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

RECEIVED
APR 18 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 4/13/12	Name of Building Owner/Operator (2): FAIRLAWN INDUSTRIES
Agency Notified: ☐ EPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA	Type Notification: ☑ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
Street Address: 20-21 - WAGARAW RD	
City, State, Zip Code: FAIRLAWN . NJ. 07410	
Name of Contact: MR. F. MALONE	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): FAIRLAWN INDUSTRIES	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 20-21 WAGARAW RD	
City (5): FAIRLAWN	Square Feet: 80000 # of Floors: 2 Bldg. Age: 95 YRS
County (6): BERGEN	County Code (7) (STATE USE ONLY): Current Use (Prior if being demolished): WHSE

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): Best Removal Inc
Street Address		Street Address: 450 South River St
City, State, Zip Code		City, State, Zip Code: Hackensack , N.J. 07601
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-329-7444 License No.: 00388
Start Date (10): 4/24/12	Scheduled Completion Date (11): 4/25/12	Name of OSHA Monitor: Omega Environmental Services
Occupancy Status During Abatement (Check only one): ☑ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: 7AM TO 5PM		Street Address: 280 Huyler St
		City, State, Zip Code: South Hackensack ,N.J. 07606

Scope of Work (Check all that apply)

☑ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 260 lf

☑ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
BLDG 35			Y	THERMAL SYSTEM INSULATION	60LF	X			

Name of Registered Waste Hauler: Best Removal Inc	NJDEP Waste Hauler ID No.: 17109	Cubic Yards of Waste: 1 1/2 CY	Name of Registered Landfill: Minerva Enterprises Inc
City, State: Hackensack , N.J.		Disposal Date: 4/25/12	City, State: Waynesburg , OH
Completed by: J.Maiorano	Title: Estimator	Signature: J. Maiorano	Date: 4/13/12

ASB-41

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

CLH 3701

RECEIVED
APR 18 2012

Date of Notification (1): 4/13/12	Name of Building Owner/Operator (2): MR. AVICK CHOPRA
Agency Notified: ☐ EPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA	Type Notification: ☑ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 70 CYPRESS ST
	City, State, Zip Code: MILLBURN, NJ. 07041
	Name of Contact: MR. CHOPRA — Telephone Number: &

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): MR CHOPRA	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 70 CYPRESS ST	
City (5): MILLBURN	Square Feet: 2500 — # of Floors: 2 — Bldg. Age: 1940
County (6): ESSEX — County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): RESIDENCE

Name of Monitoring Firm Hired by Building Owner (8) — ASCM No.	Name of Abatement Contractor (9): Best Removal Inc
Street Address	Street Address: 450 South River St
City, State, Zip Code	City, State, Zip Code: Hackensack , N.J. 07601
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: 201-329-7444 — License No.: 00388
Start Date (10): 4/25/12 — Scheduled Completion Date (11): 4/26/12	Name of OSHA Monitor: Omega Environmental Services
Occupancy Status During Abatement (Check only one): ☑ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☑ Other – Describe: 7AM TO 5PM	Street Address: 280 Huyler St
	City, State, Zip Code: South Hackensack ,N.J. 07606

Scope of Work (Check all that apply)

☐ ≥ 3 sf or ≥ 3 lf
☑ ≥ 160 sf or ≥ 260 lf

☑ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
BASEMENT				VAT	550 SF	X			

Name of Registered Waste Hauler: Best Removal Inc	NJDEP Waste Hauler ID No.: 17109	Cubic Yards of Waste: 2 cy	Name of Registered Landfill: Minerva Enterprises Inc
City, State: Hackensack , N.J.		Disposal Date: 4/26/12	City, State: Waynesburg , OH
Completed by: J.Maiorano	Title: Estimator	Signature: J Maiorano	Date: 4/13/12

