact Person: Nicholas Fernicola</p> <p>WASTE TRANSPORTER #2 Name:</p> <p>Address:</p> <p>City: State: Zip:</p>	<p>xiii. WASTE DISPOSAL SITE Name: T.R.R.F. Location: Bordentown Road City: Tullytown State: Pennsylvania Zip: 19007 Telephone: 215-943-9732</p>	<p>xiv. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER</p> <p>Name: Title:</p> <p>Authority:</p> <p>Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):</p>	<p>xv. FOR EMERGENCY RENOVATIONS</p> <p>Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event:</p> <p>Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden</p>	<p>xvi. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER</p>	<p>xvii. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after January 20, 1991)</p> <p>Nicholas Fernicola / Project Manager (Printed Name/Title)</p> <p>Nicholas Fernicola (Signature of Owner/Operator)</p> <p>April 10, 2012 (Date)</p>	<p>xviii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT</p> <p>Nicholas Fernicola / Project Manager (Printed Name/Title)</p> <p>Nicholas Fernicola (Signature of Owner/Operator)</p> <p>April 10, 2012 (Date)</p>
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**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:26 and 8:27)

Date of Notification (1) April / 10 / 2012		Name of Building Owner/Operator (2) Penns Grove Reg. School District Check# 4557	
Agencies Notified EPA DEP DCA (NJAC 5:16) DHSS DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Name of Facility Where Abatement is Taking Place (3) Penns Grove High School 334 Harding Highway City (5) Carney's Point County (6) Salem		Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group ASCM No.	
Name of Facility (4) 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.)		Current Use (Prior if being demolished) High School	
City (5) Carney's Point County (6) Salem		Name of Abatement Contractor (9) Shade Environmental, LLC Street Address 47 S. Lippincott Ave. City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Thorate, NJ 08086		Telephone No. 856-848-0800	
Project Manager for Monitoring Firm Thorate, NJ 08086		Telephone No. 856-755-0099 License No. 00842	
Start Date (10) April / 23 / 2012		Scheduled Completion Date (11) July / 31 / 2012	
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		City, State, Zip Code Westmont, New Jersey 08108	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 if <input type="checkbox"/> ≥ 160 sf or ≥ 260 if <input 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-Frangible 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 Enclosure Encapsulate Repair Removal		Asbestos Tile & Mastic 7,134 SF Asbestos Tile & Mastic 4040 SF Asbestos Tile & Mastic 1200 SF Asbestos Fume hood 1 @	
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 22253	
City, State Mount Holly, NJ 08060		Disposal Date City, State Tullytown, PA	
Completed By (Print or Type) William Lynch		Title Owner Signature Date April 10, 2012	

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

ASB-41
JUL 01

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		April 10, 2012	
Agencies Notified		<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	
Type of Notification		<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Name of Building Owner/Operator (2)		James Kyle	
Street Address		213 Edgewood Drive	
City, State, Zip Code		Toms River, NJ 08755	
Name of Contact		James Kyle	
Telephone Number			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Residence	
Street Address		123 Lien Street	
City	County (6)	County Code (7)	(STATE USE ONLY)
Toms River	Ocean		
Name of Monitoring Firm Hired by Building Owner (8)		N/A	
Street Address		Guardian Contracting, Inc.	
City, State, Zip Code		Toms River, New Jersey 08755-1271	
Telephone Number		732-349-9932	
Name of OSHA Monitor		E.M.S.T. Analytical	
Street Address		1056 Stelton Road	
City, State, Zip Code		Piscataway, New Jersey 08854	
Scope of Work (Check all that apply)		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and NonFriable Procedure	

Project Manager for Monitoring Firm		Telephone Number	
Scheduled Start Date (10)		4/23/12	
Scheduled Completion Date (11)		4/24/12	
Occupancy Status During Abatement (Check only one)		<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe	
Scope of Work (Check all that apply)		<input 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 NonFriable Procedure	

Location of Asbestos-Containing Material (ACM) 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)		Asbestos siding	
Amount (Specify SF or LF)		1800 sf	
Abatement Type		X	
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DEMOLITION / RENOVATION NOTIFICATION

Date Received

Operator Project #:		Postmark:		Notification:	
I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled): <input type="radio"/> O					
II. IS ASBESTOS PRESENT? (Yes/No): <input checked="" type="checkbox"/> Y					
III. FACILITY INFORMATION (Identify owner, removal contractor and other operator)					
OWNER NAME: James Kyle					
Address: 213 Edgewood Drive					
City: Toms River		State: New Jersey		Zip: 08755	
Contact: James Kyle					
Tel:					
REMOVAL CONTRACTOR: Guardian Contracting, Inc.					
NJ License: 00624					
Address: 1889 Route 9, Unit 61					
City: Toms River		State: New Jersey		Zip: 08755	
Contact: Nicholas Femicola					
Tel: 732-349-9932					
OTHER OPERATOR (if different)					
NJ License:					
Address:					
City:		State:		Zip:	
Contact:					
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): <input type="radio"/> D					
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)					
Building Name: Residence					
Address: 123 Lien Street					
City: Toms River		State: New Jersey		County: Ocean	
Site Location: Exterior					
Building Size: 2000 sf		# of Floors: 1		Age in Years: 60	
Present Use: Residence		Prior Use: Residence			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
IS MATERIAL ASSUMED TO BE ASBESTOS?					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed		LOCATION	
1. Regulated ACM to be removed				Asbestos Material Not To Be Removed	
2. Category I ACM not removed				Cat I	
3. Category II ACM not removed				Cat II	
Pipes (Linear feet):					
Surface Area (Square feet): 1800 sf		Asbestos siding		Exterior	
RACM Off Facility Component (Cubic feet):					
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)					
Start: 4/23/12		Complete: 4/24/12			

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

x.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be removed by non-fragile procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked container for disposal.
xii.	WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc. Address: 1889 Route 9, Unit 61 City: Toms River State: New Jersey Zip: 08755 Contact Person: Nicholas Fernicola
	WASTE TRANSPORTER #2 Name: Contact Person:
	Address: City: State: Zip:
	Contact Person:
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F. Location: Bordentown Road City: Tullytown State: Pennsylvania Zip: 19007 Telephone: 215-943-9732 Permit #: 101494
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER Name: Title: Authority: Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):
xv.	FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event:
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBBLED, PULVERIZED, OR REDUCED TO POWDER Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 68/69 PART M) WILL BE ON SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991) Nicholas Fernicola / Project Manager (Printed Name/Title) Nicholas Fernicola (Signature of Owner/Operator) April 10, 2012 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. Nicholas Fernicola / Project Manager (Printed Name/Title) Nicholas Fernicola (Signature of Owner/Operator) April 10, 2012 (Date)

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

APR 16 2012
CK # 1872

Print Form

Date of Notification (1) 04/10/12		Name of Building Owner/Operator (2) Theresa Granato	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency (including Amendment #) <input type="checkbox"/> Justification <input type="checkbox"/> Cancellation	
Street Address 37 Tiffany Drive		City, State, Zip Code East Hanover, NJ 07936	
Name of Facility Where Abatement is Taking Place (3) Private Residence		Name of Contact Theresa Granato	
City (5) East Hanover		County Code (7) (STATE USE ONLY)	
Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		Current Use (Prior if being demolished) 2,000 Square Feet 2 # of Floors 50+ Bldg. Age	

FACILITY INFORMATION

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Pyramid Contracting Corp.	
Street Address 163 Sargeant Avenue		City, State, Zip Code Clifton, NJ 07013	
Project Manager for Monitoring Firm Telephone No.		Telephone No. 973-689-6281 License No. 01099	
Start Date (10) 04/22/12		Scheduled Completion Date (11) 04/22/12	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 2333 Route 22 West	
City, State, Zip Code		City, State, Zip Code Union, NJ 07081	

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 if <input type="checkbox"/> ≥ 160 sf or ≥ 260 if <input 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	
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by 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			
				Enclosure	Encapsulate	Repair	Removal
Basement	X	Pipe Insulation	60 LF				X

Name of Registered Waste Hauler Pyramid Contracting Corp.		Hauler ID No. 32613	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S., Inc.	City, State Morristown, Pennsylvania	Disposal Date 04/23/12	Signature <i>[Signature]</i>	Title General Manager	Completed by Dimo Golcev
							Date 04/10/12		

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

Check # 1361

Date of Notification (1)

04/11/2012

Agency Notified

Type Notification

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

FACILITY INFORMATION

Street Address
36 Old Bear Brook Road
City, State, Zip Code
West Windsor, NJ 08540
Name of Contact
Jack Chen
Telephone Number

Name of Facility Where Abatement is Taking Place (3)

Type of Facility (4)

☐ School (K-12)
☐ Subchapter S (Other than K-12)
☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet # of Floors Bldg. Age

West Windsor, NJ 08540

County (5)

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Mercer

ASCM No.

Name of Abatement Contractor (9)

Name of Monitoring Firm Hired by Building Owner(8)

Gr Tech LLC

Street Address

576 Valley Rd #283

City, State, Zip Code

Wayne, NJ 07470

Telephone No.

Telephone No.

License No.

