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

Date of Notification (1) 4/13/12		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) B. NAT SHALON		Name of Contact MS SUSAN FRIEDMAN	
Street Address 300 PLEASANT VALLEY		City, State, Zip Code WEST ORANGE N.J. 07062	
Asbestos Control # 07062		Name of Abatement Contractor (9) RESIDENT	

Name of Facility Where Abatement is Taking Place (3) 110 WOODLAND AVE		County (6) WEST ORANGE	
City (5) WEST ORANGE		County Code (7) (STATE USE ONLY)	
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 to being demolished)	
Square Feet 8,200		# of Floors 2	
Bldg. Age 60			

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Name of Abatement Contractor (9)		Name of OSHA Monitor	
Street Address P.O. Box 814		City, State, Zip Code OLD BRIDGE N.J. 08857	
Telephone No. 732 238x7500		License No. 00806	
Project Manager for Monitoring Firm		Telephone No.	
Scheduled Commission Date (11) 4/30/12		Start Date (10) 4/30/12	
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:		City, State, Zip Code OLD BRIDGE N.J. 08857	

Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 23 ft or 23 ft <input checked="" type="checkbox"/> 2160 sf or 2250 ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Wet Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Frangible Procedure		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	
Floor Tile		X		Floor Tile		X	
Amount		X		Amount		X	

Name of Registered Waste Handler		Name of Registered Landfill	
City, State		City, State	
Disposal Date		Disposal Date	
Signature		Signature	
Title		Title	
Completed By PHILIP		Completed By PHILIP	
Date 4/13/12		Date 4/13/12	

Do not use this form for asbestos freemansure exempted activities.

AS8-11



04-016

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 4/11/12		Name of Building Owner / Operator (2) The Newark School	
Agencies Notified EPA X DEP X DOL X DOH X DCA X		Type Notification Emerg. Notification X Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/>	
Street Address 1000 Cellar Avenue City, State & Zip Code Scotch Plains, NJ 07076 Name of Contact Regina Peter		ASBESTOS CONTROL LICENSED APR 18 2012 Telephone Number	

Name of Facility Where Abatement is Taking Place (3) Vacant Office Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 1000 Cellar Avenue		Square Feet 10000 # of Floors 1 Bldg. Age 50	
City (5) County (6) County Code (7)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 0045	
Street Address 64 Broad St.		Global Abatement Services, LLC	
City, State & Zip Code Matawan, NJ 07747		443 Schoolhouse Road	
Project Manager for Monitoring Firm Jeremy Hassett		City, State & Zip Code Monroe Township, NJ 08831	
Telephone Number 267-496-7955		Telephone Number 732-605-9062	
Scheduled Start Date (10) 4/26/12		Name of OSHA Monitor Global Abatement Services, LLC	
Scheduled Completion Date (11) 5/9/12		Street Address 443 Schoolhouse Road	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:		City, State & Zip Code Monroe Township, NJ 08831	

Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Large Project <input type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM <input checked="" type="checkbox"/> Quantity is $\geq 160$ SF or $\geq 260$ LF ACM		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Other: Non-triable, wrap & cut	
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Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)		Amount (Specify Square Feet or Linear Feet)		Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)	
Pipe Chases		N/A		Elbow/Fitting Insulation		150 LF		Removal	
Restroom		N/A		Mirror Mastic		96 SF		Removal	
Exterior		N/A		Transite panels		292 SF		Removal	

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693		Cu. Yds. of Waste 30		Name of Registered Landfill TRRF		City, State Tullytown, PA	
Completed By (Print or Type) Dominick Tringali		Title Pres.		Signature		Date		825 Highway 33 East, Freehold, NJ 07728	

ASB-41 JUN 95 G4667



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

Date of Notification (1) April 12, 2012		Name of Building Owner/Operator (2) Stram Ahan Industries	
Agencies Notified [ ] EPA [ ] DEP [ ] DOL [ ] DOH [ ] DCA		Type of Notification [ ] Initial Notification [ ] Amended Notification [ ] Amendment # [ ] Emergency (including [ ] Justification) [ ] Cancellation	
Name of Facility Where Abatement is Taking Place (3) Building/warehouse/office		Name of Contact Antonio Dimuzio	
Street Address 3 Vreeland Road		City, State, Zip Code Florham Park, NJ 07932	
County (6) Morris		Telephone Number [ ]	