ASB-41

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

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

1201-4442
Check #3986

RECEIVED
APR 18 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): **4/16/12**	Name of Building Owner / Operator (2): **Township of Ocean**
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended #2 ☐ Emergency ☐ Cancellation
	Street Address: **399 Monmouth Road**
	City, State & Zip Code: **Oakhurst, NJ 07755-1589**
	Name of Contact: **Administration** — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Ocean Township Municipal Building**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: **399 Monmouth Rd**	Square Feet: — # of Floors: — Bldg. Age:
City (5): **Ocean** — County (6): **Ocean** — County Code (7):	Current Use (Prior if being demolished): **Municipal Building**
Name of Monitoring Firm Hired by Building Owner (8): **USA Environmental** — ASCM No.	Name of Abatement Contractor (9): **AbateTech, Inc.**
Street Address: **344 West State Street**	Street Address: **PO Box 25**
City, State & Zip Code: **Trenton, NJ 08618**	City, State & Zip Code: **Lumberton, NJ 08048**
Project Manager for Monitoring Firm: **William Weisgarber** — Telephone Number: **609-656-8101**	Telephone Number: **609-265-3207** — License Number: **00529**
Scheduled Start Date (10): **4/16/12** — Scheduled Completion Date (11): **4/20/12**	Name of OSHA Monitor: **EMSL Analytical**
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Hours Describe: ☒ Facility Occupied During Abatement	Street Address: **108 Haddon Ave.** City, State & Zip Code: **Westmont, NJ 18108**

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf ≥260 lf

☒ Renovation ☐ Demolition

☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glove Bag Procedures ☐ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Boiler Room	☒	☐	☐	**Boiler Rope Gasket**	**96 LF**	☒	☐	☐	☐
Boiler Room	☒	☐	☐	**Pipe Insulation**	**20 LF**	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **AbateTech, Inc.**	NJDEP Waste Hauler ID No.: **18750**	Cubic Yards of Waste: **8**	Name of Registered Landfill: **TRRF Landfill**
City, State: **Lumberton, NJ**		Disposal Date: **4/20/12**	City, State: **Tullytown, PA**
Completed By (Print or Type): **Gwen Trumbetti**	Title: **Office Coord.**	Signature: Gwen Trumbetti	Date: **4/16/12**

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

B & G proj. #: 2012-32 D

Amendment

Check # 5180

RECEIVED APR 18 2012 LICENSING

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

Agencies Notified: [ ] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA

Type Notification: [ ] Initial [X] Amendment [ ] Cancellation

Name of Building Owner/Operator (2): St Clare's Health System

Street Address: 25 Pocono Road

City, State, Zip Code: Denville, NJ 07834

Name of Contact: Drew Van Hook

Telephone Number:

FACILITY INFORMATION

Name of facility where abatement is taking place (3): St Clare's Health System (non sub 8)

Street Address: 25 Pocono Road, Wing 3-C (Labor & Delivery)

City (5): Denville, NJ 07834

County (6): Morris

County Code (7) (State use only):

Type of Facility (4):
[ ] School (K - 12)
[ ] Subchapter 8 (Other than K-12)
[X] Other (Private/Commercial Bldgs./Homes, etc.

Square Feet | # of Floors | Bldg. Age

Current Use (Prior if being demolished): Hospital

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

ASCM No.: 017

Street Address: 22 Columbia Road

City, State, Zip Code: Morristown, NJ 07960

Project Manager for Monitoring Firm: Ben Waer

Phone Number: 973-998-9348

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

Scheduled Start Date (10): 04/13/2012

Sched. Completion Date (11): 05/31/2012

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:
[X] Other-Describe: 7:00am - 3:30pm occupied

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12) Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
Nurses Locker Rm			X	pipe insulation	36 lf	X			
Anesthesia Sleep Rm bathroom			X	pipe insulation	1 1/2 lf	X			

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: 4/13/12 - 5/31/12

City, State: Tullytown, PA

Completed by (Print or Type): Gordana Luna

Title: Treasurer

Signature: Gordana Luna

Date: 4/12/2012

DOL

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

CHECK #: 7880

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APR 18 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 4.16.12	Name of Building Owner/Operator (2): Marano
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
Street Address: 185 Wachung Ave	
City, State, Zip Code: West Orange NJ 07052	
Name of Contact: Anthony Marano	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Marano		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 185 Wachung Ave			
City (5): West Orange		Square Feet: 1600	# of Floors: 2
			Bldg. Age: 55
County (6): Essex	County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): Residential	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): A. MAC Contracting Inc	
Street Address		Street Address: 105 Lowell Road	
City, State, Zip Code		City, State, Zip Code: Glen Rock, NJ 07452	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-262-5841	License No.: 00156
Start Date (10): 4.30.12	Scheduled Completion Date (11): 5.1.12	Name of OSHA Monitor: Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address: 280 Huyer Street City, State, Zip Code: Hackensack, NJ 07606	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement			X	pipe insulation	65 LF	X			