973-638-1777

01127

Scheduled Completion Date (11)

04/22/2012

Envirovision Consultants, Inc

Street Address

20-21 Waggaraw Road, Bldg. # 34A

City, State, Zip Code

Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

☒ Renovation
☐ Demolition

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

Location of
Asbestos-Containing Material (ACM)
IN Facility
(13)
TO BE ABATED

Is Location
Normally
Used Solely by
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)

Basement

Pipe insulation

35 LF

X

Name of Registered Waste Hauler

NJDEP Waste Hauler

Cubic Yards of

Name of Registered Landfill

Gr Tech LLC

0033785

Disposal Date

T.R.R.F. Inc

City, State

Tullytown, PA

Completed by

Title

Signature

Date

04/11/2012

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

ASB-41

N.Jevtic

CK# 1361



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

4204

Name of Building Owner/Operator (2)		Avantor Performance Materials	
Street Address		600 N. Broad Street	
City, State, Zip Code		Phillipsburg, NJ 08865-1271	
Name of Contact		Robert Snyder	
Type Notification		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Emergency (including Amendment #002) <input type="checkbox"/> Justification <input type="checkbox"/> Cancellation	
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)	
Date of Notification (1)		04 / 09 / 12	

Name of Facility Where Abatement is Taking Place (3)			
Avantor Performance Materials - Building 135			
Street Address			
600 N. Broad Street			
City (5)			
Phillipsburg, NJ 08865-1271			
County (6)		Warren	
County Code (7) (STATE USE ONLY)			
Square Feet	# of Floors	Bldg. Age	
4000	1	60	
Current Use (Prior if being demolished)			

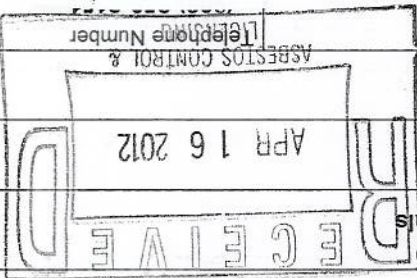
Name of Monitoring Firm Hired by Building Owner (8)		Health & Safety Services, Inc.	
ASCM No.			
Name of Abatement Contractor (9)		Alliance Environmental Systems	
Street Address		550 East Union Street	
City, State, Zip Code		West Chester, PA 129382	
Telephone No.		610-701-9000	
License No.		00508	
Name of OSHA Monitor		Vertex Engineering	
Scheduled Completion Date (11)		05 / 04 / 12	
Occupancy Status During Abatement (Check only one)		<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe	
Time of Abatement		7AM-3:30PM-AM	
City, State, Zip Code		Glen Mills, PA 19342	

Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 if <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 if <input 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			
Location of Asbestos-Containing Material (ACM) IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Pipe Insulation	
Amount (Specify SF or LF)		50 LF	
Abatement Type		<input type="checkbox"/> Enclosure <input type="checkbox"/> Encapsulate <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Removal	

Name of Registered Waste Hauler		N.E.T.S.	
Hauler ID No.		18947	
Cubic Yards of Waste		10	
Name of Registered Landfill		BFI Imperial	
City, State		Imperial, PA	
Disposal Date		TBD	
City, State		Imperial, PA	
Completed By (Print or Type)		John Heemer	
Title		Estimator	
Signature			
Date		4/9/12	

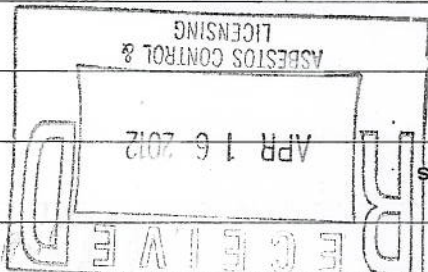
* Do not use this form for asbestos licensure exempted activities.

ASB-41
MAY 11



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

Date of Notification (1) 04 / 04 / 12		Name of Building Owner/Operator (2) Avantor Performance Materials	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA <input type="checkbox"/> (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #001 <input type="checkbox"/> Emergency (including <input type="checkbox"/> Justification) <input type="checkbox"/> Cancellation	
Street Address 600 N. Broad Street		City, State, Zip Code Phillipsburg, NJ 08865-1271	
Name of Contact Robert Snyder		Telephone Number	



Name of Facility Where Abatement is Taking Place (3) Avantor Performance Materials - Building 135			
Street Address 600 N. Broad Street			
City (5) Phillipsburg, NJ 08865-1271			
County (6) Warren		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)	
ASCM No.		Name of Abatement Contractor (9) Alliance Environmental Systems	
Street Address 318 12th Street			
City, State, Zip Code Hammononton, New Jersey 08037			
Telephone No.		Telephone No.	
Project Manager for Monitoring Firm Jim Proctor		Scheduled Completion Date (11) 04 / 10 / 12	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM- PM/3:30PM- AM		Street Address 1102 Baltimore Pike, Suite 201	
City, State, Zip Code Glen Mills, PA 19342		Name of OSHA Monitor Vertex Engineering	

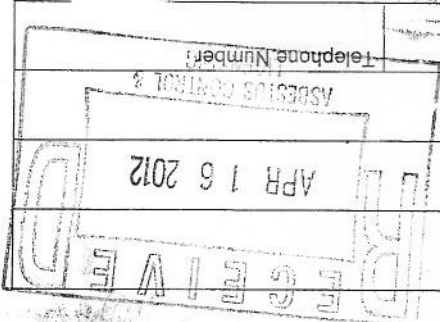
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure			
Is Location Normally Used Solely by Custodial Staff? (12) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) 50 LF			
Abatement Type <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure			

Name of Registered Waste Hauler N.E.T.S. City, State Hazleton, PA Completed By (Print or Type) John Heemer Title Estimator Signature Date 4/3/12			
Name of Registered Landfill BFI Imperial City, State Imperial, PA Disposal Date TBD Cubic Yards of Waste 10			
Name of Registered Landfill BFI Imperial City, State Imperial, PA			

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

ASB-41
MAY 11

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



Date of Notification (1) 03 / 21 / 12		Name of Building Owner/Operator (2) Avantor Performance Materials	
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including <input type="checkbox"/> justification) <input type="checkbox"/> Cancellation	
Street Address 600 N. Broad Street		City, State, Zip Code Phillipsburg, NJ 08865-1271	
Name of Facility Where Abatement is Taking Place (3) Avantor Performance Materials - Building 135		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.)	
City (5) Phillipsburg, NJ 08865-1271		Square Feet 4000	
County (6) Warren		Current Use (Prior if being demolished) 1	
Name of Monitoring Firm, Hired by Building Owner (8) Health & Safety Services, Inc.		ASCM No.	
Name of Abatement Contractor (9) Alliance Environmental Systems		Street Address 550 East Union Street	
City, State, Zip Code West Chester, PA 129382		Telephone No. 610-701-9000	
Project Manager for Monitoring Firm Jim Proctor		Telephone No. (609) 704-8850	
Start Date (10) 04 / 03 / 12		Scheduled Completion Date (11) 04 / 06 / 12	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-PM/3:30PM-AM		Street Address 1102 Baltimore Pike, Suite 201	
City, State, Zip Code Glen Mills, PA 19342		Name of OSHA Monitor Vertex Engineering	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 if <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 if <input 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		Abatement Type Enclosure Encapsulate Repair Removal	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Avantor Performance Materials - Building 135		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 600 N. Broad Street		City, State, Zip Code Phillipsburg, NJ 08865-1271	
Name of Building Owner/Operator (2) Avantor Performance Materials		Name of Contact Robert Snyder	
Date of Notification (1) 03 / 21 / 12		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including <input type="checkbox"/> justification) <input type="checkbox"/> Cancellation	
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)		Name of Facility Where Abatement is Taking Place (3) Avantor Performance Materials - Building 135	
City (5) Phillipsburg, NJ 08865-1271		County (6) Warren	
Name of Monitoring Firm, Hired by Building Owner (8) Health & Safety Services, Inc.		ASCM No.	
Name of Abatement Contractor (9) Alliance Environmental Systems		Street Address 550 East Union Street	
City, State, Zip Code West Chester, PA 129382		Telephone No. 610-701-9000	
Project Manager for Monitoring Firm Jim Proctor		Telephone No. (609) 704-8850	
Start Date (10) 04 / 03 / 12		Scheduled Completion Date (11) 04 / 06 / 12	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-PM/3:30PM-AM		Street Address 1102 Baltimore Pike, Suite 201	
City, State, Zip Code Glen Mills, PA 19342		Name of OSHA Monitor Vertex Engineering	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 if <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 if <input 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		Abatement Type Enclosure Encapsulate Repair Removal	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by 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) 50 LF	
Name of Registered Waste Hauler N.E.T.S.		NJDEP Waste Hauler ID No. 18947	
City, State Hazelton, PA		Disposal Date TBD	
City, State Imperial, PA		Name of Registered Landfill BFI Imperial	
Completed By (Print or Type) John Heemer		Title Estimator	
Signature <i>[Signature]</i>		Date 3/21/12	

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

ASB-41
MAY 11

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1) 4/10/12		Name of Building Owner/Operator (2) MS LYNN HOLTZ BACH	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including <input type="checkbox"/> Justification) <input type="checkbox"/> Cancellation	
Name of Contact MS. HOLTZ BACH		Telephone Number	
City, State, Zip Code CLUSTER, NJ, 07024		ASBESTOS CONTROL & LICENSING	
Street Address 215 HIGH ST		APR 16 2012	

Name of Facility Where Abatement is Taking Place (3) MS. HOLTZ BACH		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 215 HIGH ST		City (5) CLUSTER	
County (6) BERGEN		Square Feet 700 # of Floors 1 Bldg. Age 1935	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) GARAGE	

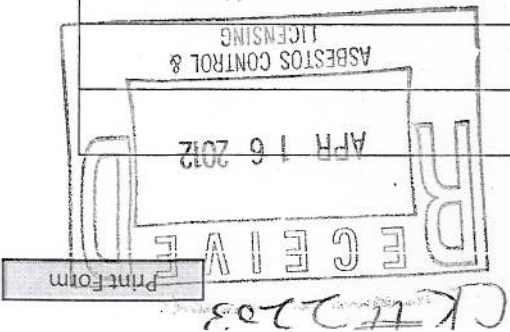
Name of Monitoring Firm Hired by Building Owner ASCM No.		Name of Abatement Contractor (9) GARAGE	
Street Address Best Removal Inc		City, State, Zip Code 450 South River St Hackensack, N.J. 07601	
Telephone No.		Telephone No. 201-329-7444 License No. 00388	
Start Date (10) 4/23/12		Scheduled Completion Date (11) 4/24/12	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 AM TO 5 PM		Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606	
Scope of Work (Check all that apply) <input type="checkbox"/> 2 1/2 sf or 2 3/4 sf <input type="checkbox"/> 2 3/4 sf or 2 250 sf <input 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-Frangible Procedure			

Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	
City, State Hackensack, N.J.		Disposal Date 4/24/12	
Name of Registered Landfill Minerva Enterprises Inc		City, State Waynesburg, OH	
Cubic Yards of Waste 607		Signature J. Malorano	
Date 4/10/12		Title Estimator	

ASB-41
* Do not use this form for asbestos enclosure exempted activities.