Name of Facility Where Abatement is Taking Place (3) Building/warehouse/office		Type of Facility (4) [ ] School (K-12) [ ] Subchapter 8 (other than K-12) [ ] Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 3 Vreeland Road		Square feet 20,000	
City Florham Park		# of Floors 1	
County (6) Morris		Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		Current Use (Prior if being demolished) Building/warehouse/office	
ASCM No.		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address 1889 Rte. 9, Unit 61		City, State, Zip Code Toms River, New Jersey 08755-1271	
City, State, Zip Code Toms River, NJ 08755		Telephone Number 732-349-9932	
Project Manager for Monitoring Firm Nicholas Fernicola		License Number 00624	
Scheduled Start Date (10) 4/13/12		Name of OSHA Monitor E.M.S.L. Analytical	
Schedul Completion Date (11) 4/17/12		Street Address 1056 Stelton Road	
Occupancy Status During Abatement (Check only one) [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other - Describe		City, State, Zip Code Piscataway, New Jersey 08854	
Scope of Work (Check all that apply) [ ] Full Containment with Negative Pressure [ ] Mini-Enclosure [ ] Renovation [ ] Demolition [ ] Glovebag Procedure [ ] Non-Exempted (*) and Non-Friable Procedure			

Abatement Type		Amount (Specify SF or 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) TO BE ABATED in facility (13)	
R		250 lf		Asbestos pipe insulation		X		Main floor front offices	
E		300 sf		Asbestos floor tile		X		Main floor front offices	
R		4 yards		Asbestos debris		X		Main floor front offices	
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### FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)						Campell Soup Bldg 80 mens room, womens room distribution room
Street Address						1 Campell place
City (5)						Camden
County (6)						Camden
County Code (7)						(STATE USE ONLY)
Type of Facility (4)						School (K12) Subchapter 8 (Other than K12) x Other (i.e. Private & commercial buildings, homes, etc.)
Square Feet						5000
# of Floors						2
Bldg. Age						50+
Current Use (Prior if being demolished)						Office area

Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Criterion Laboratories		Associated Specialty Contracting Inc	
Street Address 3370 Progress Drive - Suite J Bensalem PA 19020			
City, State, Zip Code		City, State, Zip Code	
Project Manager of Monitoring Firm		City, State, Zip Code	
Mike Pancresso		Glen Mills, PA 19342	
Telephone Number		Telephone Number	
215-244-1300		610-364-9622	
Schd. Completion Date (11)		Licence Number	
05/18/12		00705	
Month/Day/Year		Name of OSHA Monitor	
		Criterion Labs	
Occupancy Status During Abatement (Check only one) x Abatement Performed Outside of Normal Facility Facility Closed/Vacated During Entire Period of Abatement Hours - Describe: 2:00 PM to 2:00 PM Other - Describe:			

[illegible]



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

Check # 8175

Date of Notification (1)		4-14-12	
Agency 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"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Name of Building Owner/Operator (2)		Randy Womell	
Street Address		8407 River Road	
City, State, Zip Code		Rensselaer, NJ 08110	
Name of Contact		Randy Womell	

Name of Facility Where Abatement is Taking Place (3)		Warehouse	
Street Address		257 St. Michael Drive	
City (5)		Riverside NJ 08075	
County (6)		Burlington	
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	
Name of OSHA Monitor		EPC Technologies, Inc.	
Street Address		P.O. Box 337	
City, State, Zip Code		New Egypt, NJ 08533	
Current Use (Prior if being demolished)		Warehouse	
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.)	
Square Feet		1	
# of Floors		1	
Bldg. Age		60+	

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	
Telephone No.		609-758-3365	
Sched. Completion Date (11)		5-2-12	
Project Manager for Monitoring Firm		Steve Schenker	
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"/> 2 160 sf or 2 260 sf <input type="checkbox"/> 2 3 sf or 2 3 sf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Edge flashing Tar	
Amount (Specify SF or LF)		300 SF	
Abatement Type		<input checked="" type="checkbox"/> Enclosure <input type="checkbox"/> Encapsulate <input type="checkbox"/> Repair <input type="checkbox"/> Removal	