Name of Registered Waste Hauler: Rovic Transport	NJDEP Waste Hauler ID No.: 20785	Cubic Yards of Waste: .5	Name of Registered Landfill: IESI PA Bethlehem Landfill Corp.
City, State, Zip Code: Riverdale, NJ 07457		Disposal Date: 4.30.12	City, State, Zip Code: Bethlehem, PA 18015

Completed by: R. McDonald	Title: President	Signature: RM Donald	Date: 4.16.12

ASB-41 (R-06-08)

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DOL

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

CHECK #: 1880

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APR 10 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 4.16.12		Name of Building Owner/Operator (2): Waller	
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address: 249 Emmett Place	
		City, State, Zip Code: Ridgewood NJ 07450	
		Name of Contact: Stephanie Waller	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Waller		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 249			
City (5): Ridgewood		Square Feet: 1850	# of Floors: 2	Bldg. Age: 64
County (6): Bergen	County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): Residential	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): A. MAC Contracting Inc	
Street Address		Street Address: 105 Lowell Road	
City, State, Zip Code		City, State, Zip Code: Glen Rock, NJ 07452	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-262-5841	License No.: 00156
Start Date (10): 4.27.12	Scheduled Completion Date (11): 4.20.12	Name of OSHA Monitor: Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address: 280 Huyer Street	
		City, State, Zip Code: Hackensack, NJ 07606	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement			X	pipe insulation	15 LF	X			

Name of Registered Waste Hauler: Rovic Transport	NJDEP Waste Hauler ID No.: 20785	Cubic Yards of Waste: .5	Name of Registered Landfill: IESI PA Bethlehem Landfill Corp.
City, State, Zip Code: Riverdale, NJ 07457		Disposal Date: 4.27.12	City, State, Zip Code: Bethlehem, PA 18015

Completed by: R. McDonald	Title: President	Signature: [signature]	Date: 4.16.12

ASB-41 (R-06-08)

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

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APR 18 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 4/13/12

Name of Building Owner/Operator (2): Elizabeth BOE

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

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

Street Address: 500 N Broad St

City, State, Zip Code: Elizabeth NJ

Name of Contact: Luis Milanes

Telephone Number: 908-436-5180

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Elmora School

Street Address: 638 Magie Ave

City (5): Elizabeth, NJ

County (6): Union

County Code (7) (STATE USE ONLY):

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

Square Feet: | # of Floors: | Bldg. Age:

Current Use (Prior if being demolished): School

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

ASCM No.: 00012

Street Address: 300 Grand Ave

City, State, Zip Code: Englewood NJ

Project Manager for Monitoring Firm: Tony Valentine

Telephone No.: 201-569-6708

Start Date (10): 4/13/12

Scheduled Completion Date (11): 4/14/12

Name of Abatement Contractor (9): F. Grisez & Son

Street Address: 513 E 32nd St

City, State, Zip Code: Paterson NJ 07504

Telephone No.: 973-345-2222

License No.: 00021

Name of OSHA Monitor: Same

Street Address:

City, State, Zip Code:

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

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Bathroom Closet 2nd Floor		X		Pipe Insul	9 LF	X			

Name of Registered Waste Hauler: Eastern Waste

NJDEP Waste Hauler ID No.:

Cubic Yards of Waste:

Name of Registered Landfill: BFI Imperial Landfill

City, State: Freehold NJ

Disposal Date: 4/16/12

City, State: Imperial PA

Completed By: Frank Grisez

Title: Pres

Signature:

Date: 4/13/12

AS8-41

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

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APR 18 2012
ASBESTOS CONTROL

Date of Notification (1)	Name of Building Owner/Operator (2)
04 / 11 / 12	New Lisbon Developmental Center