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

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



Date of Notification (1) 4/12/2012		Check #2203		Name of Building Owner/Operator (2) Saint Michael's Medical Center	
Agencies Notified		Type Notification		Street Address 111 Central Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	<input checked="" type="checkbox"/> Amendment # 3	City, State, Zip Code Newark, NJ 07102	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including	<input type="checkbox"/> Justification)	Name of Contact Andrew Mastin	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Telephone Number			

Name of Facility Where Abatement is Taking Place (3) Saint Michael's Medical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 111 Central Avenue		County Code (7) (STATE USE ONLY)	
City (5) Newark, NJ 07102		Current Use (Prior if being demolished) Hospital	
Square Feet 160,000		# of Floors 8	
Bldg. Age 70+			

Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) EA Services Corporation	
Street Address		City, State, Zip Code 426 69th Street Guttenberg, NJ 07093		Telephone No. 201-295-1700	
Project Manager for Monitoring Firm		Telephone No.		License No. 01074	
Start Date (10) 4/13/2012		Scheduled Completion Date (11) 4/28/2012		Name of OSHA Monitor EA Services Corporation	
Occupancy Status During Abatement (Check Only One)		Street Address 426 69th Street		City, State, Zip Code Guttenberg, NJ 07093	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code		Sched. Completion Date	
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code		Sched. Completion Date	
<input checked="" type="checkbox"/> Other - Describe: Starting after 5:00PM		City, State, Zip Code		Sched. Completion Date	

Scope of Work (Check All That Apply)		Full Containment with Negative Pressure		Mini-Enclosure		Non-Exempted (*) and Non-Friable Procedure	
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure	

Location of Asbestos-Containing Material (ACM) (13) TO BE ABATED In Facility		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Yes		No		N/A		Removal	
Building 'B'-2nd Fl-Laundry Storage		X		Pipe Insulation		25 LF	
						Repair	
						Encapsulate	
						Enclosure	

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste tbd		Name of Registered Landfill Waste Management	
City, State Freehold Carling		Disposal Date tbd		City, State Tullytown, Landfill		Completed by Gina Salvador	
Title Office Manager		Signature <i>Gina Salvador</i>		Date 4/12/2012			

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

B & G proj. #: 2012-78

Check # 5172

Date of Notification (1) 10/4/11/11/12		Name of Building Owner/Operator (2) Morris County Municipal Utilities Authority	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address P.O. Box 370		City, State, Zip Code Mendham, NJ 07945	
Name of Contact John Scarmozza		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) vacant house		Street Address 86 Whitehead Road	
City (5) Morris Township		County (6) Morris	
ASCM No.		Name of Abatement Contractor (9) B & G Restoration, Inc.	
County Code (7) (State use only)		Current Use (Prior if being demolished) residential	
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.)		Square Feet # of Floors Bldg. Age	

Name of Monitoring Firm Project Manager for Monitoring Firm		City, State, Zip Code	
Sched. Start Date (10) 4/23/2012		Sched. Completion Date (11) 4/24/2012	
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:		City, State, Zip Code 105 Ryerson Road Lincoln Park, NJ 07035	
Name of OSHA Monitor B & G Restoration, Inc.		Telephone Number 973-696-6869	
License Number 0378		City, State, Zip Code 105 Ryerson Road Lincoln Park, NJ 07035	
Street Address n/a		City, State, Zip Code 105 Ryerson Road Lincoln Park, NJ 07035	
Other-Describe:		City, State, Zip Code 105 Ryerson Road Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

☒ Demolition
☐ Renovation
☐ Full Containment w/negative pressure
☐ Glovebag procedure
☐ Non-frangible procedure

☒ >3 sf or >3 lf
☐ ≥160 sf or ≥260 lf

☒ MinI-enclosure
☐ Full Containment w/negative pressure

Location of asbestos-containing material to be abated in facility (13) asbestos-containing material normally used solely by maintenance/custodial staff (12) Yes No N/A		Description of asbestos-containing material (ACM) Amount (Specify SF or LF) 80 lf	
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) 80 lf	
Location of asbestos-containing material to be abated in facility (13) asbestos-containing material normally used solely by maintenance/custodial staff (12) Yes No N/A		Description of asbestos-containing material (ACM) Amount (Specify SF or LF) 80 lf	

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 1 yard		Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ 07035		Disposal Date 4/24/2012		City, State Tullytown, PA		Date 3/21/2012	
Completed by (Print or Type) Gordana Luna		Title Treasurer		Signature Gordana Luna		Date 3/21/2012	

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

B & G prcj. #: 2012-65

Check # 5173

Date of Notification (1)
10/4/11/11/12

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA
Type Notification
☒ Initial
☐ Amendment
☐ Cancellation

Name of Building Owner/Operator (2)
Joe Makarewicz
Street Address
15 North Main Street
City, State, Zip Code
Boonton, NJ 07005
Name of Contact
Joe Makarewicz
Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Joe Makarewicz

Street Address

15 North Main Street

City (5)

County (6)

County Code (7)
(State use only)

Boonton, NJ 07005

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

Morris

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

0378

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

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:

Scheduled Start Date (10)

4/24/2012

Sched. Completion Date (11)

4/25/2012

Project Manager for Monitoring Firm

Phone Number

City, State, Zip Code

Street Address

n/a

Scope of Work (check all that apply)
☐ Demolition
☒ Renovation
☐ >3 sf or >3 lf
☐ >160 sf or >260 lf
☒ Mini-enclosure
☐ Non-friable procedure
☒ Glovebag procedure
☐ Full Containment w/negative pressure

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

soffit & laundry room area

pipe insulation

pipe insulation

boiler room area

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)	Remove	Repair	Encapsulate	Remove
soffit & laundry room area	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pipe insulation	66 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room area	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pipe insulation	4 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 yd

Name of Registered Landfill Tullytown Resource & Recovery Center

City, State

Lincoln Park, NJ 07035

Disposal Date 4/25/2012

City, State Tullytown, PA

Title Signature

Treasurer

Completed by (Print or Type) Gordana Luna

Signature

Gordana Luna

Date 4/11/2012

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

B & G proj. #: 2012-53

Check # 5174



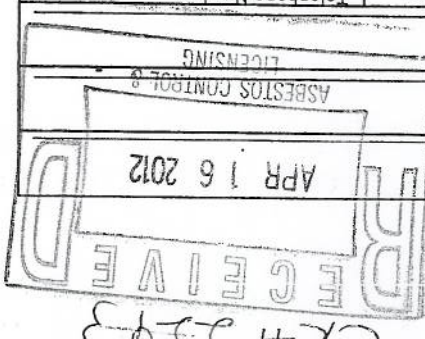
Date of Notification (1) 10/4/11/11/12	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Name of Building Owner/Operator (2) Jim Buchanan	Street Address 121 Lexington Avenue
City, State, Zip Code Maplewood, NJ 07040	Name of Contact Jim Buchanan
Telephone Number	

Name of facility where abatement is taking place (3) Jim Buchanan	
Street Address 121 Lexington Avenue	
City (5) Maplewood, NJ 07040	County (6) Essex
County Code (7) residential	
Current Use (Prior if being demolished) residential	
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.)	
Square Feet	# of Floors
Bldg. Age	

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 0378
Name of OSHA Monitor B & G Restoration, Inc.	
Street Address 105 Ryerson Road	
City, State, Zip Code Lincoln Park, NJ 07035	
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"/> Describe: <input type="checkbox"/> Other-Describe:	
Sched. Start Date (10) 4/25/2012	
Sched. Completion Date (11) 4/26/2012	
Project Manager for Monitoring Firm Phone Number	
City, State, Zip Code	
Street Address n/a	
Name of Monitoring Firm Hired by Bldg. Owner (8) Essex	
ASCM No.	

Scope of Work (check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> >160 sf or >260 ft <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-friable procedure	
Location of asbestos-containing material to be abated in facility (13) Yes No N/A	
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) 80 lf	
pipe insulation	
basement	
Registered Waste Hauler B & G Restoration, Inc. NJDEP Hauler ID# 19563 Cubic Yards of Waste 1 yard Name of Registered Landfill Tullytown Resource & Recovery Center City, State Tullytown, PA Disposal Date 4/27/2012	
City, State Lincoln Park, NJ 07035	
Title Treasurer Gordana Luna	
Signature Gordana Luna	
Date 4/11/2012	
Completed by (Print or Type) Gordana Luna	

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



Date of Notification (1) 04/10/2012		Name of Building Owner/Operator (2) Nutley Parks & Recreation Dept	
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including <input type="checkbox"/> Justification) <input type="checkbox"/> Cancellation	
Street Address 49-66 Park ave		City, State, Zip Code Nutley, NJ	
Name of Contact Lou Malitano		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) Nutley Parks & Recreation Garage		Street Address 1 Tremont Avenue	
City (5) Nutley		County (6) Essex	
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants		ASCM No. N/A	
Name of Abatement Contractor (9) DIA General Construction, Inc.		Street Address 1360 Clifton, Avenue, PMB Suite 218	
City, State, Zip Code Clifton, NJ 07012		Telephone No. 973-389-0089	
Telephone No. 00693		License No.	

Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	
Scheduled Completion Date (11) 04/22/2012		Name of OSHA Monitor DIA General Construction, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 1360 Clifton, Avenue, PMB Suite 218	
City, State, Zip Code Clifton, NJ 07012		City, State, Zip Code Clifton, NJ 07012	

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 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"/> Govebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Location of Asbestos-Containing Material (ACM) (13) IN FACILITY TO BE ABATED		Is Location Normally Used Solely by Custodial staff? (12) N/A	
Road Garage Work Bench		Pipe/Elbow Insulation	
Water Department		Pipe/Elbow Insulation	
Throughout the Building		Pipe/Elbow Insulation	
Amount (Specify SF or LF)		Abatement Type	
5 LF		Removal	
4 LF		Repair	
100 LF		Encapsulate	
		Enclosure	

Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	
Cubic Yards 4 CY		City, State Waynesburg, OH 44688	
Disposal Date 04/22/2012		Signature 	
City, State New Castle DE		Date 04/10/2012	
Completed By Krutarth Jagad		Project Manager	

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

ASB41

STEVENS ENVIRONMENTAL SERVICES, INC.
4/16/12
14200 E. 11 Mile Road
Warren, MI 48088
APR 16 2012
RECEIVED
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 5:16)

Date of Notification (1)		4/11/12	
Name of Building Owner/Operator (2)		Bank of America	
Street Address		14200 E. 11 Mile Road	
City, State, Zip Code		Warren, MI 48088	
Name of Contact		Army Cimino	
Telephone Number			
Type Notification		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Agencies Notified		<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	

Name of Facility Where Abatement is Taking Place (3)		Residence	
Street Address		10 Mason Avenue	
City (5)		New Brunswick	
County (6)		Middlesex	
County Code (7) (STATE USE ONLY)			
Current Use (Prior if being demolished)		Residence	

Name of Monitoring Firm Hired by Building Owner		MECS	
ASCM No.			
Name of Abatement Contractor (9)		Stevens Environmental Services, Inc.	
Street Address		P.O. Box 341	
City, State, Zip Code		Crosswicks, NJ 08515	
Project Manager for Monitoring Firm		William Weisgarber Jr.	
Telephone No.		(609) 298-4070	
Scheduled Completion Date (11)		4/25/12	
Occupancy Status During Abatement (Check only one)		<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8AM - 4PM	
Street Address		P.O. Box 341	
City, State, Zip Code		Crosswicks, NJ 08515	
Telephone No.		(609) 259-9688	
License No.		00493	
Name of OSHA Monitor		MECS	
Street Address		P.O. Box 341	
City, State, Zip Code		Crosswicks, NJ 08515	

Scope of Work (Check all that apply)		<input checked="" type="checkbox"/> ≥3 sf or ≥3 if <input type="checkbox"/> ≥160 sf or ≥260 if <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
Full Containment with Negative Pressure		<input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Non-Exempted (?) and Non-Frangible Procedure	

Location of Asbestos-Containing Material (ACM) (13)		IN Facility TO BE ABATED	
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)		duct insulation (wrap and cut)	
Amount (Specify SF or LF)		30 LF	
Abatement Type		Enclosure Encapsulate Repair Removal	
1st, 2nd floors		<input checked="" type="checkbox"/>	
1st floor		<input checked="" type="checkbox"/>	
Name of Registered Waste Hauler		Stevens Environmental Services Inc.	
Hauler ID No.		18292	
Cubic Yards of Waste		2 CU	
Name of Registered Landfill		T.R.R.F., Inc. Landfill	
City, State		Allentown, NJ	
Disposal Date		4/25/12	
City, State		Tullytown, PA	
Completed By		Mahlon E. Stevens	
Title		Project Manager	
Signature			
Date		4/11/12	

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

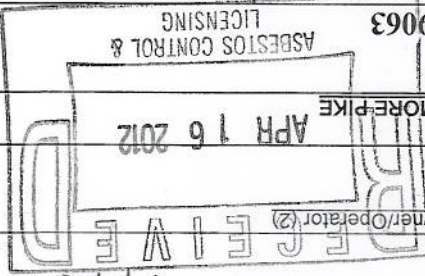
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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)		4/12/2012		Agencies Notified		(X) EPA () DEP (X) DOL (X) DOH () DCA () Initial Notification () Amended Notification () Amendment # () Emergency (including justification) () Cancellation	
Name of Building Owner/Operator (2)		WAWA		Street Address		RED ROOF, BALTIMORE PIKE	
City, State, Zip Code		WAWA, PA 19063		Name of Contact		BOB MCLURE	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3)							
FORMER KFC		Street Address		16 MACARTHUR BLVD		City (5)	
SOMERS POINT		County (6)		CAPE MAY		County Code (7)	
Name of Monitoring Firm		EHS, INC.		Street Address		411 SOUTHGATE CT	
City, State, Zip Code		MICKLETON, NJ 08056		Telephone Number		8562240080	
Project Manager for Monitoring Firm		JACK CARNERY		Telephone Number		610-701-9000	
Scheduled Start Date (10)		4/25/2012		Scheduled Completion Date (11)		5/11/2012	
Name of OSHA Monitor		EHS, INC.		Street Address		411 SOUTHGATE CT	
City, State, Zip Code		MICKLETON, NJ 08056		Telephone Number		610-701-9000	
License Number		00508		Name of OSHA Monitor		EHS, INC.	
Occupancy Status During Abatement (Check only one)		(X) Facility Closed/Vacated During Entire Period of Abatement		Describe		Other -	
Source of Work (Check all that apply)		() Demolition () Renovation		(X) Large Proj. (>160 SF or >260 LF ACM)		(X) Minor Proj. (<25 SF or <10 LF ACM)	
Location of Asbestos-Containing Material (ACM) in Facility (13)		Is Location Normally Used Solely by Maint./Custodial Staff? (12)		Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)		Amount (Specify SF or LF)	
RESTAURANT ROOF		YES		FLASHING		625SF	
RESTAURANT FOUNDATION		NO		WATERPROOFING TAR		1,000SF	
Name of Reg. Waste Hauler		NJDEP Waste Hauler ID #		Cubic Yards of Waste		Name of Reg. Landfill	
N.E.T.S. / Miners		17235		Approx. 30		BFI Imperial	
City, State		Hazelton, PA		Disp. Date		City, State	
Completed by (Print or Type)		Title		Signature		Date	
DEVIN BLOM		Estimator		[Signature]		4/12/2012	

C:\WORD\MYDOCS\ASBESTOS
9/18/00

Mail to: NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414
Telephone 609-984-6620



Date of Notification (1) 4/13/2012		Name of Building Owner/Operator (2) P.S.E. & G		Name of Facility Where Abatement is Taking Place (3) P.S.E. & G		Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA		Street Address 64 BROAD ST.		City, State, Zip Code MATAMOROS, NJ 07747		Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217		Telephone No. 732-432-8350		License No. 01111		Start Date (10) 4/30/2012		Scheduled Completion Date (11) 5/2/2012		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA		Street Address 396 WHITEHEAD AVE.		City, State, Zip Code SOUTH RIVER, NJ 08882		Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Abatement Type Enclosure Encapsulate Repair Removal		Amount (Specify SF or LF) 540 LF		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Location of Asbestos-Containing Material (ACM) (13) TO BE ABATED In Facility (13)		OUTSIDE VAULTS		ACM CABLES		Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste 20		Name of Registered Landfill GROWS NORTH		City, State MORRISVILLE, PA		Disposal Date 5/3/12		City, State MORRISVILLE, PA		Completed by CAROL RAIMO		Title OFFICE MGR.		Signature <i>Carol Raimo</i>		Date 4/13/2012	
---------------------------------------	--	---	--	--	--	--	--	------------------	--	---	--	--------------------------------	--	--	--	---	--	-------------------------------	--	-------------------------------	--	----------------------	--	------------------------------	--	--	--	---	--	--------------------------------------	--	--	--	--	--	---	--	---	--	-------------------------------------	--	---	--	---	--	---	--	----------------	--	------------	--	---	--	----------------------------	--	--	--	--------------------------------	--	-------------------------	--	--------------------------------	--	-----------------------------	--	----------------------	--	---------------------------------	--	-------------------	--

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

RECEIVED
APR 16 2012
ASBESTOS ABATEMENT
RICHARD STRAUSS
SOUTH PLAINFIELD, NJ
4000 HADLEY ROAD
P.S.E. & G

NOTIFICATION OF ASBESTOS ABATEMENT

State of New Jersey
(Pursuant to NJAC 8:60 and 12:120)

CT # 2244

Date of Notification (1) 03/22/2012		Name of Building Owner/Operator (2) County of Essex	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including <input type="checkbox"/> Justification) <input type="checkbox"/> Cancellation	
Street Address 900 Bloomfield Ave		City, State, Zip Code Verona, NJ	
Name of Contact Sanjeev Varghese		Telephone Number 900 16 2012	

Name of Facility Where Abatement is Taking Place (3) Power House		Type of Facility (4) <input checked="" 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) Newark		County (6) Essex	
Name of Monitoring Firm Hired by Building Owner (8) Hatch Mott MacDonald		ASCM No. 00052	
Street Address 27 Bleeker Street		City, State, Zip Code Clifton, NJ 07012	
Name of Abatement Contractor (9) DIA General Construction, Inc.		Street Address 1360 Clifton, Avenue, PMB Suite 218	
Telephone No. 973-389-0089		License No. 00693	
Name of OSHA Monitor DIA General Construction, Inc.		City, State, Zip Code Clifton, NJ 07012	
Project Manager for Monitoring Firm Kevin Herrighy		Telephone No. 973-379-3400	
Start Date (10) 4/19/2012		Scheduled Completion Date (11) 6/10/2012	
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: Occupied		Scope of Work (Check all that apply) <input checked="" type="checkbox"/> > 3 sf or > 260 lf <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	

Full Containment with Negative Pressure <input checked="" type="checkbox"/>		Mini-Enclosure <input type="checkbox"/>		Govebag Procedure <input type="checkbox"/>		Non-Exempted (*) and Non-Frangible Procedure <input type="checkbox"/>	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type		Enclosure Encapsulate Repair Removal	
Boiler # 3		6,480 SF		X			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Used Solely by Normally Maintenance/ Custodial staff? (12)		Yes No N/A		ACM Mortar on interior bricks X	

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 160 CY		City, State Waynesburgh OH	
Service Transport Group		Disposal Date 05/30/2012		Signature 		Date 04/12/2012	
Name of Registered Landfill		City, State Minerva Landfill		Completed By Krutarth Jagad		Title President	

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

ASB41

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

(Page 1 of 2)