Name of Registered Waste Hauler		EPC Technologies	
NJDEP Waste Hauler ID No.		17000	
Cubic Yards of Waste		6	
Name of Registered Landfill		Waste Management	
City, State		Morristown, NJ	
Disposal Date		5-2-12	
Signature		Steve Schenker	
Title		President	
Completed by		Steve Schenker	
Date		4-14-12	



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

Date of Notification (1) <b>4/11/12</b>		Name of Building Owner / Operator (2) <b>Gerresheimer Glass, Inc.</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address <b>537 Crystal Ave.</b> City, State & Zip Code <b>Vineland, NJ 08360</b> Name of Contact <b>C/O Patrick Larney</b>		ASBESTOS CONTROL LICENSING Telephone Number <b>00741</b>	

Name of Facility Where Abatement is Taking Place (3) <b>Building 32 Warehouse Area</b>		Street Address <b>537 Crystal Ave.</b>	
City (5) <b>Vineland</b>		County (6) <b>Cumberland</b>	County Code (7) <b>00</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>EHS Environmental, Inc.</b>			
Street Address <b>9 South Main Street</b>			
City, State & Zip Code <b>Mullica Hill, NJ 08062</b>			
Project Manager for Monitoring Firm <b>Jack Carney</b>			
Telephone Number <b>856 223-0080</b>		Telephone Number <b>215 953-8500</b>	
Scheduled Start Date (10) <b>4/05/2012</b>		Scheduled Completion Date (11) <b>4/14/2012</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm <input type="checkbox"/> Facility Occupied During Abatement			
Describe: <input type="checkbox"/> Facility Occupied During Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm			
Street Address <b>1300 Industrial Highway</b>			
City, State & Zip Code <b>Southampton, PA 18966</b>			
Telephone Number <b>215 953-8500</b>		License Number <b>00741</b>	
Name of OSHA Monitor <b>Alchem Environmental Services</b>			
Street Address <b>1300 Industrial Highway</b>			
City, State & Zip Code <b>Southampton, PA 18966</b>			
Name of Abatement Contractor (9) <b>Alchem Environmental Services</b>			
Street Address <b>1300 Industrial Highway</b>			
City, State & Zip Code <b>Southampton, PA 18966</b>			
Name of OSHA Monitor <b>Alchem Environmental Services</b>			
Street Address <b>1300 Industrial Highway</b>			
City, State & Zip Code <b>Southampton, PA 18966</b>			
Name of OSHA Monitor <b>Alchem Environmental Services</b>			

Scope of Work (Check all that apply)		<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 if <input type="checkbox"/> ≥ 160 sf ≥ 260 if <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation	
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Frangible Procedure		<input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure	
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 checked="" type="checkbox"/> N/A		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) <b>Sheet Flooring</b> Amount (Specify SF or LF) <b>145 SF</b>	
Warehouse Building 32 Amount (Specify SF or LF) <b>145 SF</b>		Name of Registered Waste Hauler <b>Alchem Environmental Services, Inc</b> City, State <b>Southampton, PA</b> Title <b>Dir. of Ops.</b> Signature <b>Patrick Larney</b> Date <b>4/11/12</b>	