Agencies Notified	Type Notification	Street Address	Telephone Number
☒ EPA ☒ DEP ☒ DCA (NJAC 5:16) ☒ DHSS ☒ DCA (NJAC 5:23-8)	☐ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☒ Cancellation	104 Route 72 City, State, Zip Code: New Lisbon, New Jersey 08064 Name of Contact: Vijay Gandhi	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Mechanical Building (stands alone) Chiller Plant	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 104 Route 72	
City (5): New Lisbon	Square Feet: 5,000 / # of Floors: 1 / Bldg. Age: 50+
County (6): Burlington / County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Mechanical

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
Environmental Connection Inc.		Diamond Huntbach Construction Corporation
Street Address: 120 North Warren Street		Street Address: 500 East Luzerne Street
City, State, Zip Code: Trenton, NJ 08608		City, State, Zip Code: Philadelphia, PA 19124
Project Manager for Monitoring Firm: Christopher Matarazzo / Telephone No.: 856-427-0200		Telephone No.: 215-739-8166 / License No.: 00646
Start Date (10): 03 / 15 / 12 / Scheduled Completion Date (11): 04 / 15 / 12		Name of OSHA Monitor: SAME AS ABOVE

Occupancy Status During Abatement (Check only one)	Street Address / City, State, Zip Code
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM/_____PM-_____AM	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Chiller Plant Building Roof	☐	☒	☐	Roof Membrane/Flashing	4 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Diamond Huntbach Construction	19689	3 c.y.	Minerva
City, State: Philadelphia		Disposal Date: 4/30/12	City, State: Waynesburg, OH 44688

Completed By (Print or Type)	Title	Signature	Date
Charles Imbimbo	Project Manager	Charles Imbimbo	4-11-12

ASB-41
JUL 01

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

Check #8173

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

Date of Notification (1): 4-13-12	Name of Building Owner/Operator (2): Lynn Boyer
Agency Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 1260 Springfield Ave
	City, State, Zip Code: New Providence NJ 07974
	Name of Contact: Lynn Boyer
	Telephone Number:

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APR 18 2012
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Single family Dwelling	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 4 Holmes Oval	
City (5): New Providence NJ 07974	Square Feet: / # of Floors: 2 / Bldg. Age: 55+-
County (6):	County Code (7) (STATE USE ONLY): / Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): EPC Technologies	ASCM No.: N/A
Street Address: P.O. Box 337	
City, State, Zip Code: New Egypt NJ 08533	
Project Manager for Monitoring Firm: Steve Schenker	Telephone No.: 609 758-3365
Name of Abatement Contractor (9): EPC Technologies, Inc	
Street Address: P.O. Box 337	
City, State, Zip Code: New Egypt NJ 08533	
Telephone No.: 609-758-3365	License No.: 00394
Start Date (10): 4-23-12	Scheduled Completion Date (11): 4-24-12
Name of OSHA Monitor: EPC Technologies, Inc	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe:	Street Address: P.O. Box 337 / City, State, Zip Code: New Egypt NJ 08533

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement	x			Pipe Insulation	130 LF	x			

Name of Registered Waste Hauler: EPC Technologies	NJDEP Waste Hauler ID No.: 17000	Cubic Yards of Waste: 2	Name of Registered Landfill: Waste Management
City, State: NE NJ		Disposal Date: 4/25/12	City, State: Morrisville PA

Completed by: Steve Schenker	Title: President	Signature: Steve Schenker	Date: 4-13-12

ASB-41

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Print Form

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

RECEIVED
APR 18 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 4-13-2012	Name of Building Owner/Operator (2): John Avanzato
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 258 Greenridge Road
	City, State, Zip Code: Franklin Lakes, NJ
	Name of Contact: John Avanzato — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): House for Demo			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 258 Greenridge Road			
City (5): Franklin Lakes		Square Feet: 2000	# of Floors: 1 — Bldg. Age: 50+
County (6): Passaic	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): House for Demo