Date of Notification (1) 4 / 12 / 12		Name of Building Owner/Operator (2) 67 Whippany Investors, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA <input type="checkbox"/> DEP <input type="checkbox"/> NJAC 5:23-8		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 67 Whippany Road - Bldg. 5		City, State, Zip Code Mountain Lakes, NJ 07046	
Name of Facility Where Abatement is Taking Place (3) 67 Whippany Road		Name of Contact Ross Chomik	

FACILITY INFORMATION

Name of Facility (4) Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		City (5) Whippany	
County (6) Morris		County Code (7)(STATE USE ONLY) Vacant	
Current Use (Prior if being demolished) 54 years		Square Feet 91,805	
# of Floors 2		Bldg. Age 54 years	

Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc.		ASCM No. 00117	
Name of Abatement Contractor (9) Superior Abatement Inc.		Street Address 2 Henderson Drive, Ste A	
City, State, Zip Code West Caldwell, NJ 07006		Telephone No. (973) 808-1616	
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-704-8850	
Start Date (10) 04 / 24 / 12		Scheduled Completion Date (11) 06 / 15 / 12	
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 2 Henderson Drive, Ste A	
City, State, Zip Code West Caldwell, NJ 07006		Name of OSHA Monitor Superior Abatement, Inc.	
License No. 00411		City, State, Zip Code West Caldwell, NJ 07006	

Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 if <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 if <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure		Location of Asbestos-Containing Material (ACM) IN Facility (13) TO BE ABATED Asbestos-Containing Material (ACM) Is Location Normally Used Solely by Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	

Abatement Type Enclosure <input type="checkbox"/> Encapsulate <input type="checkbox"/> Repair <input type="checkbox"/> Removal <input checked="" type="checkbox"/>		1st Floor Mechanical Room <input type="checkbox"/> Duct Insulation <input checked="" type="checkbox"/> 17,713 SF <input type="checkbox"/> VAT & Mastic <input checked="" type="checkbox"/> 35,794 SF <input type="checkbox"/> Pipe & Fitting Insulation <input checked="" type="checkbox"/> 9,957 LF <input type="checkbox"/> Baseboard & Mastic <input checked="" type="checkbox"/> 5,780 LF	
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Name of Registered Waste Hauler No. 1 - R. Gray Trucking Inc. No. 2 - R. Holmes & Sons		Hauler ID No. 09369 / 10464	
Cubic Yards of Waste 400		Disposal Date 6/15/2012	
City, State No. 1 - Delaware, NJ No. 2 - Tobyhanna, PA		City, State No. 1 - Morrisville, PA No. 2 - Pen Argyl, PA	
Completed By (Print or Type) Nick Petrovski		Title President	
Signature <i>[Signature]</i>		Date 4/12/2012	

Do not use this form for asbestos licensure exempted activities.

ASB-41
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CK# 21137

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

(Page 2 of 2)

Date of Notification (1) 4 / 12 / 12		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including Justification) <input type="checkbox"/> Cancellation	
Street Address		Name of Contact	
City, State, Zip Code		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 67 Whippany Road - Bldg. 5		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City (5)		Square Feet	
County (6)		# of Floors	
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished)	
ASCM No.		Name of Abatement Contractor (9)	
Street Address		Superior Abatement Inc.	
City, State, Zip Code		Street Address	
City, State, Zip Code		Telephone No.	
Project Manager for Monitoring Firm		Telephone No.	
Start Date (10) 04 / 24 / 12		Scheduled Completion Date (11) 06 / 15 / 12	
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		City, State, Zip Code	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 if <input type="checkbox"/> ≥ 160 sf or ≥ 260 if <input checked="" type="checkbox"/> Renovation <input checked="" 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-Frangible Procedure		Abatement Type Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>	

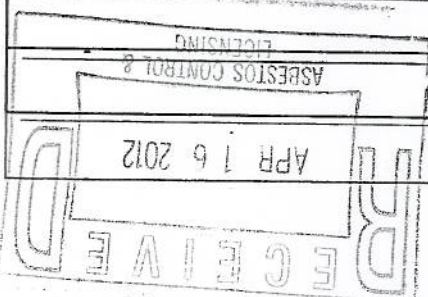
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
1st and 2nd Floors		21 EA	
1st and 2nd Floor Windows		186 EA	
Roof		27,701 SF	
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	
City, State		Disposal Date	
Completed By (Print or Type)		Signature	
Date		4/12/2012	

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

ASB-41
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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

1483



Date of Notification (1) 04/10/2012		Name of Building Owner/Operator (2) BIOMET Inc.	
Type Notification		Name of Contact Joseph Laquidara (Owner's Rep.)	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code Fair Lawn, NJ	
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including Justification) <input type="checkbox"/> Cancellation		Street Address 20-01 Pollitt Drive	

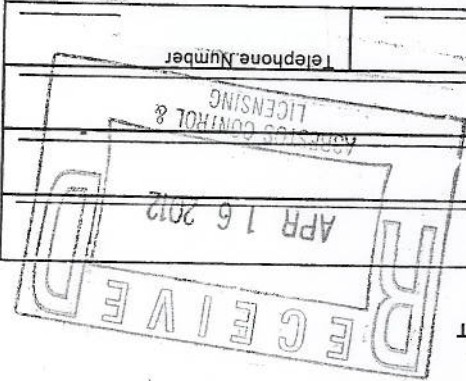
Name of Facility Where Abatement is Taking Place (3) BIOMET Inc.		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 20-01 Pollitt Drive		Square Feet 40,000	
City (5) Fair Lawn, NJ		# of Floors 1	
County (6) Bergen		Current Use (Prior if being demolished) Commercial Space	
Name of Monitoring Firm Hired by Building Owner (8) J & S Environmental Laboratories		Name of Abatement Contractor (9) Valiant Associates, LLC	
ASCM No. N/A		City, State, Zip Code Paterson, NJ 07501	
Street Address 2333 Rt 22 West		City, State, Zip Code Paterson, NJ 07501	
Project Manager for Monitoring Firm Sherry Gelsomino		Telephone No. 973-553-5374	
Schedul Completion Date (11) 04/22/2012		Name of OSHA Monitor Valiant Associates, 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 145 Mill Street	
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Paterson, NJ 07501	
Project Manager for Monitoring Firm Sherry Gelsomino		Telephone No. 973-553-5374	
Schedul Completion Date (11) 04/22/2012		Name of OSHA Monitor Valiant Associates, 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 145 Mill Street	
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Paterson, NJ 07501	
Project Manager for Monitoring Firm Sherry Gelsomino		Telephone No. 973-553-5374	
Schedul Completion Date (11) 04/22/2012		Name of OSHA Monitor Valiant Associates, LLC	

Scope of Work (Check all that apply)		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Govebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure	
<input checked="" type="checkbox"/> > 3 sf or > 3 ft <input checked="" type="checkbox"/> > 160 sf or > 260 ft		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by 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 Enclosure Encapsulate Repair Removal	
Cafeteria and Break Room 675 SF X		Cafeteria and Break Room Sink undercoating 2 SF X	

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No. 20990		Cubic Yards 5 CY		Name of Registered Landfill Minerva Landfill		City, State Waynesburg, OH		Disposal Date 4/22/2012		Completed By Miodrag Stamenovic		Title Project Manager		Date 04/10/2012	
City, State New Castle, DE		Service Transport Group		City, State Waynesburg, OH		Disposal Date 4/22/2012		Completed By Miodrag Stamenovic		Title Project Manager		Date 04/10/2012		Do not use this form for asbestos licensure exempted activities.		ASB41	

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

CK# 1487



Date of Notification (1) 03/29/2012		Name of Building Owner/Operator (2) Golda Och Academy	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Name of Facility Where Abatement is Taking Place (3) Golda Och Academy		Name of Contact Mr. Idan Levin	
Street Address 122 Gregory Avenue		City, State, Zip Code West Orange, NJ	
City (5) West Orange, NJ		Telephone Number	

Name of Facility (4) Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter s (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		County Code (7) (STATE USE ONLY) Essex	
City (5) West Orange, NJ		County Code (7) (STATE USE ONLY) Essex	
Square Feet 25,000 SF		County Code (7) (STATE USE ONLY) Essex	
# of Floors 2		County Code (7) (STATE USE ONLY) Essex	
Bldg. Age 70+		County Code (7) (STATE USE ONLY) Essex	

Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No. 0021	
Street Address 907 Doolittle Drive		City, State, Zip Code Bridgewater, NJ 08807	
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. 908-296-1132	
Start Date (10) 04/06/2012		Scheduled Completion Date (11) 04/16/2012	
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 Valiant Associates, LLC	
Street Address 145 Mill Street		City, State, Zip Code Paterson, NJ 07501	
Telephone No. 973-553-5374		License No. 01108	

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 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"/> Govebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure	
--	--	--	--

Location of Asbestos-Containing Material (ACM) (13) TO BE ABATED IN Facility	Is Location Normally Used Solely by Custodial Maintenance/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			
				Enclosure	Encapsulate	Repair	Removal
1st and 2nd floors		Elbow Insulation	272 LF				X

Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Landfill	City, State Waynesburgh, OH
Completed By Midrag Stamenovic		Title Project Manager	Signature <i>Michael Ganner</i>	Date 04/02/2012	