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

*No check*

Date of Notification (1) 3/30/12		Name of Building Owner / Operator (2) <b>Hess Corporation</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #2-4/12/12 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Name of Facility Where Abatement is Taking Place (3) <b>Hess Corporation</b>		Street Address <b>One Hess Plaza</b>	
City, State & Zip Code <b>Woodbridge, NJ 07095</b>		Name of Contact <b>John Philbin</b>	
Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		Square Feet # of Floors Bldg. Age	
City (5) <b>Perth Amboy</b>		County (6) <b>Middlesex</b>	
County Code (7)		Current Use (Prior if being demolished) <b>Exterior</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>ASCN No.</b>		Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>	
Street Address <b>28 N. Pennell Road</b>		City, State & Zip Code <b>Bristol, PA 19007</b>	
Project Manager for Monitoring Firm <b>Dave Turitsky</b>		Telephone Number <b>800-969-6AET</b>	
Scheduled Start Date (10) <b>4/9/12</b>		Scheduled Completion Date (11) <b>4/27/12</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - <input checked="" type="checkbox"/> Facility Occupied During Abatement: 7am - 3:30pm		Street Address <b>1123 Beaver Street</b>	
City, State & Zip Code <b>Media, PA 19063</b>		Telephone Number <b>(215) 788-6040</b>	
Project Manager for Monitoring Firm <b>Dave Turitsky</b>		License Number <b>00509</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>ASCN No.</b>		Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>	
Street Address <b>28 N. Pennell Road</b>		City, State & Zip Code <b>Bristol, PA 19007</b>	
Project Manager for Monitoring Firm <b>Dave Turitsky</b>		Telephone Number <b>800-969-6AET</b>	
Scheduled Start Date (10) <b>4/9/12</b>		Scheduled Completion Date (11) <b>4/27/12</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - <input checked="" type="checkbox"/> Facility Occupied During Abatement: 7am - 3:30pm		Street Address <b>1123 Beaver Street</b>	
City, State & Zip Code <b>Media, PA 19063</b>		Telephone Number <b>(215) 788-6040</b>	
Project Manager for Monitoring Firm <b>Dave Turitsky</b>		License Number <b>00509</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Hess Corporation</b>		Street Address <b>One Hess Plaza</b>	
City, State & Zip Code <b>Woodbridge, NJ 07095</b>		Name of Contact <b>John Philbin</b>	
Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		Square Feet # of Floors Bldg. Age	
City (5) <b>Perth Amboy</b>		County (6) <b>Middlesex</b>	
County Code (7)		Current Use (Prior if being demolished) <b>Exterior</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>ASCN No.</b>		Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>	
Street Address <b>28 N. Pennell Road</b>		City, State & Zip Code <b>Bristol, PA 19007</b>	
Project Manager for Monitoring Firm <b>Dave Turitsky</b>		Telephone Number <b>800-969-6AET</b>	
Scheduled Start Date (10) <b>4/9/12</b>		Scheduled Completion Date (11) <b>4/27/12</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - <input checked="" type="checkbox"/> Facility Occupied During Abatement: 7am - 3:30pm		Street Address <b>1123 Beaver Street</b>	
City, State & Zip Code <b>Media, PA 19063</b>		Telephone Number <b>(215) 788-6040</b>	
Project Manager for Monitoring Firm <b>Dave Turitsky</b>		License Number <b>00509</b>	

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 If <input type="checkbox"/> ≥ 160 sf ≥ 260 If <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure	
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 checked="" type="checkbox"/> N/A		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems or other miscellaneous) Amount (Specify SF or LF) Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>	

Exterior lines <input checked="" type="checkbox"/>		Pipe insulation 90 LF <input checked="" type="checkbox"/>	
Name of Registered Waste Hauler <b>Bristol Environmental Inc</b> Hauler ID No. of Waste 18706		Name of Registered Landfill <b>GROWS Landfill</b> City, State Morrisville, PA	

Completed By (Print or Type) <b>Gino Pizzigoni</b> Title Project Manager		Signature <i>Gino Pizzigoni</i> Date 3/30/12	
City, State Bristol, PA		Disposal Date 4/27/12	