Name of Monitoring Firm Hired by Building Owner (8): n/a	ASCM No.: n/a	Name of Abatement Contractor (9): Jadar Contracting, LLC	
Street Address: n/a		Street Address: 22 Troy Lane	
City, State, Zip Code: n/a		City, State, Zip Code: Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm: n/a	Telephone No.: n/a	Telephone No.: 973-706-7950	License No.: 01088
Start Date (10): 4-23-2012	Scheduled Completion Date (11): 4-24-2012	Name of OSHA Monitor: Jadar Contracting, LLC	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: 9am - 5 pm		Street Address: 22 Troy Lane City, State, Zip Code: Lincoln Park, NJ 07035	

Scope of Work (Check All That Apply)

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

[ ] Renovation
[x] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			X	Linoleum	200 SF	X			

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

Completed by: Lillie Lazarevich	Title: Secretary	Signature: L. Lazarevich	Date: 4-13-2012

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 4/13/12	Name of Building Owner/Operator (2): Valley National Bank C/O Michael J. Ghabrial
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 1720 Route 23 North
	City, State, Zip Code: Wayne, NJ 07470
	Name of Contact: Dan Chin — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1955 Laurel Road	
City (5): Lindenwold	Square Feet: 2500 — # of Floors: 2 — Bldg. Age: 50
County (6): Camden — County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) — ASCM No.	Name of Abatement Contractor (9): ABS Environmental Services, LLC
Street Address	Street Address: 4 East Gate Drive PO Box 483
City, State, Zip Code	City, State, Zip Code: Glenwood NJ 07418
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: 973-764-2276 — License No.: 703
Start Date (10): 4/23/12 — Scheduled Completion Date (11): 5/25/12	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior			x	trancite siding	60 SF	x			
roof			x	roofing material	20 SF	x			
basement			x	pipe insualtion	2 LF	x			
kitchen			x	floor tile	150 SF	x			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 10	Name of Registered Landfill: GROWS N Landfill
City, State: Freehold NJ		Disposal Date: TBD	City, State: Morrisville PA

Completed by: Andrew Scott Higgins	Title: President	Signature	Date: 4/13/12

ASB-41 (R-06-08)

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

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APR 18 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 4/3/12	Name of Building Owner/Operator (2): Durling Realty	
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 3 Old Highway 28, PO Box 600
		City, State, Zip Code: Whitehouse Station, NJ 08889
		Name of Contact: Dean Durling — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 460 Route 36			
City (5): Highlands		Square Feet: 2000	# of Floors: 2 — Bldg. Age: 50
County (6): Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): ABS Environmental Services, LLC	
Street Address		Street Address: 4 E Gate Drive, PO Box 483	
City, State, Zip Code		City, State, Zip Code: Glenwood, NJ 07418	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-764-2276	License No.: 703
Start Date (10): 4/12/12	Scheduled Completion Date (11): 5/12/12	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address / City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Rear storage & hallway			x	floor tile & mastic	400 SF	x			
Roof (upper & lower)			x	flashing	300 SF	x			
Roof			x	felt beneath slanted shingles	1,200 SF	x			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 30	Name of Registered Landfill: GROWS N Landfill
City, State: Freehold NJ		Disposal Date: TBD	City, State: Morrisville, PA

Completed by: Andrew Scott Higgins	Title: Owner	Signature	Date: 4/3/12

ASB-41 (R-06-08)

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

B & G proj. #: 2012-66

Check # 5182

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APR 18 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 04/16/12

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

Type Notification: ☒ Initial ☐ Amendment ☐ Cancellation

Name of Building Owner/Operator (2): Julie Bryant

Street Address: 6 Winchester Road

City, State, Zip Code: Livingston, NJ 07039

Name of Contact: Julie Bryant

Telephone Number:

FACILITY INFORMATION

Name of facility where abatement is taking place (3): Julie Bryant

Street Address: 6 Winchester Road

City (5): Livingston, NJ 07039

County (6): Essex

County Code (7) (State use only):

Type of Facility (4):
☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet:

# of Floors:

Bldg. Age:

Current Use (Prior if being demolished): residential

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

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Phone Number:

Scheduled Start Date (10): 4/26/2012

Sched. Completion Date (11): 4/26/2012

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:

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

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12) Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
basement			X	pipe insulation	68 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: 4/27/2012

City, State: Tullytown, PA

Completed by (Print or Type): Gordana Luna

Title: Treasurer

Signature: Gordana Luna

Date: 4/16/2012