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

ASB41

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

CK#161
Print Form

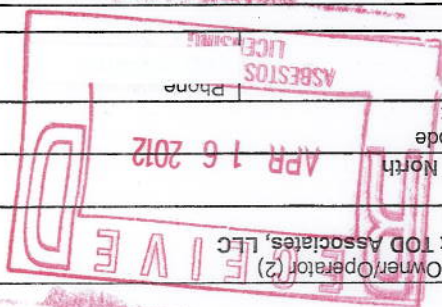


Date of Notification (1) April 2, 2012		Name of Building Owner/Operator (2) Sue Anderson		Street Address 6752 Cedar Ave		City, State, Zip Code Pennsauken, N.J. 08110		Name of Contact Sue Anderson		Telephone Number	
Agencies Notified		Type Notification		Initial		Amended		Amendment #		Emergency (including Cancellation/Justification)	
<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 Cancellation/Justification)		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		Square Feet 1800 # of Floors 3 Bldg. Age 45		County Code (7) Camden Current Use (Prior if being demolished) Resident		Name of Monitoring Firm Hired by Building Owner (8) Environmental Management International, Inc. ASCM No.	
Street Address 204 E. Germantown Pike City, State, Zip Code Norriton, P.A. 19401 Project Manager for Monitoring Firm Raymond J. Giordano Telephone No. (856) 229-5369 Scheduled Completion Date (11) April 20, 2012 Name of OSHA Monitor Graham Tech-Environmental Services LLC. Street Address 14 Read Drive City, State, Zip Code Sicklerville, N.J. 08081 Telephone No. (856) 318-1341 License No. 01158		Start Date (10) April 13, 2012 Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 23 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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) In Facility (13) Is Location Normally Used Solely by Custodial Staff? (12) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Abatement Type <input type="checkbox"/>		Name of Registered Waste Hauler American Disposal System NJDEP Waste Hauler ID No. SW2069 Cubic Yards of Waste Name of Registered Landfill JP Mascaro-Pioneer Crossing City, State PO Box 348, Lumberton Disposal Date City, State 727 Red Lane Rd, Birdsboro, P.A. Completed by Willis Graham Title Owner Signature Date			

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

ck # 21740

Date of Notification (1) 03/09/2012		Agencies Notified () EPA () DOL () DOH () DCA	
Name of Facility Where Abatement is Taking Place (3) North Brunswick TOD Associates, LLC Buildings 4, 5, 6, 7, 11 and 42 (One Structure) Street Address 2300 US Route 1		City (5) North Brunswick 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 150,000 SF No. of Floors: 2 Bldg. Age 78 yrs Current Use (prior if being demolished) Vacant Bldg. (prior use Office Bldg.)		Name of Monitoring Firm Hired by Bldg. Owner (8) Health & Safety Services, Inc. ASCM No. 00117	
Street Address 318 12 th Street City, State, Zip Code Hammononton, NJ 08037		Project Manager for Monitoring Firm Jim Proctor Telephone Number 609-704-8850 Telephone Number (973) 808-1616 License Number 00411	
Scheduled Start Date (10) 3/19/2012 Scheduled Completion Date (11) 4/13/2012		Occupancy Status During Abatement (Check only one) () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Vacant Bldg.	
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) () Non-trifling Procedure for Asbestos Removal. (X) Full Containment with Negative Pressure () Location Normally Used Solely by Maint./Custodial Staff? (12) NA YES NO Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Amount (Specify SF or LF) Abatement Type Rem. Rep. Encap. Enclose		City, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive, Ste A Name of OSHA Monitor Superior Abatement, Inc.	



Name of Building Owner/Operator (2) North Brunswick TOD Associates, LLC		Street Address 2300 US Route 1 North		City, State, Zip Code North Brunswick		Name of Contact Nimish Patel	
Name of Reg. Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID # SW2117		Cubic Yards of Waste 160		Name of Reg. Landfill Minerva Landfill	
City, State New Castle, DE		Disp. Date 4/13/2011		9000 Minerva Road Waynesburgh OH 44688		Date 03/09/2012	
Completed by (Print or Type) Nick Petrovski		Title President		Signature <i>Nick Petrovski</i>		Date 03/09/2012	

Bldg. 6 - Boiler Room	X	Thermal Systems Insulation	60 LF	X
Bldg. 4, 7, 42 - 1 st & 2 nd Floors	X	VAT and Mastic	4,200 SF	X
Bldg. 4 & 5 - 1 st Floor	X	Thermal Pipe Elbow Insulation	180 EA	X
Bldg. 11 & 42 - Exterior	X	Fiber Material Behind Blue Window Barriers	4,000 SF	X

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

OK 2/17/12

Date of Notification (1)		03/09/2012	
Agencies Notified		<input type="checkbox"/> EPA <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	
Notification Type		<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancelled	
Name of Building Owner/Operator (2)		North Brunswick TOD Associates, LLC	
Street Address		2300 US Route 1 North	
City, State, Zip Code		North Brunswick	
Name of Contact		Nimish Patel	
Phone			

Name of Facility Where Abatement is Taking Place (3)		North Brunswick TOD Associates, LLC	
Buildings 4,5,6,7,11 and 42 (One Structure)			
Street Address		2300 US Route 1	
City (5)	County (6)	County Code (7)	
North Brunswick	Middlesex		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No. 00117	
Name of Contractor (9)		Superior Abatement, Inc.	
Current Use (prior if being demolished) Vacant Bldg. (prior use Office Bldg.)		Bldg. Age 78 yrs	
Sq. Feet 150,000 SF		No. of Floors: 2	

Street Address		318 12 th Street	
City, State, Zip Code		Hammononton, NJ 08037	
Project Manager for Monitoring Firm		Jim Proctor	
Telephone Number		609-704-8850	
Telephone Number		(973) 808-1616	
License Number		00411	
Name of OSHA Monitor		Superior Abatement, Inc.	
Street Address		2 Henderson Drive, Ste A	
City, State, Zip Code		West Caldwell, NJ 07006	
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: Vacant Bldg.	
Scheduled Start Date (10)		3/19/2012	
Scheduled Completion Date (11)		5/25/2012	
Source of Work (Check all that apply)		<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> SM Proj. (>25<160 SF or >10<260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Non-Friable Procedure for Asbestos Roof Removal.	

Location of Asbestos-Containing Material (ACM) in Facility (13)		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure (X) Glovebag Procedure () Non-Friable Procedure for Asbestos Roof Removal.	
Is Location Normally Used Solely by Maint./Custodial Staff? (12)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)		Amount (Specify SF or LF)	
Pipe/Fitting Insulation		580 LF	
VAT and Mastic		4,200 SF	
Pipe Elbow Insulation		180 EA	
Fiber Material Behind Blue Window Barriers		4,000 SF	
Tank and Duct Insulation		2,210 SF	
Rem. Rep. Encap Enclose		Abatement Type	

Name of Reg. Waste Hauler		NJDEP Waste Hauler ID #	
Service Transport Group, Inc		SW2117	
Cubic Yards of Waste		300	
Name of Reg. Landfill		Minerva Landfill	
City, State		New Castle, DE	
Disp. Date		5/25/2012	
9000 Minerva Road		Waynesburgh OH 44688	
Completed by (Print or Type)		Nick Petrovski	
Title		President	
Signature		[Signature]	
Date		04/12/2012	

Amended Notification No. 1: Change of Completion Date from 04/13/2012 to 05/25/2012. Additional time is needed to complete this project. Also for Bldg. 6 (Boiler Room) we have added additional 520 LF of Pipe/Fitting Insulation and 2,210 SF of Tank and Duct Insulation (Entire Boiler Room).

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

Check # 1367

Date of Notification (1)

04/12/2012

Agency Notified

Type Notification

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

FACILITY INFORMATION

Kathy Nessimbaum

7 Trinity Court

Bergenfield, NJ 07621

Name of Contact

Kathy Nessimbaum

Telephone Number

Type of Facility (4)

- ☐ School (K-12)
☐ Subchapter S (Other than K-12)
☒ Other (i.e. private & commercial buildings,
homes, etc.)

Square Feet

of Floors

Bldg. Age

County (6)

Bergenfield, NJ 07621

Bergen

Name of Monitoring Firm Hired by Building Owner(s)

Gr Tech LLC

Street Address

576 Valley Rd #283

City, State, Zip Code

Wayne, NJ 07470

Telephone No.

973-638-1777

License No.

01127

Name of OSHA Monitor

Envirovision Consultants, Inc.

Street Address

20-21 Wagaw Road, Bldg. # 34A

City, State, Zip Code

Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

- ☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☐ Demolition
☒ Renovation

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)

120 LF

Pipe insulation

Basement

Name of Registered Waste Hauler

Gr Tech LLC

City, State

Wayne, NJ 07470

Completed by

N. Levitic

ASB-41

Title

Owner

Signature

Disposal Date

City, State

T.R.R.F., Inc

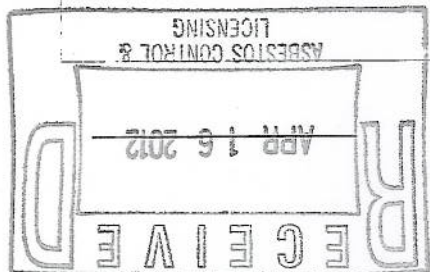
City, State

Tullytown, PA

Date

04/12/2012

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CK# 1361

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



CHECK # 2280

Date of Notification (1) 4/12/12		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including <input type="checkbox"/> Justification) <input type="checkbox"/> Cancellation		Name of Building Owner/Operator (2) PINELANDS Construction		Street Address 300 77TH ST. City, State, Zip Code SEA ISLE CITY, N.J. 08243		Name of Contact FABIAN EDUARDI Telephone Number	
Name of Facility (4) 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 18 Glenwood Road City (5) Ocean City		County Code (7) (STATE USE ONLY) 03		Current Use (Prior to being demolished) VACANT		Name of Abatement Contractor (9) KLEMM INC.	
Street Address 369 S. Spruce Ave. City, State, Zip Code MARLE SHADE, N.J. 08052		City, State, Zip Code MARLE SHADE, N.J. 08052		Telephone No. 856-779-0472 License No. 00444		Name of OSHA Monitor JASON KLEMM		Street Address 369 S. Spruce Ave. City, State, Zip Code MARLE SHADE, N.J. 08052	
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:		Start Date (10) 4/26/12 Scheduled Completion Date (11) 5/2/12		Project Manager for Monitoring Firm Telephone No.		Name of Monitoring Firm Hired by Building Owner ASCM No. N/A		Street Address MARLE SHADE, N.J. 08052	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input type="checkbox"/> ≥ 160 sf or ≥ 260 ft <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) IN Facility (13) TO BE ABATED		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 2500 ft ²	
Abatement Type <input type="checkbox"/> Enclosure <input type="checkbox"/> Encapsulate <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Removal		SIDING		TRANSITE		Name of Registered Waste Hauler KLEMM INC. Hauler ID No. 17904		City, State MARLE SHADE, N.J.	
Completed By JASON KLEMM Title V/P Signature JASON KLEMM Date 4/12/12		City, State MARLE SHADE, N.J.		Disposal Date MARLE SHADE, N.J.		Name of Registered Landfill C.M.C.M.V.A.		City, State MARLE SHADE, N.J.	