REV. #1 - DUE TO WIND BEI WILL BE OFF SITE ON MON. 4/9/12  
GI 12070



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

Date of Notification (1) <b>3/30/12</b>		Name of Building Owner / Operator (2) <b>Hess Corporation</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1-4/9/12 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Name of Facility Where Abatement is Taking Place (3) <b>Hess Corporation</b>		Street Address <b>Smith Street &amp; Convery Boulevard</b>	
City (5) <b>Perth Amboy</b>		County (6) <b>Middlesex</b>	
County Code (7)		Square Feet # of Floors Bldg. Age	
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.)		Current Use (Prior if being demolished) <b>Exterior</b>	
Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>		Street Address <b>1123 Beaver Street</b> City, State & Zip Code <b>Bristol, PA 19007</b>	
Telephone Number <b>(215) 788-6040</b>		License Number <b>00509</b>	
Name of OSHA Monitor <b>Bristol Environmental Inc.</b>		Street Address <b>1123 Beaver Street</b> City, State & Zip Code <b>Bristol, PA 19007</b>	
Project Manager for Monitoring Firm <b>Dave Turley</b>		Telephone Number <b>800-969-6AET</b>	
Scheduled Start Date (10) <b>4/9/12</b>		Scheduled Completion Date (11) <b>4/27/12</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - <input checked="" type="checkbox"/> Facility Occupied During Abatement: 7am - 3:30pm		Scope of Work (Check all that apply) <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Hess Corporation</b>		Street Address <b>Smith Street &amp; Convery Boulevard</b>	
City (5) <b>Perth Amboy</b>		County (6) <b>Middlesex</b>	
County Code (7)		Square Feet # of Floors Bldg. Age	
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.)		Current Use (Prior if being demolished) <b>Exterior</b>	
Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>		Street Address <b>1123 Beaver Street</b> City, State & Zip Code <b>Bristol, PA 19007</b>	
Telephone Number <b>(215) 788-6040</b>		License Number <b>00509</b>	
Name of OSHA Monitor <b>Bristol Environmental Inc.</b>		Street Address <b>1123 Beaver Street</b> City, State & Zip Code <b>Bristol, PA 19007</b>	
Project Manager for Monitoring Firm <b>Dave Turley</b>		Telephone Number <b>800-969-6AET</b>	
Scheduled Start Date (10) <b>4/9/12</b>		Scheduled Completion Date (11) <b>4/27/12</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - <input checked="" type="checkbox"/> Facility Occupied During Abatement: 7am - 3:30pm		Scope of Work (Check all that apply) <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-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 <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)	
Abatement Type Enclosure <input type="checkbox"/> Encapsulate <input type="checkbox"/> Repair <input type="checkbox"/> Removal <input checked="" type="checkbox"/>		Amount (Specify SF or LF) <b>90 LF</b>	

Name of Registered Waste Hauler <b>Service Transport Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	
Cubic Yards of Waste <b>15</b>		Disposal Date <b>4/27/12</b>	
City, State <b>New Castle, Delaware</b>		City, State <b>Waynesburg, OH</b>	
Name of Registered Landfill <b>Minerva Landfill</b>		City, State <b>Waynesburg, OH</b>	

Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	
Signature <i>Gino Pizzigoni</i>		Date <b>3/30/12</b>	

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

GI 12070







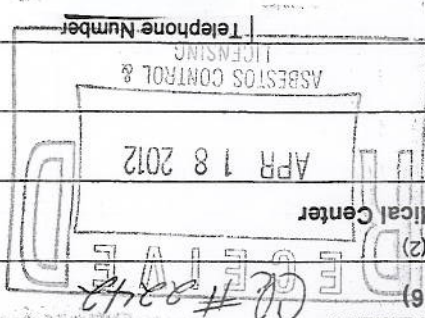
No check

ASB-41 MAY 11  
 CI 12036 \* Do not use this form for asbestos licensure exempted activities.



# NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:26 and 8:27)



Date of Notification (1)		03 / 02 / 12	
Name of Building Owner/Operator (2)		Hackensack University Medical Center	
Street Address		20 Prospect Avenue	
City, State, Zip Code		Hackensack, NJ 07601	
Name of Contact		Facilities Dept	
Telephone Number			
Type Notification		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #2-3/12/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	

Name of Facility Where Abatement is Taking Place (3)		Pascack Valley Hospital	
Street Address		250 Old Hook Road	
City (5)		Westwood	
County (6)		Bergen	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Square Feet		100,000	
# of Floors		3	
Bldg. Age		40+	
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 and commercial buildings, homes, etc.)	

Name of Monitoring Firm Hired by Building Owner (8)		Pennon Associates Inc.	
ASCM No.		Bristol Environmental, Inc.	
Street Address		1123 Beaver Street	
City, State, Zip Code		Bristol, PA 19007	
Project Manager for Monitoring Firm		Alan Lloyd	
Telephone No.		856-547-0505	
Telephone No.		215-788-6040	
License No.		00509	
Name of OSHA Monitor		Bristol Environmental, Inc.	
Street Address		1123 Beaver Street	
City, State, Zip Code		Bristol, PA 19007	
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: 7:00AM-4:00PM / PM-AM	

Scope of Work (Check all that apply)		<input checked="" type="checkbox"/> > 3 sf or > 23 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
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	

Location of Asbestos-Containing Material (ACM) (13)		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)		Asbestos Containing Material (ACM)	
Amount (Specify SF or LF)		45,945 SF	
Abatement Type		<input type="checkbox"/> Enclosure <input type="checkbox"/> Encapsulate <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Removal	

Name of Registered Waste Hauler		SERVICE TRANSPORT GROUP, INC.	
NJDEP Waste Hauler ID No.		20990	
Cubic Yards of Waste		350 Cu Yd	
City, State		NEW CASTLE, DE 19720	
Disposal Date		4/13/12	
City, State		WAYNESBURG, OH 44688	
Name of Registered Landfill		MINERVA LANDFILL	
Completed By (Print or Type)		Gino Pizzigoni	
Title		Estimator	
Signature		Date 3/12/12	



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

Name of Building Owner/Operator (2) Hackensack University Medical Center		Street Address 20 Prospect Avenue		City, State, Zip Code Hackensack, NJ 07601		Name of Contact ASBEST Telephone Number	
Date of Notification (1) 03 / 02 / 12		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #1-3/8/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Facilities Dept	

Name of Facility Where Abatement is Taking Place (3) Pascack Valley Hospital		Street Address 250 Old Hook Road		City (5) Westwood		County (6) Bergen	
Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.		Street Address 1123 BEAVER STREET		City, State, Zip Code BRISTOL, PA 19007		Telephone No. 215-788-6040 License No. 00509	

Name of Monitoring Firm Hired by Building Owner (8) Pennon Associates Inc.		Street Address 515 Grove Street		City, State, Zip Code Haddon Heights, NJ 08035		Project Manager for Monitoring Firm Alan Lloyd Telephone No. 856-547-0505	
Scheduled Completion Date (11) 4 / 13 / 12		Start Date (10) ON HOLD		Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Time of Abatement: 7:00AM-4:00PM/ PM- AM	

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 <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (?) and Non-Friable Procedure		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	
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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)	
Throughout		<input checked="" type="checkbox"/>		VAT		45,945 SF	
Throughout		<input checked="" type="checkbox"/>		Mastic		45,945 SF	

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 350 Cu Yd		Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date 4/13/12		City, State WAYNESBURG, OH 44688		Completed By (Print or Type) Gino Pizzigoni	
Title Estimator		Signature Gino Pizzigoni		Date 3/8/12		ASB-41 MAY 11 6-I/2036 Do not use this form for asbestos licensure exempted activities.	



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

Date of Notification (1) 03 / 02 / 12		Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 5744 <input checked="" type="checkbox"/> DHSS 8314 <input type="checkbox"/> DCA (NJAC 5:23-8)	
Name of Building Owner/Operator (2) Hackensack University Medical Center Street Address 20 Prospect Avenue City, State, Zip Code Hackensack, NJ 07601 Name of Contact Facilities Dept 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	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Pascack Valley Hospital Street Address 250 Old Hook Road City (5) Westwood County (6) Bergen		Name of Monitoring Firm Hired by Building Owner (8) Pannoni Associates Inc. Street Address 515 Grove Street City, State, Zip Code Haddon Heights, NJ 08035 Project Manager for Monitoring Firm Alan Lloyd Telephone No. 856-547-0505 Telephone No. 215-788-6040 License No. 00509	
Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007	

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: 7:00AM-4:00PM / PM-AM Scope of Work (Check all that apply) <input checked="" 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Location of Asbestos-Containing Material (ACM) IN Facility TO BE ABATED (13) Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No VAT Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Removal Repair Encapsulate Enclosure Abatement Type	
Throughout 45,945 SF <input checked="" type="checkbox"/>		Throughout 45,945 SF <input checked="" type="checkbox"/>	

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. Hauler ID No. 20990 Cubic Yards of Waste 350 Cu Yd Disposal Date 4/13/12 City, State WAYNESBURG, OH 44688		City, State NEW CASTLE, DE 19720 Completed By (Print or Type) Gino Pizzigoni Title Estimator Signature Date 3/2/12	
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ASB-41 MAY 11  
GI 12036

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