Do not use this form for asbestos licensure exempted activities.

ASB-41

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

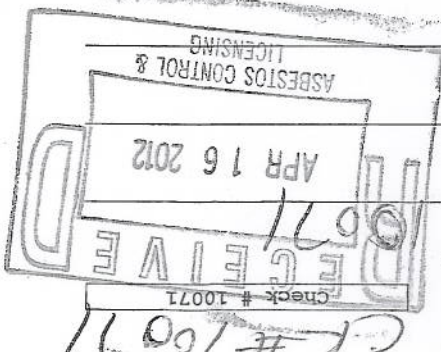
CK # 2505

Print Form

Date of Notification (1) 4/12/12		Name of Building Owner/Operator (2) Rick Aitken / Residence		Street Address 1107 B Long Beach Blvd		City, State, Zip Code North Beach NJ 08008		County (6) Ocean		Name of Facility Where Abatement is Taking Place (3) Rick Aitken / 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.)	
Agencies Notified		Type Notification		<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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including Cancellation Justification)		Name of Contact Rick		Telephone Number		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED APR 16 2012 </div>	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Permaco Inc.		Street Address PO Box 329		City, State, Zip Code West Berlin NJ 08091		Telephone No.		Telephone No. 856-753-9800 License No. 00727	
Start Date (10) 4/23/12		Scheduled Completion Date (11) 4/27/12		Name of OSHA Monitor Permaco Inc.		Street Address PO Box 329		City, State, Zip Code West Berlin NJ 08091		Project Manager for Monitoring Firm		Telephone No.	
Occupancy Status During Abatement (Check Only One)		<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Scope of Work (Check All That Apply)		<input type="checkbox"/> ≥ 3 sf or ≥ 3 If <input type="checkbox"/> ≥ 160 sf or ≥ 260 If <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-Frangible Procedure		Abatement Type		Removal Repair Encapsulate Enclosure	
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED		Is Location Normally Used Solely by Custodial Staff/ Maintenance/ (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Exterior Siding		1200 SF		<input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure	
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 2		Name of Registered Landfill		G.R.O.W.S.		City, State Morrisville PA 19067		Disposal Date 4/27/12	
City, State Elm NJ		Title President		Signature		Date 4/12/12		Completed by Anthony T Perna					

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

State of New Jersey



Date of Notification (1)		4/10/12	
Agencies Notified		<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> JPCA <input type="checkbox"/> Cancellation	
Name of Building Owner/Operator (2)		Cindy Morone and Joe Canvona	
Street Address		1515 Palisades Avenue	
City, State, Zip Code		Union City, NJ 07087	
Name of Contact		Ray	

Name of Facility where Abatement is Taking Place (3)		Private	
Street Address		1515 Palisades Avenue	
County (6)		Hudson	
County Code (7)		(STATE USE ONLY)	
Square Feet		1300	
# of Floors		2	
Bldg. Age		75	
Type of Facility (4)		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Current Use (Prior if being demolished)		Residence	

Name of Monitoring Firm hired by Building Owner (8)		N/A	
Street Address		86 Christopher St.	
City, State, Zip Code		Montclair, NJ 07042	
Telephone Number		(973) 744-8800	
License Number		00371	
Name of Abatement Contractor (9)		AZTECH MANAGEMENT, Inc.	
Scheduled Start Date (10)		4/19/12	
Scheduled Completion Date (11)		4/20/12	
Occupancy Status During Abatement (Check only one)		<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period <input type="checkbox"/> Abatement performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»	
Scope of Work (Check all that apply)		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		<input checked="" type="checkbox"/> Location Normally Used Solely By Main Custodial Staff (12) <input type="checkbox"/> No <input type="checkbox"/> N/A	
Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		<input checked="" type="checkbox"/> Pipe Insulation <input type="checkbox"/> 45 LF <input type="checkbox"/> X	
Amount (Specify SF or LF)		<input type="checkbox"/> TAVOMER <input type="checkbox"/> RIAPER <input type="checkbox"/> TUSPACNE <input type="checkbox"/> ERUSOLINE	
Abatement Type		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Name of Registered Waste Hauler		AZTECH MANAGEMENT, INC.	
NJDEP Waste Hauler ID No.		17040	
Cubic Yards of Waste		1.0	
Name of Registered Landfill		G.R.O.W.S.	
City, State		Montclair, NJ 07042	
Disposal Date		4/23/12	
City, State		Morrisville, PA 19067	
Completed By (Print or Type)		Constantine Vivian	
Title		President	
Signature		[Signature]	
Date		4/10/12	

[illegible]

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:26 and 12:120)

CHECK #
2278

Date of Notification (1) 4/11/12		Name of Building Owner/Operator (2) W.M. WAGGONER CO.		Street Address 1507 STATE ST.		City, State, Zip Code Camden, N.J. 08102		Name of Contact NAME		Telephone Number	
Type of Facility (3) RESIDENCE		Type of Facility (4) SCHOOL (K-12)		Type of Facility (5) SCHOOL (K-12)		Type of Facility (6) SCHOOL (K-12)		Type of Facility (7) SCHOOL (K-12)		Type of Facility (8) SCHOOL (K-12)	
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Name of Facility Where Abatement is Taking Place (4) SCHOOL (K-12)		Name of Facility Where Abatement is Taking Place (5) SCHOOL (K-12)		Name of Facility Where Abatement is Taking Place (6) SCHOOL (K-12)		Name of Facility Where Abatement is Taking Place (7) SCHOOL (K-12)		Name of Facility Where Abatement is Taking Place (8) SCHOOL (K-12)	
City (5) Camden		City (6) Camden		City (7) Camden		City (8) Camden		City (9) Camden		City (10) Camden	
County (6) Camden		County (7) Camden		County (8) Camden		County (9) Camden		County (10) Camden		County (11) Camden	
Name of Abatement Firm Hired by Building Owner N/A		Name of Abatement Firm Hired by Building Owner N/A		Name of Abatement Firm Hired by Building Owner N/A		Name of Abatement Firm Hired by Building Owner N/A		Name of Abatement Firm Hired by Building Owner N/A		Name of Abatement Firm Hired by Building Owner N/A	
Street Address 369 S. SPURVE AVE		Street Address 369 S. SPURVE AVE		Street Address 369 S. SPURVE AVE		Street Address 369 S. SPURVE AVE		Street Address 369 S. SPURVE AVE		Street Address 369 S. SPURVE AVE	
City, State, Zip Code Camden, N.J. 08102		City, State, Zip Code Camden, N.J. 08102		City, State, Zip Code Camden, N.J. 08102		City, State, Zip Code Camden, N.J. 08102		City, State, Zip Code Camden, N.J. 08102		City, State, Zip Code Camden, N.J. 08102	
Telephone No. 756-771-0472		Telephone No. 756-771-0472		Telephone No. 756-771-0472		Telephone No. 756-771-0472		Telephone No. 756-771-0472		Telephone No. 756-771-0472	
Name of OSHA Monitor JOSEPH KLEMM		Name of OSHA Monitor JOSEPH KLEMM		Name of OSHA Monitor JOSEPH KLEMM		Name of OSHA Monitor JOSEPH KLEMM		Name of OSHA Monitor JOSEPH KLEMM		Name of OSHA Monitor JOSEPH KLEMM	
Street Address 369 S. SPURVE AVE		Street Address 369 S. SPURVE AVE		Street Address 369 S. SPURVE AVE		Street Address 369 S. SPURVE AVE		Street Address 369 S. SPURVE AVE		Street Address 369 S. SPURVE AVE	
City, State, Zip Code Camden, N.J. 08102		City, State, Zip Code Camden, N.J. 08102		City, State, Zip Code Camden, N.J. 08102		City, State, Zip Code Camden, N.J. 08102		City, State, Zip Code Camden, N.J. 08102		City, State, Zip Code Camden, N.J. 08102	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Facility Closed/Vacated During Part of Abatement <input type="checkbox"/> Other - Describe:		Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Facility Closed/Vacated During Part of Abatement <input type="checkbox"/> Other - Describe:		Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Facility Closed/Vacated During Part of Abatement <input type="checkbox"/> Other - Describe:		Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Facility Closed/Vacated During Part of Abatement <input type="checkbox"/> Other - Describe:		Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Facility Closed/Vacated During Part of Abatement <input type="checkbox"/> Other - Describe:		Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Facility Closed/Vacated During Part of Abatement <input type="checkbox"/> Other - Describe:	
Sched. Completion Date (11) 4/23/12		Sched. Completion Date (11) 4/23/12		Sched. Completion Date (11) 4/23/12		Sched. Completion Date (11) 4/23/12		Sched. Completion Date (11) 4/23/12		Sched. Completion Date (11) 4/23/12	
Name of Registered Asbestos Abatement Firm KLEMM INC.		Name of Registered Asbestos Abatement Firm KLEMM INC.		Name of Registered Asbestos Abatement Firm KLEMM INC.		Name of Registered Asbestos Abatement Firm KLEMM INC.		Name of Registered Asbestos Abatement Firm KLEMM INC.		Name of Registered Asbestos Abatement Firm KLEMM INC.	
Cubic Yards of Waste 17904		Cubic Yards of Waste 17904		Cubic Yards of Waste 17904		Cubic Yards of Waste 17904		Cubic Yards of Waste 17904		Cubic Yards of Waste 17904	
Disposal Date 5		Disposal Date 5		Disposal Date 5		Disposal Date 5		Disposal Date 5		Disposal Date 5	
City, State Camden, N.J.		City, State Camden, N.J.		City, State Camden, N.J.		City, State Camden, N.J.		City, State Camden, N.J.		City, State Camden, N.J.	
Signature Joseph Klemm		Signature Joseph Klemm		Signature Joseph Klemm		Signature Joseph Klemm		Signature Joseph Klemm		Signature Joseph Klemm	
Date 4/11/12		Date 4/11/12		Date 4/11/12		Date 4/11/12		Date 4/11/12		Date 4/11/12	

Do not use this form for asbestos abatement activities

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

Date of Notification (1)
10/14/11/12

Agencies Notified

☐ EPA

☐ DEP

☒ DOL

☒ DOH

☐ DCA

☐ Cancellation

☐ Justification

☐ Emergency

☐ Amendment #

☐ Amended

☒ Initial

Type Notification

Street Address

City (5)

County (6)

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

Sched. Completion Date (11)

Start Date (10)

04/21/12

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.

☐ Abatement performed outside of normal facility hours.

☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

☒ > 3 sf or > 3 lf

☐ Renovation

☐ Demolition

☐ ≥ 160 sf or ≥ 260 lf

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

BASEMENT

PIPE INSULATION

12 L.F.T.

Amount (Specify SF or LF)

Amount

Description of asbestos-containing material (ACM)

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

Yes

No

N/A

BASEMENT

PIPE INSULATION

12 L.F.T.

Amount (Specify SF or LF)

Amount

Description of asbestos-containing material (ACM)

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

Yes

No

N/A

BASEMENT

PIPE INSULATION

12 L.F.T.

Amount (Specify SF or LF)

Amount

Description of asbestos-containing material (ACM)

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

Yes

No

N/A

BASEMENT

PIPE INSULATION

12 L.F.T.

Amount (Specify SF or LF)

Amount

Description of asbestos-containing material (ACM)

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

Yes

No

N/A

BASEMENT

PIPE INSULATION

12 L.F.T.

Amount (Specify SF or LF)

Amount

Description of asbestos-containing material (ACM)

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

Yes

No

N/A

BASEMENT

PIPE INSULATION

12 L.F.T.

Amount (Specify SF or LF)

Amount

Description of asbestos-containing material (ACM)

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

Yes

No

N/A

BASEMENT

PIPE INSULATION

12 L.F.T.

Amount (Specify SF or LF)

Amount

Description of asbestos-containing material (ACM)

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

Yes

No

N/A

BASEMENT

PIPE INSULATION

12 L.F.T.

Amount (Specify SF or LF)

Amount

Description of asbestos-containing material (ACM)

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

Yes

No

N/A

BASEMENT

PIPE INSULATION

12 L.F.T.

Amount (Specify SF or LF)

Amount

Description of asbestos-containing material (ACM)

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

Yes

No

N/A

BASEMENT

PIPE INSULATION

12 L.F.T.

Amount (Specify SF or LF)

Amount

Description of asbestos-containing material (ACM)

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

Yes

No

N/A

BASEMENT

PIPE INSULATION

12 L.F.T.

Amount (Specify SF or LF)

Amount

Description of asbestos-containing material (ACM)

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

Yes

No

N/A

BASEMENT

PIPE INSULATION

12 L.F.T.

Amount (Specify SF or LF)

Amount

Description of asbestos-containing material (ACM)

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

Yes

No

N/A

BASEMENT

PIPE INSULATION

12 L.F.T.

Amount (Specify SF or LF)

Amount

Description of asbestos-containing material (ACM)

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

Yes

No

N/A

BASEMENT

PIPE INSULATION

12 L.F.T.

Amount (Specify SF or LF)

Amount

Description of asbestos-containing material (ACM)

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

Yes

No

N/A

BASEMENT

PIPE INSULATION

12 L.F.T.

Amount (Specify SF or LF)

Amount

Description of asbestos-containing material (ACM)

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

Yes

No

N/A

BASEMENT

PIPE INSULATION

12 L.F.T.

Amount (Specify SF or LF)

Amount

Description of asbestos-containing material (ACM)

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

Yes

No

N/A

BASEMENT

PIPE INSULATION

12 L.F.T.

Amount (Specify SF or LF)

Amount

Description of asbestos-containing material (ACM)

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

Yes

No

N/A

BASEMENT

PIPE INSULATION

12 L.F.T.

Amount (Specify SF or LF)

Amount

Description of asbestos-containing material (ACM)

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

Yes

No

N/A

BASEMENT

PIPE INSULATION

12 L.F.T.

Amount (Specify SF or LF)

Amount

Description of asbestos-containing material (ACM)

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

Yes

No

N/A

BASEMENT

PIPE INSULATION

12 L.F.T.

Amount (Specify SF or LF)

Amount

Description of asbestos-containing material (ACM)

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

Yes

No

N/A

BASEMENT

PIPE INSULATION

12 L.F.T.

Amount (Specify SF or LF)

Amount

Description of asbestos-containing material (ACM)

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

Yes

No

N/A

BASEMENT

PIPE INSULATION

12 L.F.T.

Amount (Specify SF or LF)

Amount

Description of asbestos-containing material (ACM)

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

Yes

No

N/A

BASEMENT

PIPE INSULATION

12 L.F.T.

Amount (Specify SF or LF)

Amount

Description of asbestos-containing material (ACM)

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

Yes

No

N/A

BASEMENT

PIPE INSULATION

12 L.F.T.

Amount (Specify SF or LF)

Amount

Description of asbestos-containing material (ACM)

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

Yes

No

N/A

BASEMENT

PIPE INSULATION

12 L.F.T.

Amount (Specify SF or LF)

Amount

Description of asbestos-containing material (ACM)

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

Yes

No

N/A

BASEMENT

PIPE INSULATION

12 L.F.T.

Amount (Specify SF or LF)

Amount

Description of asbestos-containing material (ACM)

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

Yes

No

N/A

BASEMENT

PIPE INSULATION

12 L.F.T.

Amount (Specify SF or LF)

Amount

Description of asbestos-containing material (ACM)

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

Yes

No

N/A

BASEMENT

PIPE INSULATION

12 L.F.T.

1204-4465
Check #4020

RECEIVED
APR 16 2012
TELEPHONE NUMBER

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

Fax: State of NJ

APR 11 2012 12:46pm P001/001

003577

Date of Notification (1) 04/11/12		Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> NCH <input type="checkbox"/> DCA	
Name of Building Owner/Operator (2) WILLIAM MANCERO		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 118 BERGEN AVENUE		City, State, Zip Code RIDGEFIELD PARK, NJ 07660	
Name of Contact THE CADRE LAW FIRM		Name of Asbestos Control & Abatement Firm ASBESTOS CONTROL & ABATEMENT	

Name of Facility where abatement is taking place (3) WILLIAM MANCERO		Street Address 118 BERGEN AVENUE	
City (5) RIDGEFIELD PARK		County (6) BERGEN	
Name of Abatement Contractor (9) D & S RESTORATION, INC.		Current Use (Prior if being demolished) School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial) Bldgs./Homes, etc.	
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.		Square Feet # of Floors Bldg. Age	

Name of Monitoring Firm Hired by Bldg. Owner (8) D & S RESTORATION, INC.		Street Address 20 California Ave.	
City, State, Zip Code Paterson, NJ 07503		Telephone Number 973-345-8020	
License Number 00139		Name of OSHA Monitor D & S Restoration, Inc.	
Street Address 20 California Avenue		City, State, Zip Code Paterson, NJ 07503	
Name of Abatement Contractor (9) D & S RESTORATION, INC.		Street Address 20 California Avenue	
City, State, Zip Code Paterson, NJ 07503		Telephone Number 973-345-8020	
License Number 00139		Name of OSHA Monitor D & S Restoration, Inc.	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure		Location of asbestos-containing material (acm) to be abated in facility (13) Yes No N/A	
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Location of asbestos-containing material (acm) to be abated in facility (13) Yes No N/A		Description of asbestos-containing material (ACM) PIPE INSULATION	
Amount (Specify SF or LF) 70 L FT		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	
City, State PATERSON, NJ 07503		Disposal Date 04/13/12	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	
Do not use this form for asbestos licensure exempted activities. Date 04/11/12		Signature TULLYTOWN, PA	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 Pursuant to N.J.A.C. 8:26 and 12:120

1103-4272
 Check #4019

Date of Notification (1) 4/10/12		Name of Building Owner / Operator (2) Robert Wood Johnson Hospital	
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		Name of Contact Geiser Fajardo City, State & Zip Code New Brunswick, NJ 08901	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address One Robert Wood Johnson Place City, State & Zip Code New Brunswick, NJ 08901	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Robert Wood Johnson Hospital		Street Address One Robert Wood Johnson Place	
City (5) New Brunswick	County (6) Middlesex	County Code (7)	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.)
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental ASCM No.		Current Use (Prior if being demolished) Hospital	
Name of Abatement Contractor (9) AbateTech, Inc.		Street Address PO Box 25 City, State & Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Geiser Fajardo Telephone Number 201-489-8400		Telephone Number 609-265-2107 License Number 00529	
Scheduled Start Date (10) 4/13/12		Scheduled Completion Date (11) 4/14/12	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Facility Occupied During Abatement		Street Address 280 Huyler Street City, State & Zip Code South Hackensack, NJ 07606	

Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Frangible Procedure <input type="checkbox"/>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) South Bldg. 1 st Fl. CSU		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Description of Asbestos-Containing Material (ACM) (i.e., thermal systems or other miscellaneous) Linoleum, Floor tile & Mastic		Amount (Specify SF or LF) 411 SF	
Abatement Type Enclosure <input type="checkbox"/> Encapsulate <input type="checkbox"/> Repair <input type="checkbox"/> Removal <input checked="" type="checkbox"/>		Name of Registered Waste Hauler AbateTech, Inc. City, State Lumberton, NJ	
Disposal Date 4/13/12		City, State Tullytown, PA	
Title Office Coord.		Signature Gwen Trumbetti	

Name of Registered Waste Hauler AbateTech, Inc. City, State Lumberton, NJ		NDEP Waste Hauler ID No. 18750	
Cubic Yards of Waste 12		Name of Registered Landfill TRRF Landfill	
Date 4/10/12		Signature Gwen Trumbetti	